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## List of Acronyms

AFB	Acid Fast Bacilli
ANC	Ante Natal Care
BCG	Bacillus Chalmette–Guérin
CBCs	Community Birth Companions
CHN	Community Health Worker
CRR	Central River region
CSSD	Central Sterile Services Department
DHIS2	District Health Information System version 2
DPI	Directorate of Planning and Information
DTP	Diphtheria Tetanus and Pertussis
EFSTH	Edward Francis Small Teaching Hospital
EMOC	Emergency Medical Obstetric Care
EPI	Expanded Programme on Immunization
HCT	HIV Counseling and Testing
HIS	Health Information System
HMIS	Health Management Information System
HRH	Human Resource For Health
HSS	Health System Strengthen
IMNCI	Integrated Management of Neonatal and Childhood Infections
IWC	Infant Welfare Clinic
LRR	Lower River Region
MCNHRP	Maternal and Child Nutrition and Health Results Project
MoHSW	Ministry of Health and Social Welfare
NAS	National AIDS Secretariat
NBER	North Bank East Region
NBWR	North Bank West Region
NCD	Non Communicable Diseases
NPHL	National Public Health Laboratory
NGO	Non-Governmental Organization
NHA	National Health Account



OPD	Out Patient Department
PCR	Polymerase Chain Reaction
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
RCH	Reproductive and Child Health
RHD	Regional Health Directorate
TB	Tuberculosis
TBA	Traditional Birth Attendance
TPHA	Treponema Pallidum Haemagglutination
TT	Tetanus Toxoid
URR	Upper River Region
VCT	Voluntary Counseling and Testing
VHWs	Village Health Workers
WHO	World Health Organization
WHR2	Western Health Region 2
WHR1	Western Health Region 1

## 1.0 Introduction

Health Service Statistics are produced annually by the Ministry of Health and Social Welfare to provide an overview of the health sector performance. The report makes available data on services provided to the population. This report is divided into chapters, namely introduction, health workforce, health facilities, hospital beds, expenditure, completeness, services utilization, morbidity, mortality, immunization, village health services and specialized interventions. The specialized interventions include national data on tuberculosis, HIV & AIDS and Reproductive and Child Health.

This report aims to demonstrate key statistics in the health sector in a concise and easily understandable structure to ensure all stakeholders utilize it without much difficulty. The report includes data from public, private, NGO health facilities, Community clinics, referral hospitals and the village health services. The Human resources data was collected from each health facility during HMIS quarterly verifications. Morbidity and mortality data from EFSTH is not included in the report as the Hospital is not currently reporting into the DHIS2 data base. Several attempts were made to engage EFSTH to report but none was successful. More collaborative is needed particularly at the policy level of MoHSW in order to resolve this issue. However the human resource data from the hospital was available through the human resource department.

In addition, in order to ensure the quality of this report, HMIS unit conduct quarterly supportive supervision and data verification at community, health facility as well as regional health directorate level with support mainly from global fund HSS grant and MCNHRP. The objectives of the data verification are: to compare data reported by the health facilities and data verified by the HMIS team; to conduct data audit exercise in all the seven health regions and to provide mentorship and coaching guidance to the data managers, data entry clerks, CBCs and VHWS and identify challenges affecting health workers in executing their functions.

Similarly, the report is subject to final review by the HIS technical committee and key partners prior to publication.

## 2.0 Health Work Force

"Health workers are all people engaged in actions whose primary intent is to enhance health" (World Health Report 2006). Human resources for health are identified as one of the core building blocks of a health system. Health workforce includes all those that provide health services such as physicians, doctors, dentist, nurses, midwives, public health officers, pharmacy personnel, laboratory personnel, radiology personnel, physiotherapy personnel, other allied health personnel, community, social health workers and other health care providers, as well as health management, hospital managers, administrators and support personnel such as, ambulance drivers, security and cleaners. Those who may not deliver services directly but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries, and others.

The field of health human resources deals with issues such as planning, development, performance, management, retention, information, and research on Human Resources for Health (HRH). In recent years, raising awareness on the critical role of HRH in strengthening health system performance and improving population health outcomes has placed the health workforce high on the global health agenda.

The World Health Organization estimates a shortage of almost 4.3 million physicians, midwives, nurses and support workers worldwide. The shortage is most severe in 57 of the poorest countries, especially in sub-Saharan Africa. The situation was declared on World Health Day 2006 as a "health workforce crisis". This is as the result of decades of underinvestment in health worker education, training, wages, working environment and management.

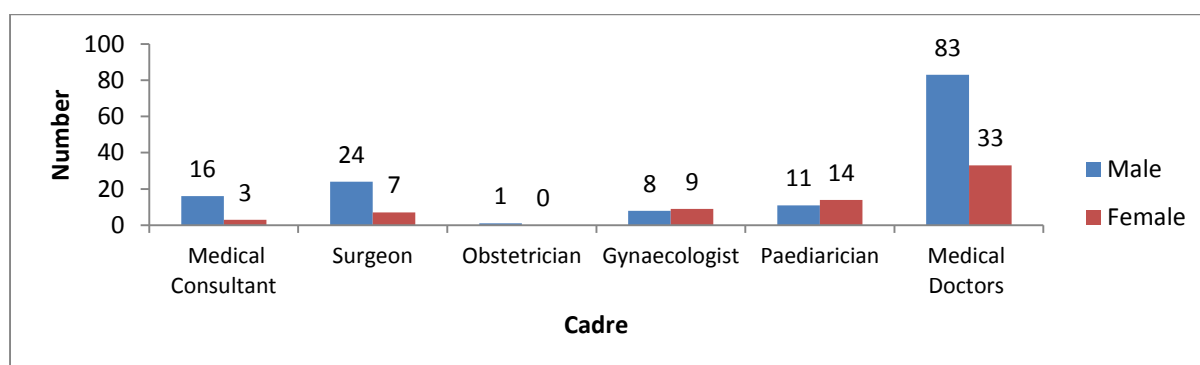
Workers in health systems around the world are experiencing increasing stress and insecurity as they react to a complex array of forces. Ageing population, new diseases as well as increasing burden of current diseases, escalating conflicts and violence, are all challenges to which the workforce must be prepared to respond. The distinctive imperative is to strengthen the workforce so that health systems can tackle crippling diseases and achieve national and global health goals. A strong human infrastructure is fundamental to closing today's gap between health promise and health reality and anticipating the health challenges of the 21st century.

Table 1. Proportion of Health Personnel Per 10,000 Population, The Gambia 2016

Health Personnel	Number	Proportion H/W per 10,000 population
Medical Officer	209	1.1
State Certified Midwives	96	0.5
State Enrolled Midwives	127	0.7
Enrolled Community Health Midwives	119	0.6
Registered Nurse	287	1.6
State Enrolled Nurse	193	1.1
Community Health Nurse	208	1.1
Public Health Officers	165	0.9
Midwives	342	1.9
Nurses	688	3.8

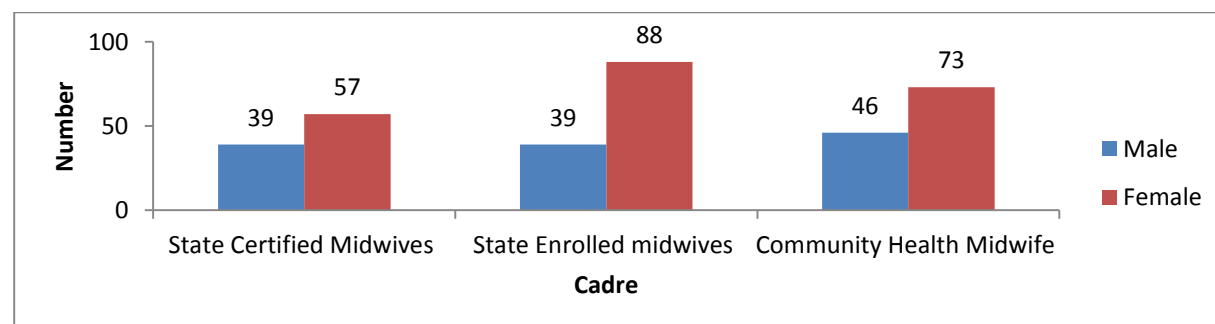
Source: HMIS, 2016

Figure 1. Number of Medical Specialists (Public and Private), The Gambia 2016



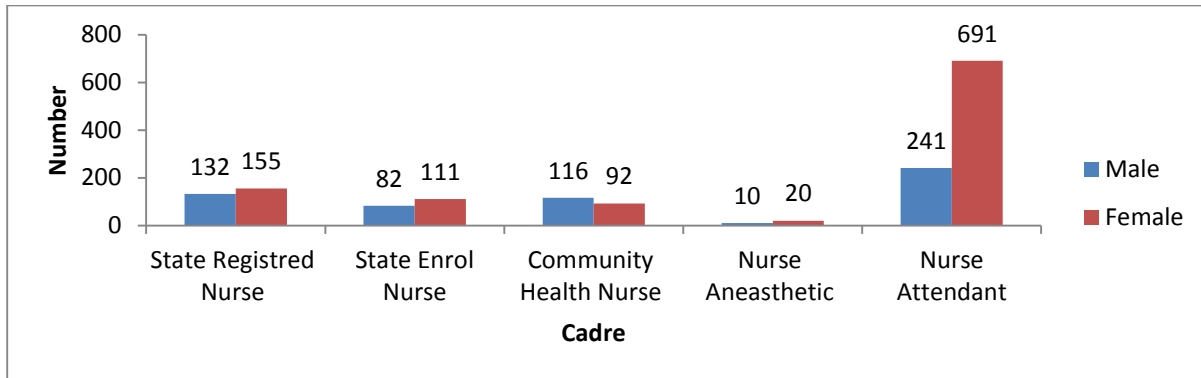
Source: HMIS, 2016

Figure 2. Number of Midwives (Public and Private), The Gambia 2016



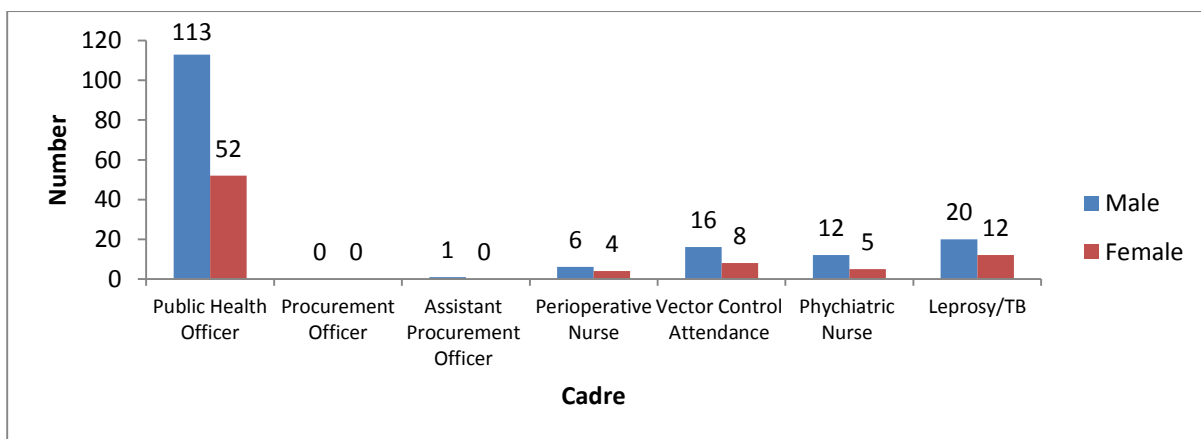
Source: HMIS, 2016

Figure 3. Number of Clinicians (Public and Private), The Gambia2016



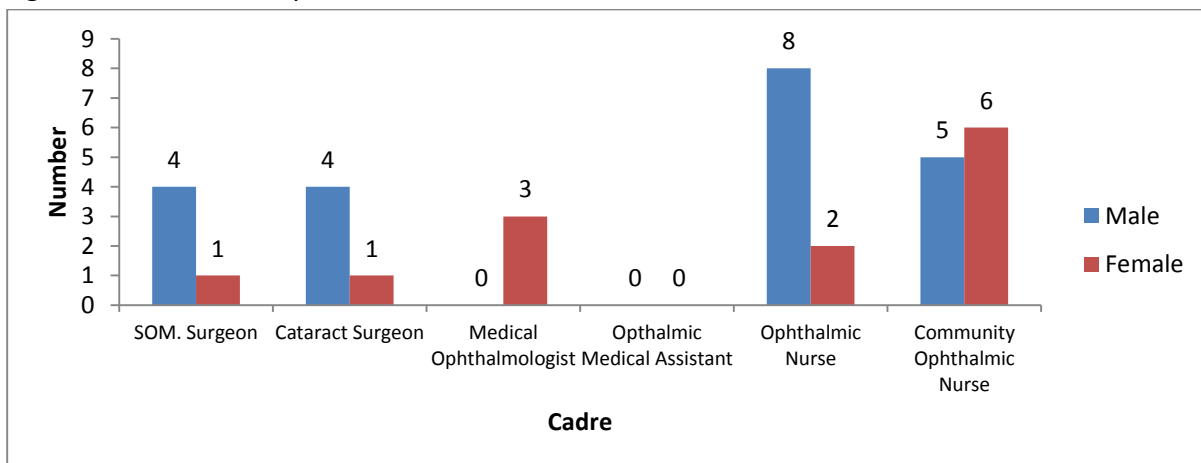
Source: HMIS, 2016

Figure 4. Number of Other Specialized Staff (Public and private), The Gambia 2016



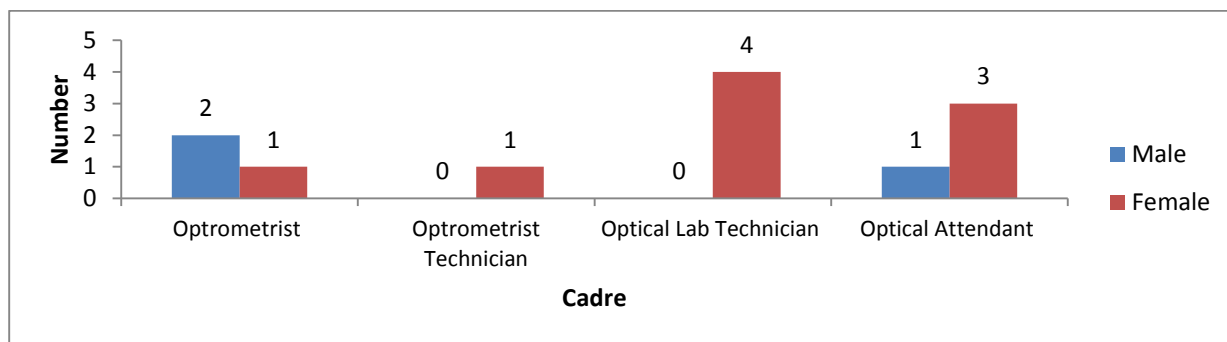
Source: HMIS, 2016

Figure 5. Number of Ophthalmic Personnel in the Public Sector, The Gambia2016



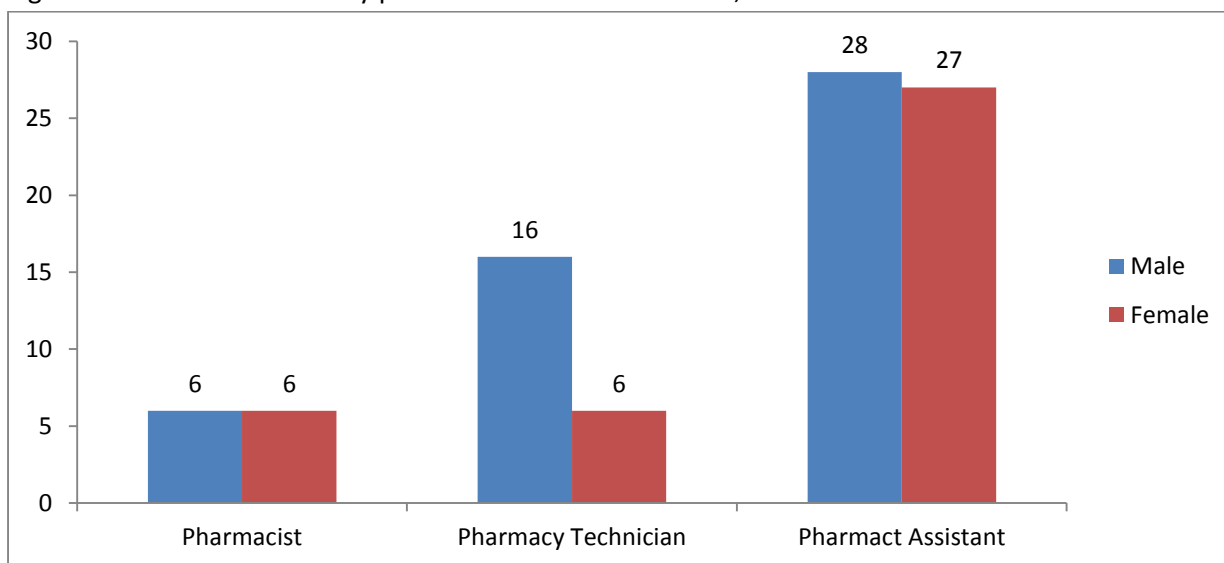
Source: HMIS, 2016

Figure 6. Number of Optometry Personnel in the Public Sector, The Gambia 2016



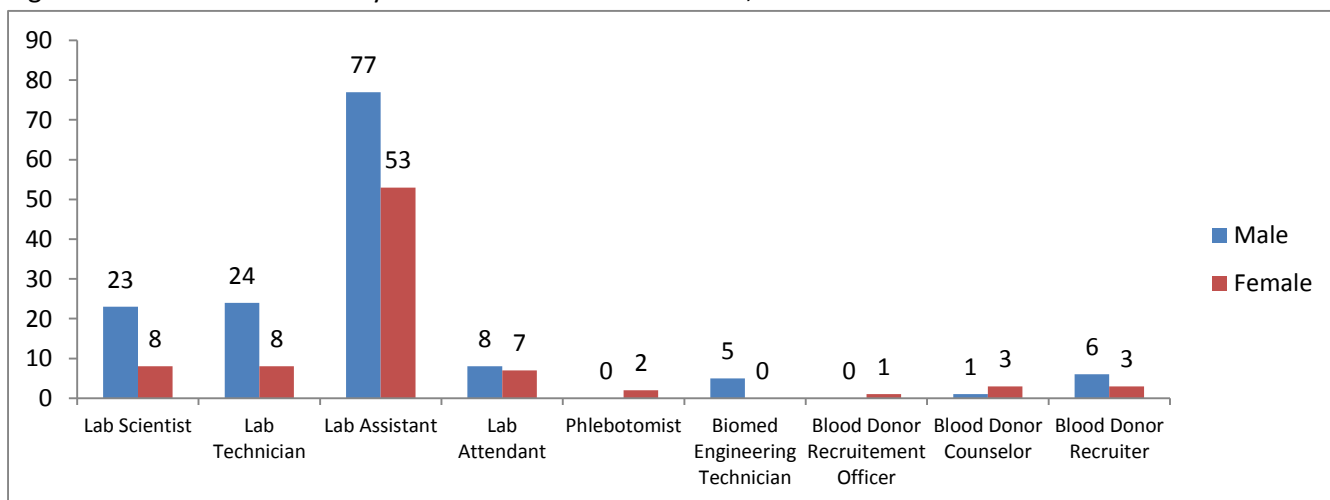
Source: HMIS, 2016

Figure 7. Number of Pharmacy personnel in the Public Sector, The Gambia 2016



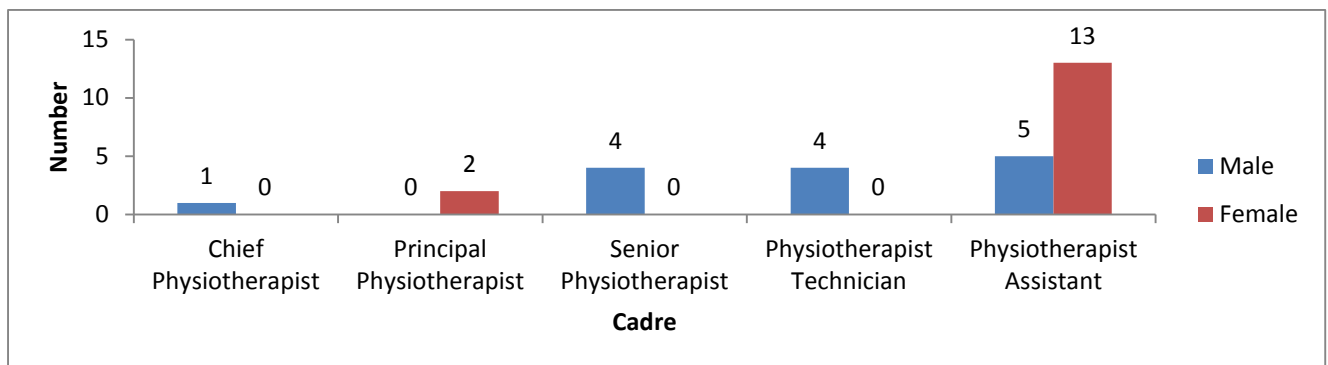
Source: NPS 2017

Figure 8. Number of Laboratory Personnel in the Public Sector, The Gambia 2016



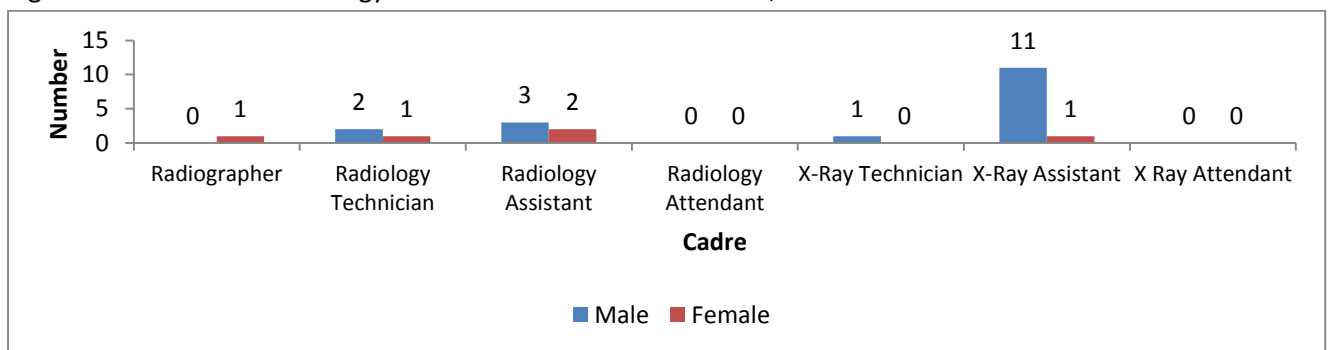
Source: NPHL, 2017

Figure 9. Number Of Physiotherapy Personnel in the Public Sector, The Gambia 2016



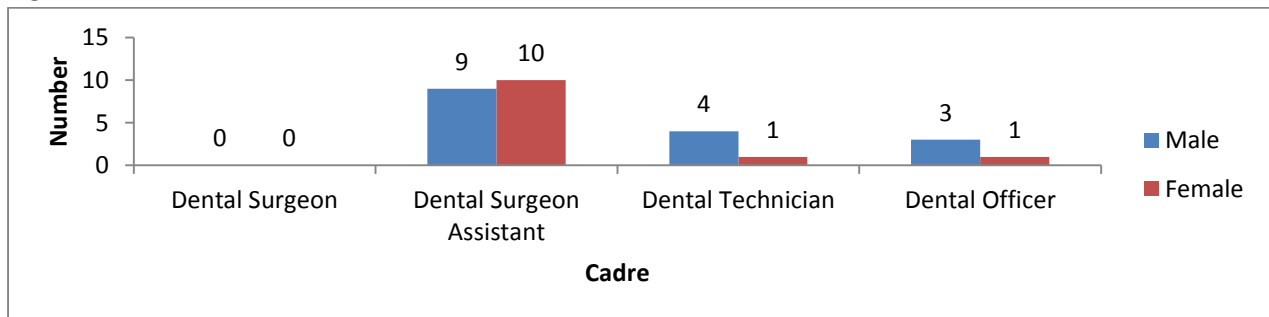
Source: HMIS, 2016

Figure 10. Number of Radiology Personnel in the Public Sector, The Gambia 2016



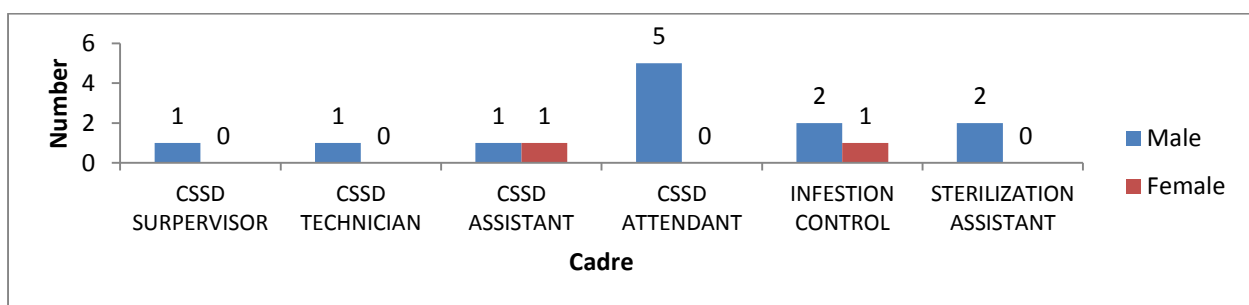
Source: HMIS, 2016

Figure 11. Number of Dental Personnel in the Public Sector, The Gambia 2016



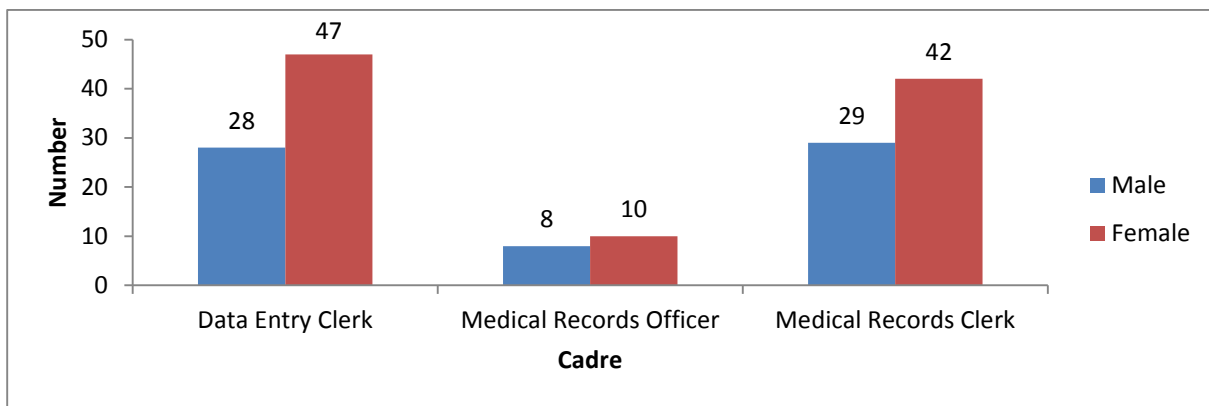
Source: HMIS, 2016

Figure 12. Number of CSSD Personnel, The Gambia 2016



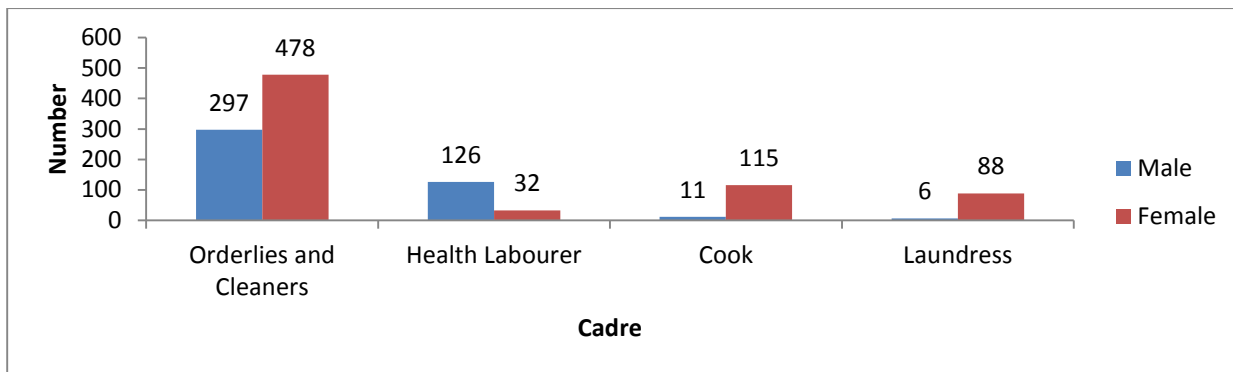
Source: HMIS, 2016

Figure 13. Number of Support Staff, The Gambia 2016



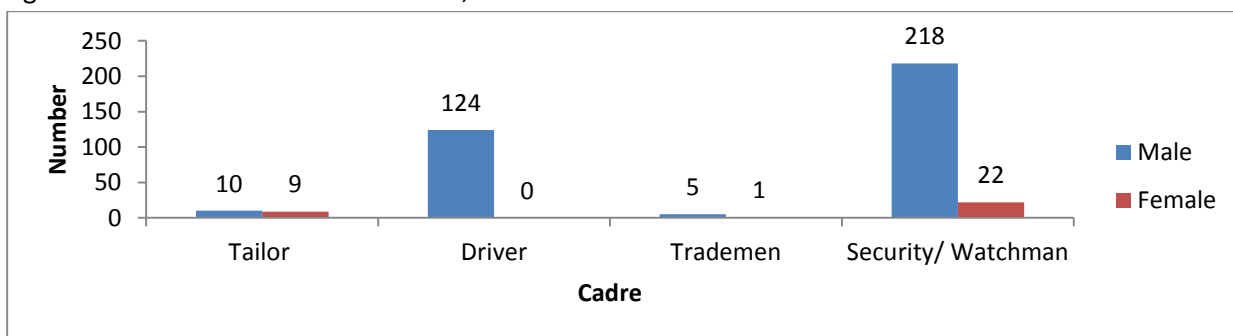
Source: HMIS, 2016

Figure 14. Number of Ancillary Staff, The Gambia 2016



Source: HMIS, 2016

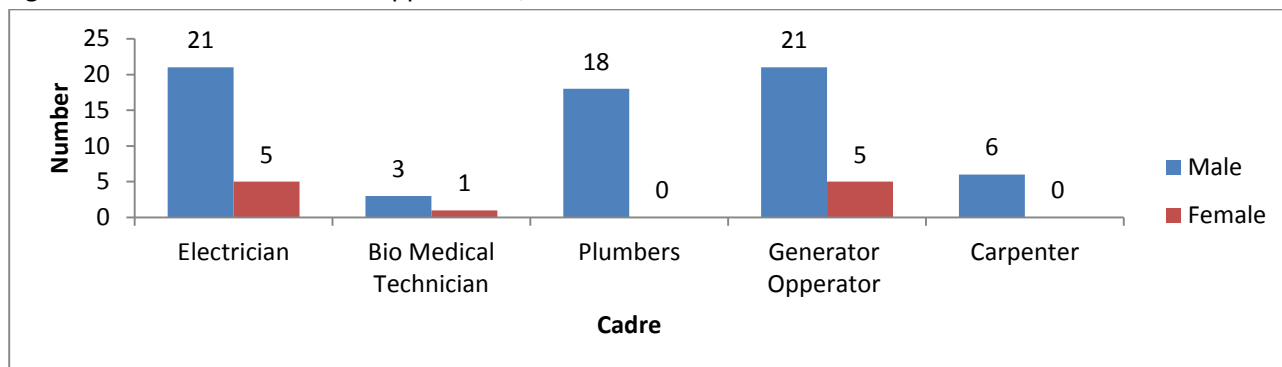
Figure 15. Number other Professionals, The Gambia 2016



Source: HMIS, 2016

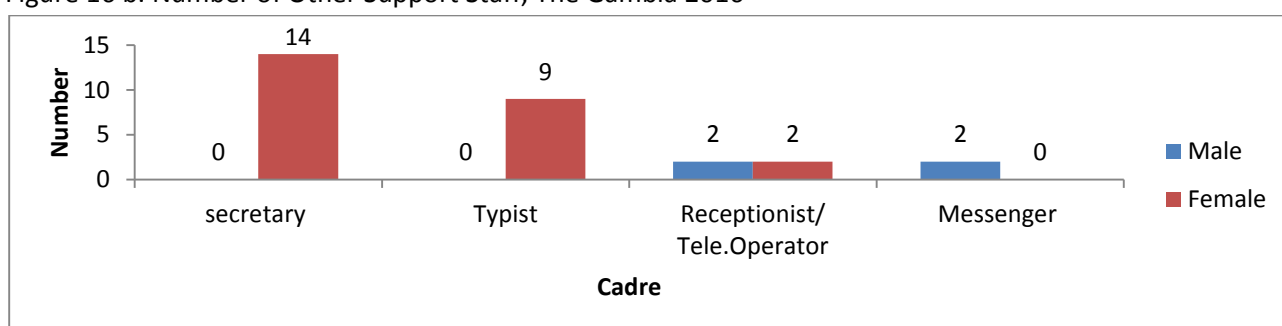


Figure 16 a. Number of Other Support Staff, The Gambia 2016



Source: HMIS, 2016

Figure 16 b. Number of Other Support Staff, The Gambia 2016



Source: HMIS, 2016

### 3.0 Health Facilities

Health facility is a place where health services are provided which in many countries is regulated by law prior to its operation. It can be either private or public and the size is often determined by the workload. For instance, in some developed countries like Australia, the workload of a health facility is used to determine the level of government funding provided to that facility. Usually the number and quality of health facilities may determine a country's prosperity and quality of life.

Health services in The Gambia are based on the primary health care strategy-- primary, secondary and tertiary level. The primary level provides initial care through a network of health post, linked by key villages. At this level, services are delivered by Village Health Workers (VHW's) and Community Birth Companions (CBC's), supervised by Community Health Nurses (CHN's).The secondary level comprises a network of major and minor health centres, and community clinics with more specialized staff and equipment. It provides routine preventive and curative services and some medical, surgical and obstetrics interventions. Recently four major health centres were pronounced as district hospitals in 2016. The tertiary level (hospitals) provides more specialized

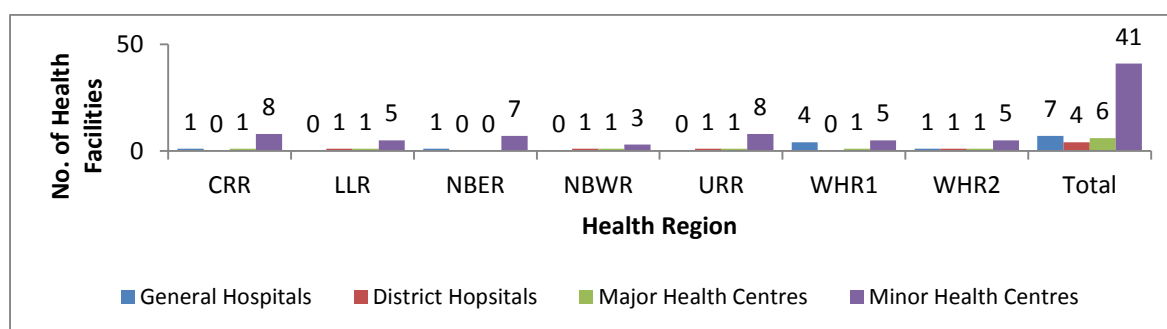
services and interventions and is intended to function as a referral centre for the secondary level. Majority, 71% (n=5) of the hospitals are concentrated in WHR1 and WHR2. Out of the other five health regions, only NBER and CRR have each one hospital. Edward Francis Small Teaching Hospital (EFSTH), which is the main national referral hospital, also serves as a teaching and research facility. In addition, there are a number of NGO and Private sector health facilities that complement the public health care system.

In 2016, there were four district hospital, and six major health centres nationally. The district hospitals and major health centres are expected to provide comprehensive EMOC services. Only NBER has no major centre among all the regions. The total number of minor health centres is forty one distributed within the regions. Minor health centres provide basic EMOC, reproductive and child health services.

There are thirty NGO health facilities across the country and almost half of the clinics are concentrated in WHR2. Currently, there were twenty-five private health facilities in the country and 50% of them are in WHR1. The community managed clinics were forty-seven and majority of them are in WHR2 and CRR while service clinics are thirteen and 54% of them are in WHR1.

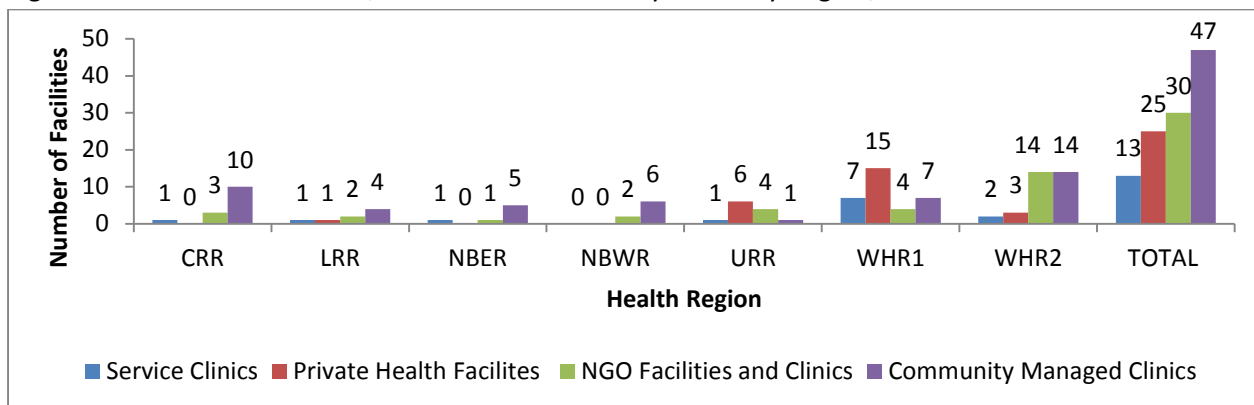
Two hundred and sixty nine RCH outreach clinics and two hundred and thirty six RCH base clinics are provided by the health facilities. CRR provided the highest number of RCH outreach services of seventy one, followed by URR with sixty one. However, WHR1 provides the highest number of RCH base clinics one hundred and fifty three, followed by WHR2 with thirty one. In total, there are one thousand, four hundred and fifty six service delivery points across the country. The total number of primary health care village in 2016 was seven hundred and forty-seven and majority (25.3%) were in CRR. Nationally, CRR has the highest service delivery points of 23.7% compared to WHR2 with 14.4%.

Figure 17. Distribution of Hospitals, Major and Minor Health Centers by Region, The Gambia 2016



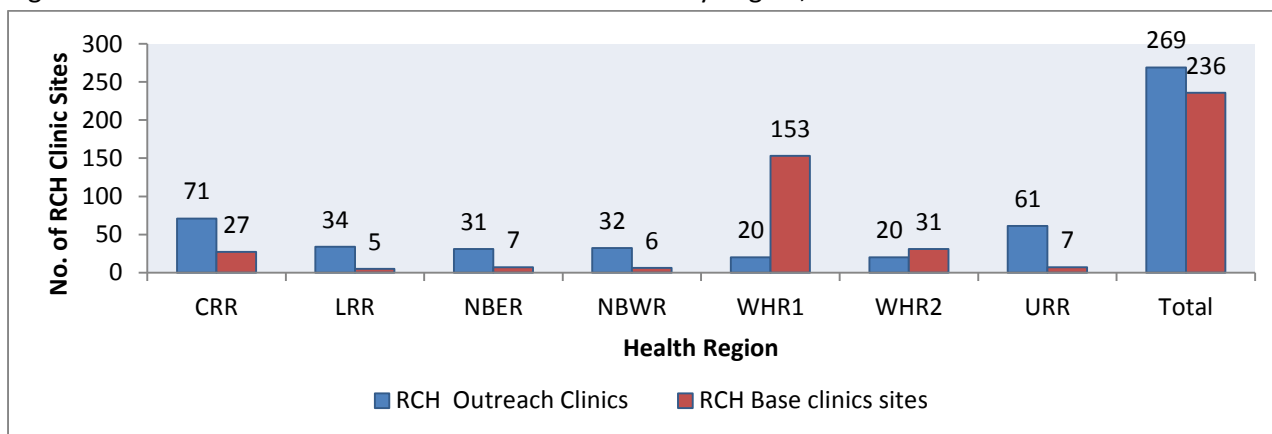
Source: HMIS, 2016

Figure 18. Distribution of NGO, Private and Community Clinics by Region, The Gambia 2016



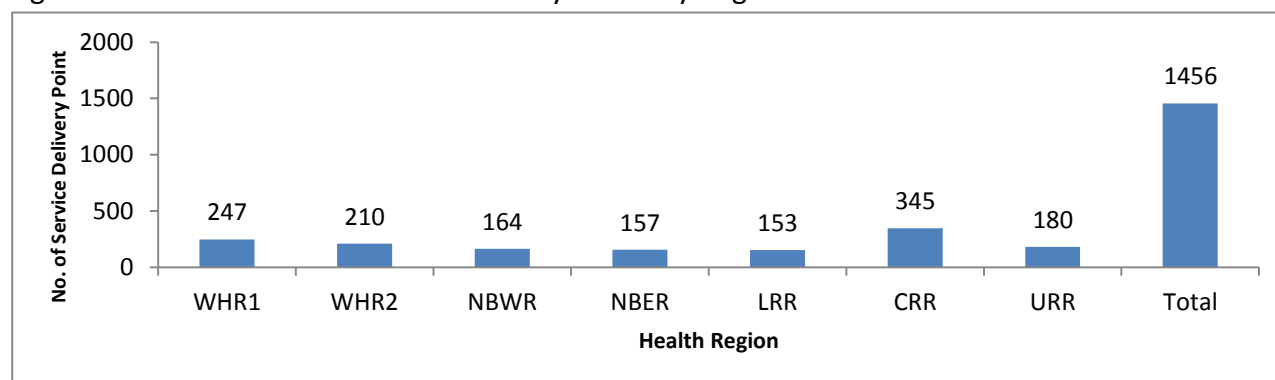
Source: HMIS, 2016

Figure 19. Distribution of RCH Outreach and Base Clinics by Region, The Gambia 2016



Source: HMIS, 2016

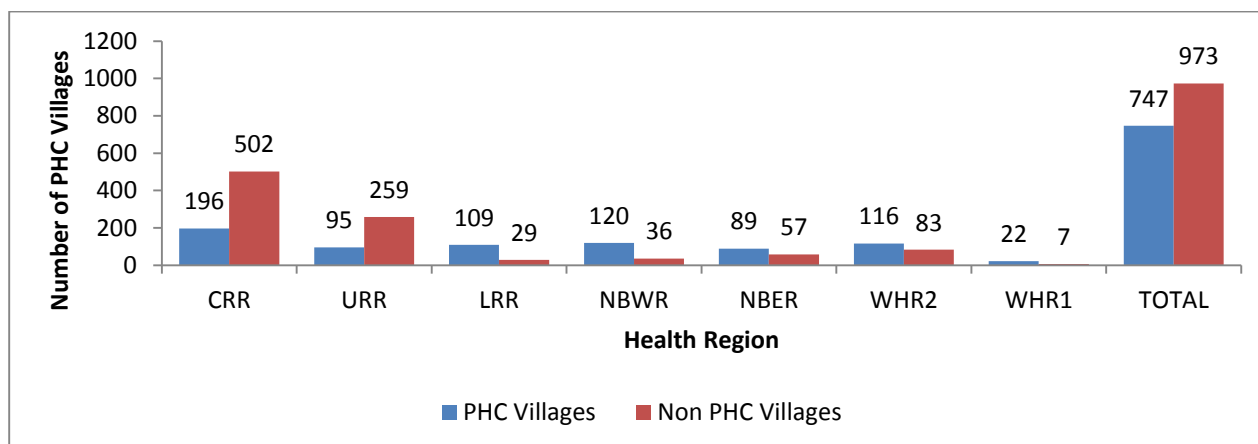
Figure 20. Total Number of Service Delivery Points by Region



Source: HMIS, 2016

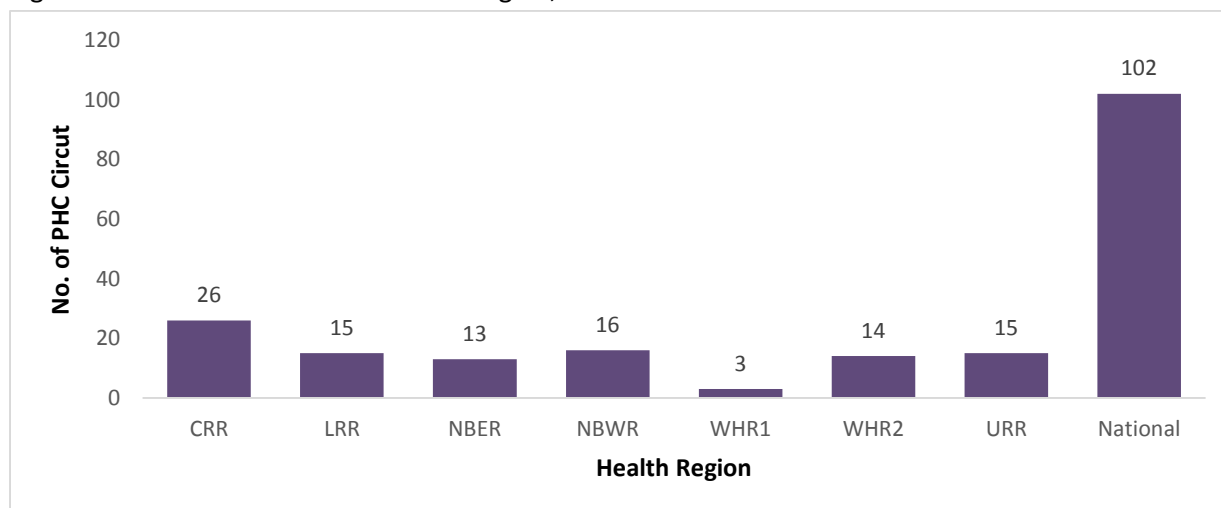
### 3.1 PHC Villages and Circuits

Figure 21. Number of PHC Villages Per Region, The Gambia 2016



Source: HMIS, 2016

Figure 22. Number of PHC Circuits Per Region, The Gambia 2016



Source: HMIS, 2016

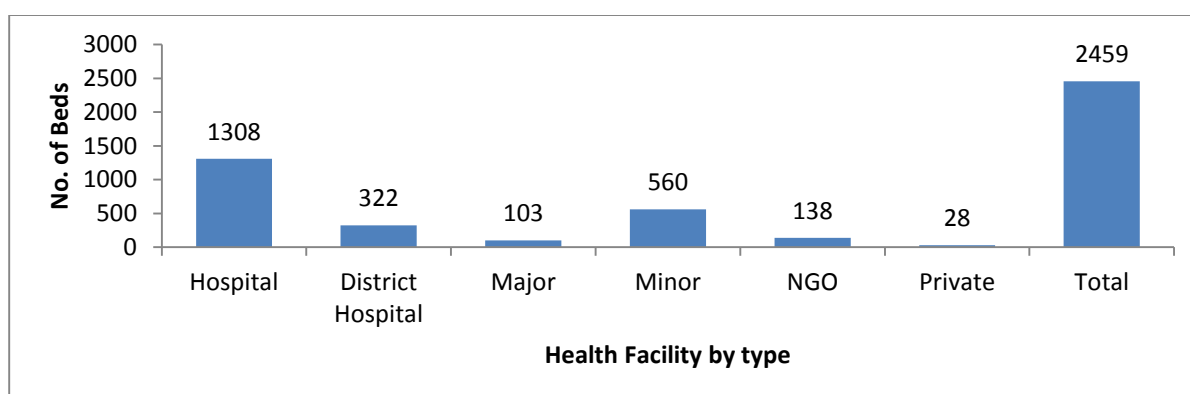
### 4.0 Hospital Beds

A hospital bed or hospital cot is a bed specially designed for hospitalized patients or others in need of some form of health care. These beds have special features both for the comfort and well-being of the patient and for the convenience of health care workers. Common features include adjustable height for the entire bed, the head, and the feet, adjustable side rails, and electronic buttons to operate both the bed and other nearby electronic devices.

Hospital beds and other similar types of beds are used not only in hospitals, but in other health care facilities and settings, such as nursing homes, assisted living facilities, outpatient clinics and in home health care. While the term "hospital bed" can refer to the actual bed, the term "bed" is also used to describe the amount of space in a health care facility, as the capacity for the number of patients at the facility is measured in available "beds."

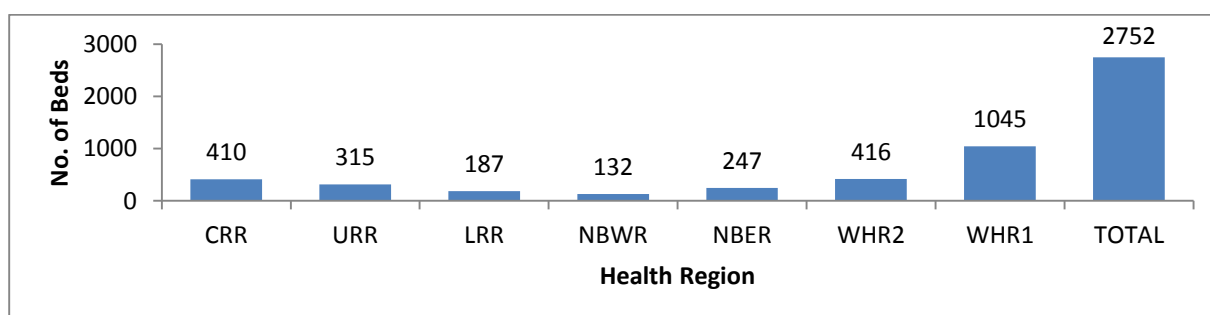
In 2016, there were four thousand, four hundred and fifty nine hospital beds available in the public and private health facilities. 52.9% of the beds are in the hospitals, 13.0% district hospitals, 4.1% in major health centres, 22.8% in the minor health centres, 6.7% in the private health facilities. 75.4% were inpatient beds use for admission, 17.9% were antenatal and post natal beds whilst 6.7% were labour and delivery beds.

Figure 23. Distribution of Hospital Beds by Facility Type, The Gambia 2016



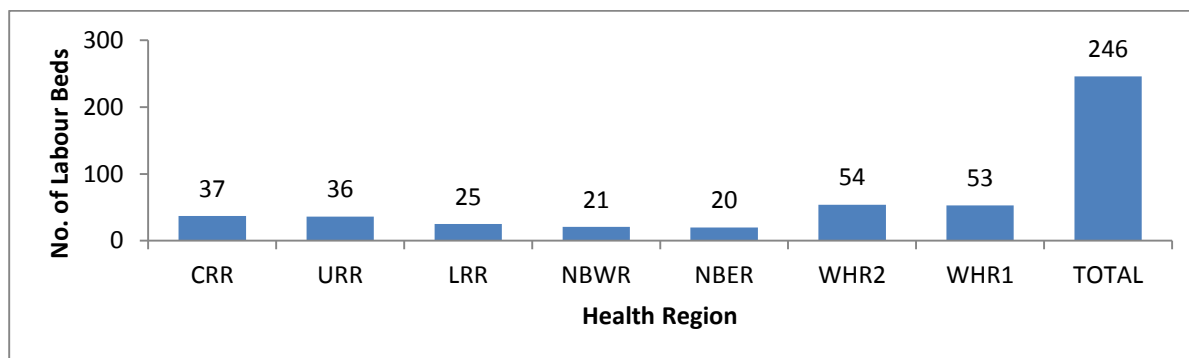
Source: HMIS, 2016

Figure 24. Distribution of Beds by Region, The Gambia 2016



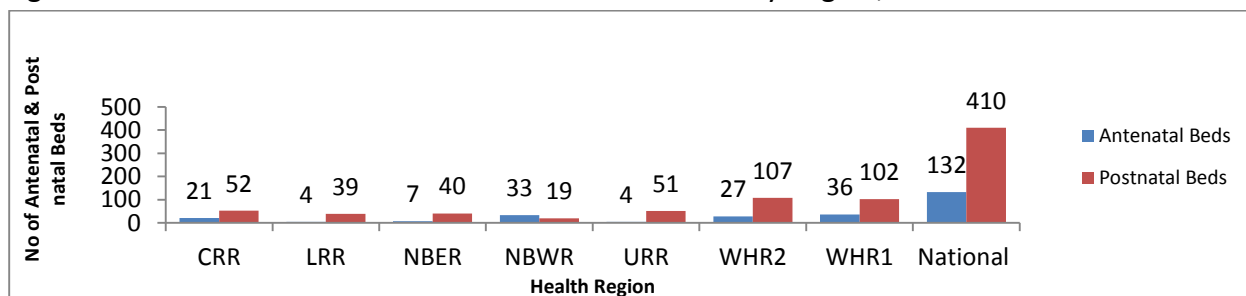
Source: HMIS, 2016

Figure 25. Distribution of Labour Beds by Region, The Gambia 2016



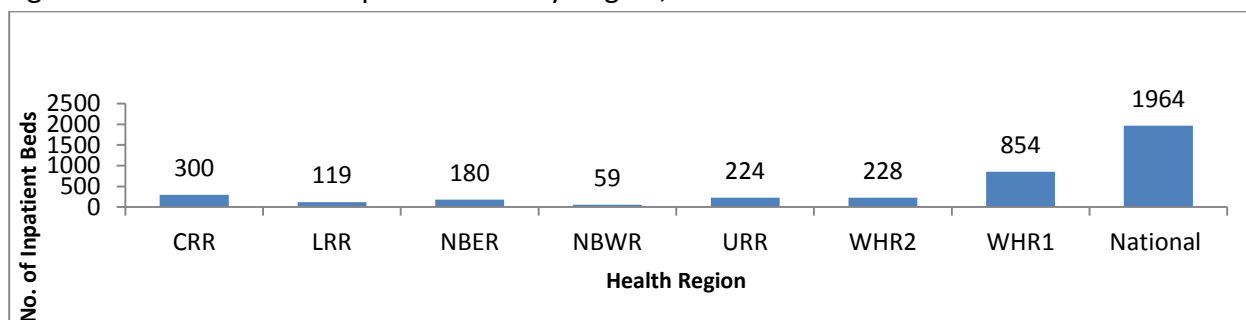
Source: HMIS, 2016

Figure 26. Distribution of Ante Natal and Post Natal Beds by Region, The Gambia 2016



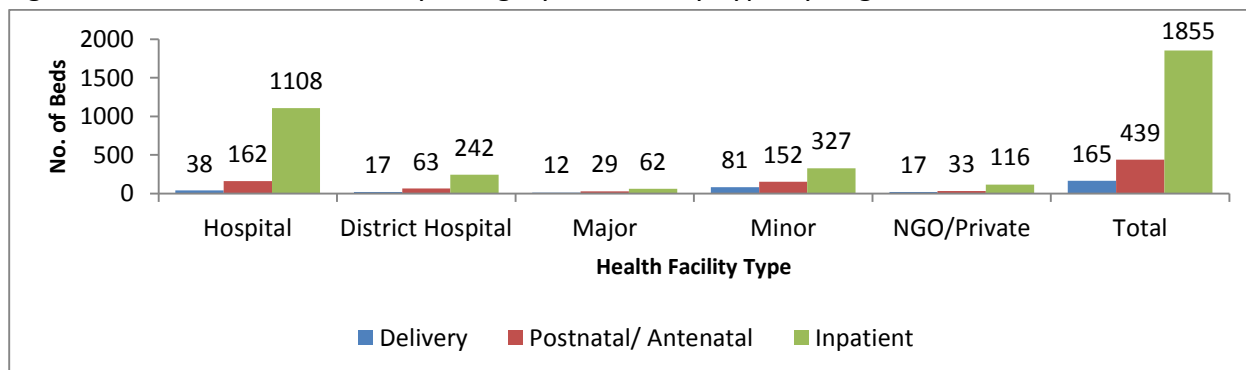
Source: HMIS, 2016

Figure 27. Distribution of Inpatient Beds by Region, The Gambia 2016



Source: HMIS, 2016

Figure 28. Distribution of Beds by Category and Facility Type by Region, The Gambia 2016



Source: HMIS, 2016

**Table2. Distribution of Hospital Beds by Facility and Ward Type, 2016**

Facility Type	Inpatient	Ante Natal	Delivery	Postnatal
Hospital	1108	52	38	110
District Hospital	242	34	17	29
Major	62	5	12	24
Minor	327	24	81	128
NGO	100	5	13	20
Private	16	0	4	8
<b>Total</b>	<b>1855</b>	<b>120</b>	<b>165</b>	<b>319</b>

Source: HMIS, 2016

## 5.0 Expenditure on Health

Health expenditures are broadly defined as activities performed either by institutions or individuals through the application of technologies that promote and sustain health. Expenditures also are defined on the basis of their primary or predominant purpose of improving health, regardless of the primary function or activity of the entity providing or paying for the associated health services. Health includes both the health of individuals as well as of groups of individuals or population. Health expenditure consists of all expenditures for medical care, prevention, promotion, rehabilitation, community health activities, health administration and regulation and capital formation with the predominant objective of improving health.

Health-related expenditures include expenditures on health-related functions such as medical education and training, research and development. Total expenditure on health care measures the final consumption of health goods and services plus capital investment in health care infrastructure. It includes spending by both public and private sources (including households) on medical goods and services, on public health, prevention programmes, and on administration. In 2016, The Percentage of National Budget allocated to health was 10.57%. Moreover, about 52% of the total budget allocated to health was released on time.

Table 3. Financial Indicators, The Gambia 2016

No	Financial Indicators	Value	Source
1	General government expenditure on health as % of GDP	2.72%	2016 National Budget (computed)
2	Total expenditure on health as % of GDP	5.67%	NHA, 2013
3	Percentage of national budget allocated to health	10.57%	2016 National Budget
4	Percentage of total budget released on time to the health sector	51.9%	2016 Cash Allocation (computed)
5	Out of pocket expenditure as % of private expenditure on health	30.70%	NHA, 2013
6	External resources on health as % of total expenditure on health	37.7%	NHA, 2013
7	General government expenditure on health as % of total expenditure	28.10%	NHA, 2013
8	Per capital government drug expenditure	D37.2	2016 National Budget (computed)
9		\$0.8	
10	Private sector expenditure on health as % of total expenditure on health	1.77%	NHA,2013
11	The Per Capita Expenditure on Health as average exchange rate	\$ 28	NHA, 2013
12	Out of Pocket Expenditure on Health	21.21%	NHA, 2013
13	General government expenditure on health	28.10%	NHA, 2013

## 6.0 Completeness and Timeliness of Monthly Returns

Monitoring of the completeness and timeliness of the monthly health facility returns and the CHN monthly summary forms routinely are generated by the DHIS 2 database. In 2016, there were one hundred and fifty seven reporting health facilities and seven hundred and forty seven reporting village health service (VHS) facilities in the DH12 data base. All health facility and VHS reports are expected to reach regional health directorate by the 5<sup>th</sup> of the preceding month for timely submission. At the regional level, data is punched into the database by the regional data managers. Each facility and VHS monthly report is expected to be verified and signed by at least one senior staff of RHD for completeness and any other correction before punching. Once the data is punched, the system marks it complete by indicating the time the punching was done. Regions are expected to complete data punching on or before the 10<sup>th</sup> of the following month to meet timeliness as per HMIS standard. Timeliness of returns is also physically verified in the log book at the RHDs.



The number of expected monthly health facilities returns and village health services return in 2016, was one thousand eight hundred and eighty four (1,884); and eight thousand, nine hundred and sixty four (8,964) respectively making a total of ten thousand, eight hundred and forty eight (10, 848) monthly returns. Out of the total number of expected returns, one thousand, seven hundred and thirty six (1,736) health facility; and eight thousand, three hundred and seventy six (8,376) VHS returns were actually received representing 92.1% and 93.4% completeness respectively. The overall national data completeness was 93.2%.

From the total reports received, only 64.4% (n=1,214) and 57.9% (n= 5,188) of health facility reports and VHS reports were timely representing 59.0% (n=6,402) timeliness of reports. WHR 1 and 2 had lowest timeliness percentages. While there is improvement in data completeness from 2015 to 2016, timeliness of reports however, dropped significantly in 2016 nationally to 30.9% from 2015.

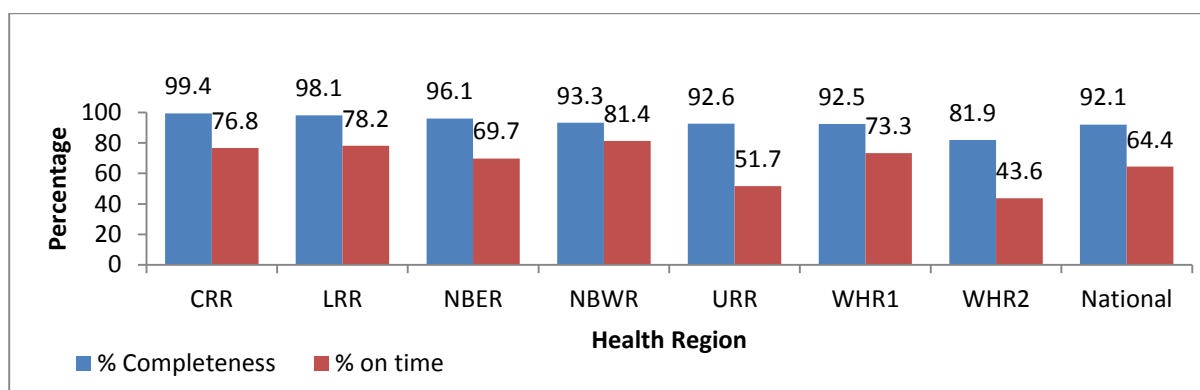
Table 4. Percentage of Completeness of the Health Facility Monthly Return, The Gambia 2016

Region	Actual Reports	*Expected Reports	Percent	Reports On Time	Percent On Time
CRR	291	312	93.3	254	81.4
LRR	222	240	92.5	176	73.3
NBER	167	168	99.4	129	76.8
NBWR	153	156	98.1	122	78.2
URR	219	228	96.1	159	69.7
WHR1	<b>295</b>	<b>360</b>	<b>81.9</b>	<b>157</b>	<b>43.6</b>
WHR2	389	420	92.6	217	51.7
National	1736	1884	92.1	1214	64.4

\* Total reporting health facilities , The Gambia 2016 was 157: CRR 26; LRR 20; NBER 14; NBWR 13; URR 19; WHR1 30 and WHR2 35

Source: HMIS, 2016

Figure29. Percentage of Completeness and Timeliness of Health Facilities Returns by Region, The Gambia 2016



Source: HMIS, 2016

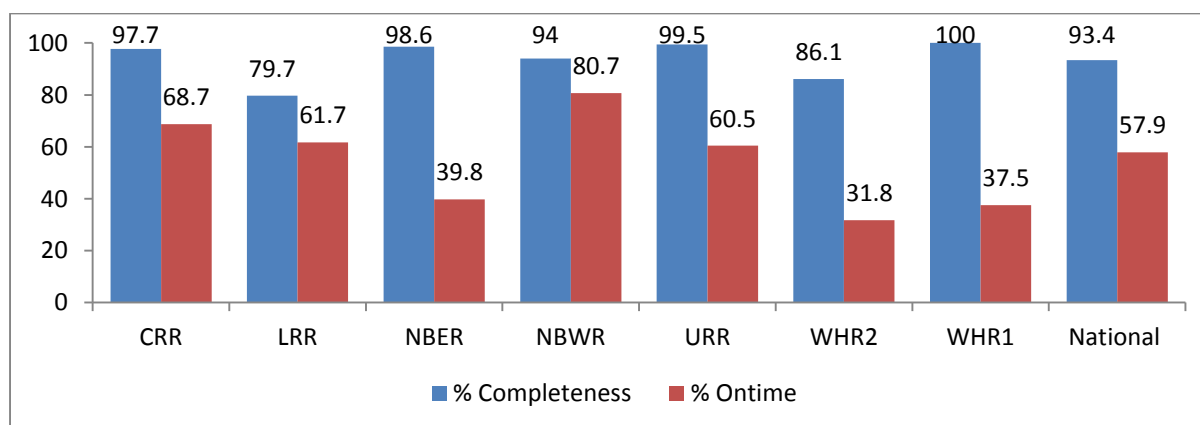
Table5. Percentage of Completeness of the VHS Monthly Return, The Gambia 2016

Region	Actual Reports	*Expected Reports	Percent	Reports On Time	Percent On Time
CRR	2297	2352	97.7	1615	68.7
LRR	909	1140	79.7	703	61.7
NBER	1290	1308	98.6	520	39.8
NBWR	1354	1440	94	1162	80.7
URR	1063	1068	99.5	646	60.5
WHR2	1199	1392	86.1	443	31.8
WHR1	264	264	100	99	37.5
National	8376	8964	93.4	5188	57.9

\* Total reporting village health service (primary Health care) facilities , The Gambia 2016 was 747: CRR 196; LRR 95; NBER 109; NBWR 120; URR 89; WHR116 and WHR2 22

Source: HMIS, 2016

Figure30. Percentage of Completeness and Timeliness of Village Health Service Returns, The Gambia 2016



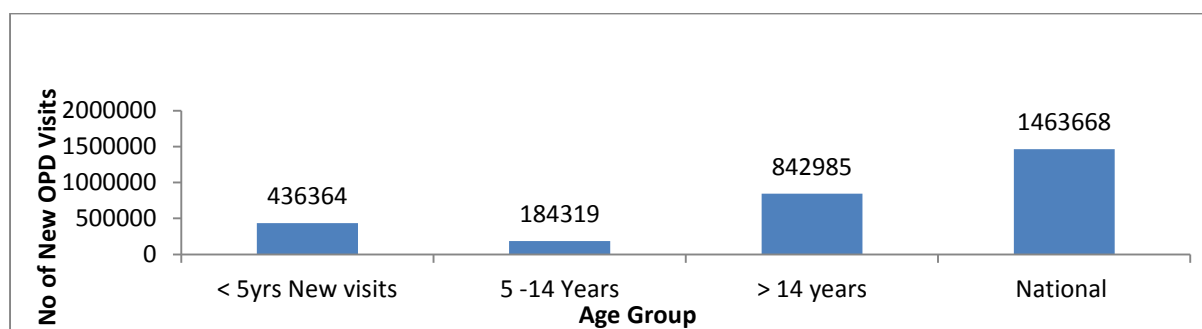
Source: HMIS, 2016

## 7.0 Service utilizations

### 7.1 Outpatient Services

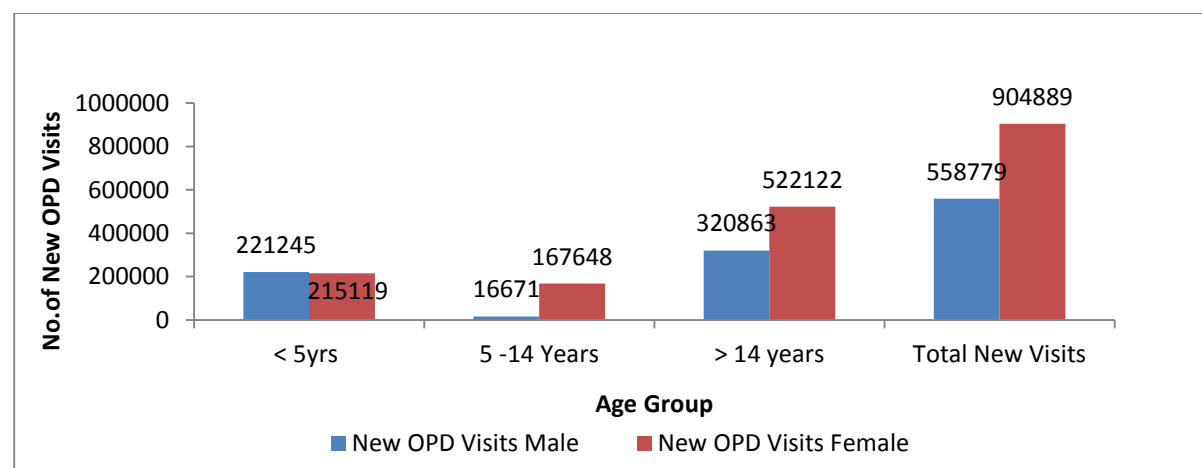
In 2016, one million, four hundred and sixty-three thousand, six hundred and sixty-eight (1,463,668) outpatient new visits were recorded by the health facilities. Out of the total new visits made, majority were female 62% (n=904889) while males represent 38% (n=558779). Patient more than 14 years of age were mostly seen 58%, for new OPD visits followed by patient <5 years of age (30%). Seven thousand, five hundred and twelve (7,512) revisit consultations was reported for children <5 years old and 49.7% of these revisits were male whilst 50.3 were females.

Figure 31. Total New Outpatient visits recorded at Health Facilities by age group, The Gambia 2016



Source: HMIS, 2016

Figure 32. Total New Outpatient Consultation reported by Health Facilities, The Gambia 2016



Source: HMIS, 2016

Table 6. Number and Percentage of OPD visits by Patients < 5 years of age to the Health Facilities , The Gambia 2016

Regions	< 5yrs New visits		< 5yrs Re-visits	
	Male	Female	Male	Female
CRR	42227(51.7)	39401(48.3)	1377(50.4)	1354(49.6)
LRR	15368(51.7)	14368(48.3)	826(47.9)	899(52.1)
NBER	20264(52.3)	18508(47.7)	1523(52.0)	1408(48.0)
NBWR	15120(49.9)	15207(50.1)	2239(47.8)	2445(52.2)
URR	36901(51.4)	34891(48.6)	973(57.9)	707(42.1)
WHR1	46741(49.6)	47437(50.4)	25778(49.3)	26495(50.7)
WHR2	44624(49.6)	45307(50.4)	4636(50.9)	4465(49.1)
<b>National</b>	<b>221245(50.7)</b>	<b>215119(49.3)</b>	<b>37352(49.7)</b>	<b>37773(50.3)</b>

Source: HMIS, 2016

Table 7. Number of OPD visits by Patients 5- 14 years and > 14 years of age to the Health Facilities , The Gambia 2016

Regions	5 -14 Years			> 14 years			*Total OPD exclude revisits
	Male	Female	Total	Male	Female	Total	
CRR	16671	17483	34154	39908	75970	115878	231660
LRR	9262	10301	19563	18115	35042	53157	102456
NBER	7959	8310	16269	18127	34216	52343	107384
NBWR	7658	8303	15961	14855	31691	46546	92834
URR	22872	24570	47442	39476	70791	110267	229501
WHR1	55382	60628	116010	118778	174985	293763	503951
WHR2	35761	38053	73814	71604	99427	171031	334776
<b>National</b>	<b>16671</b>	<b>167648</b>	<b>184319</b>	<b>320863</b>	<b>522122</b>	<b>842985</b>	<b>1463668</b>

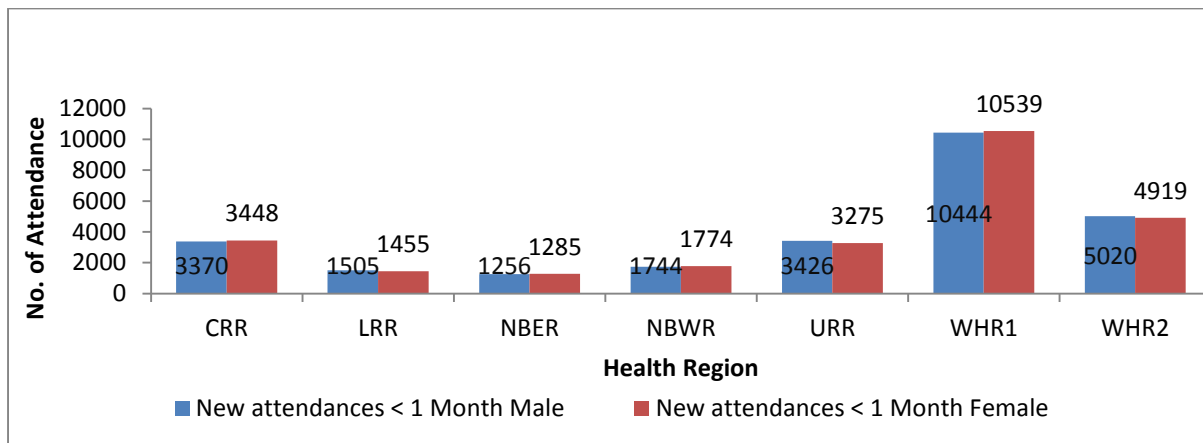
\*including <5yrs new visits

Source: HMIS, 2016

## 7.2 Infant Welfare Clinics

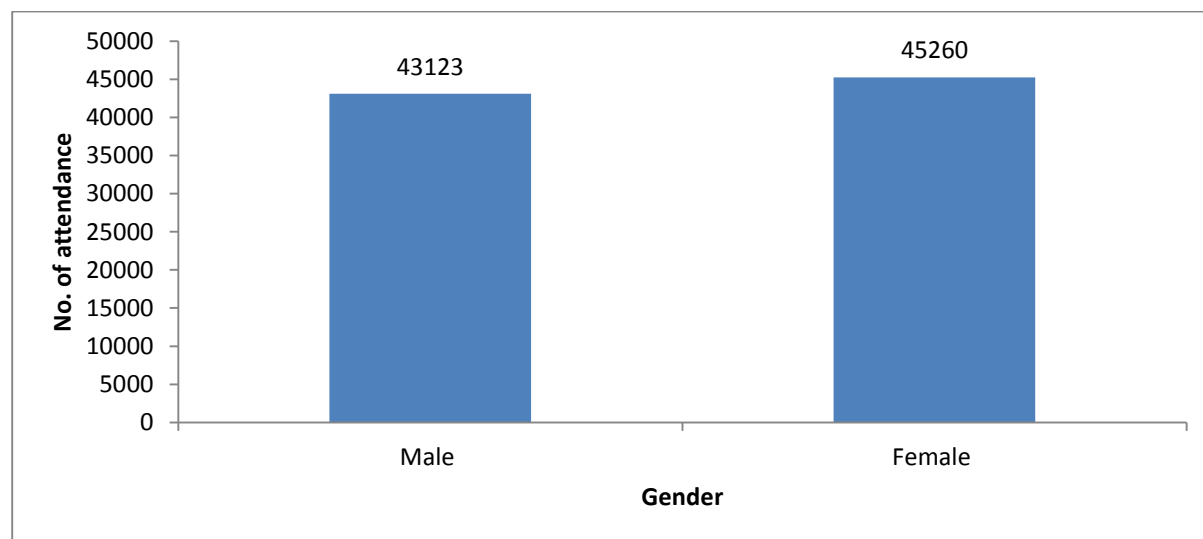
Infant welfare clinic (IWC) attendance plays significant role in reducing under-five morbidity and mortality. It provides the benefit of frequent contact between parent, children and health care provides especially during the first two years of life. IWC remain an effective tool in promoting child health because it serves as a guide to caregivers on breastfeeding, immunization, home care management, nutrition and family planning. In 2016, fifty three thousand, four hundred and sixty new IWC attendance <1 months of age were reported and WHR1 reported the highest.

Figure 33. Number of New IWC Attendance < 1 Month of Age by Region, The Gambia 2016



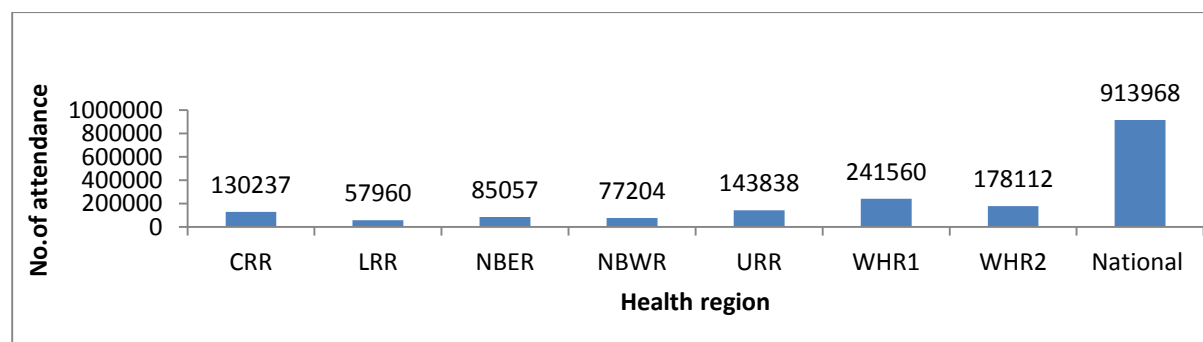
Source: HMIS, 2016

Figure 34. Total Number of New IWC Attendance < 1 Month Age registered, The Gambia 2016



Source: HMIS, 2016

Figure 35. Total Number of IWC All other attendances, by Region, The Gambia 2016



Source: HMIS, 2016

### 7.3 Ante Natal Care Services

According to WHO reports on Opportunities for Africa's New-borns, good care during pregnancy is important for the health of the mother and the development of the unborn baby. Good ANC links the woman and her family with the formal health system, increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle. Furthermore, inadequate care during this period breaks a critical link in the continuum of care, and affects both women and babies.

In 2016, seventy two thousand, seven hundred and eighty one (72, 781) women registered for antenatal care services in the Gambia. 15.4% (n=11,225) of those who registered were less than 20 years whilst 84.6% (n=61, 556) were 20 years and above.

Nationally 22.5% (n=16346) of antenatal women had registered in their first trimester which is 2.4% lower than in 2015. Regionally early ante natal booking in NBWR is promising with 38.6% (n=1837) of women registered in their first trimester followed by URR 34.8% (n=3908) and CRR 24.5% (n=2699). In 2016 however, WHR2 has the lowest 9% (n=1070) ANC first trimester booking.

In addition, antenatal women who completed three other scheduled visits in 2016 was 39.0% (n=28420) as compared to 48.5% (n=34590) in 2015. Despite this significant dropout in percentage, WHR1 has the highest percentage of Ante natal completing three other scheduled visits with 59.8%, followed by NBWR with 46.7%, CRR 38.0%, WHR2 30.0%, NBER 19.0%, URR 17.8% and LRR 12.0%.

Out of the total registered ante natal women, sixty three thousand, two hundred and forty-nine (63,249) received first dose of IPT and forty seven thousand, six hundred and thirty-eight (47,638) received second dose of IPT representing 86.9% and 65.5% respectively.

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Nine thousand, five hundred and eighteen (9,518) obstetric, labour and delivery complications were reported in 2016. Anaemia in pregnancy rank highest 24.9% (n=2368) of those complications reported followed by abortion, 21.2 % (n=2014), pre-Eclampsia 19.58% (n=1864) and delay or obstructed labour 8.0% (n=763) as the fifth leading obstetric, labour and delivery complications. Mal presentation was the lowest 0.04% (n=4) complication reported in 2016.

Table 8. Number of ANC attendance, revisits, first trimester visit and Completing three Schedule visits, The Gambia 2016

Regions	First attendance < 20yrs of age	First attendance 20 yrs of age and above	Re-visits	ANC first trimester visit	ANC completing 3 other scheduled visits
CRR	1940	9063	22247	2699	4181
LRR	628	3036	6205	536	441
NBER	860	4202	9924	619	960
NBWR	1091	3667	8659	1837	2221
WHR1	3463	21677	63921	5677	15046
WHR2	1450	10490	18430	1070	3577
URR	1793	9421	22597	3908	1994
<b>National</b>	<b>11225</b>	<b>61556</b>	<b>151983</b>	<b>16346</b>	<b>28420</b>

Source: HMIS, 2016

Table 9. Number and Percentage of Ante Natal First Trimester visit and Completing three Schedule visit schedule visits, The Gambia 2016

Regions	ANC Bookings	ANC first trimester visit	*Percentage	ANC Completing 3 other scheduled visits	Percentage
CRR	11003	2699	24.5	4181	38.0
LRR	3664	536	14.6	441	12.0
NBER	5062	619	12.2	960	19.0
NBWR	4758	1837	38.6	2221	46.7
WHR1	25140	5677	22.6	15046	59.8
WHR2	11940	1070	9	3577	30.0
URR	11214	3908	34.8	1994	17.8
<b>National</b>	<b>72781</b>	<b>16346</b>	<b>22.5</b>	<b>28420</b>	<b>39.0</b>

\*% of ANC first trimester booking

Source: HMIS, 2016

Table10. Number of Antenatal women who received Intermittent Preventive Treatment( IPT) for Malaria By Region, The Gambia 2016

Region	IPT 1	IPT 2	IPT 3	IPT 4	Total	Percentage
CRR	9345	7073	0	0	16418	15%
LRR	3282	2261	0	0	5543	5%
NBER	4555	3657	11	11	8234	7%
NBWR	4018	3283	0	0	7301	7%
URR	9235	7125	58	0	16418	15%
WHR1	21996	16031	512	198	38737	35%
WHR2	10818	8208	4	0	19030	17%
<b>NATIONAL</b>	<b>63249</b>	<b>47638</b>	<b>585</b>	<b>209</b>	<b>111681</b>	<b>100%</b>

Source: HMIS, 2016

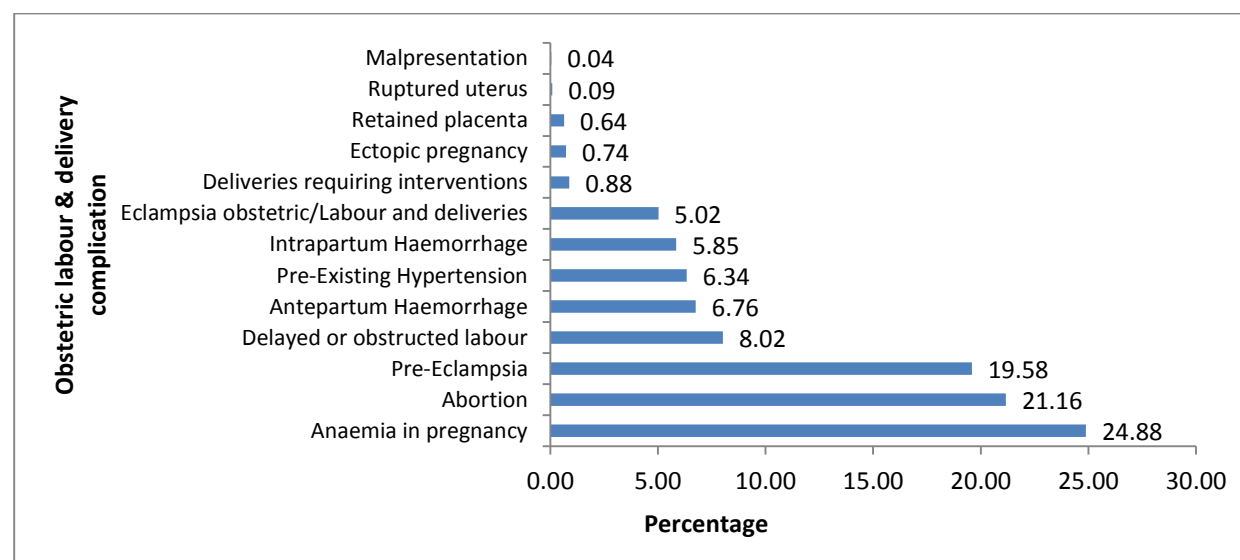
## 7.4 Obstetric/Labour and deliveries

Table 11. Number of Obstetric, labour and deliveries conditions , The Gambia 2016

No.	Conditions	Number
1	Anaemia in pregnancy	2368
2	Abortion	2014
3	Pre-Eclampsia	1864
4	Delayed or obstructed labour	763
5	Antepartum Haemorrhage	643
6	Pre-Existing Hypertension	603
7	Intrapartum Haemorrhage	557
8	Eclampsia obstetric/Labour and deliveries	478
9	Deliveries requiring interventions	84
10	Ectopic pregnancy	70
11	Retained placenta	61
12	Ruptured uterus	9
13	Malpresentation	4
<b>Total</b>		<b>9518</b>

Source: HMIS, 2016

Figure 36. Percentage of Obstetric, labour and delivery Complication recorded at Health Facilities, The Gambia 2016



Source: HMIS, 2016

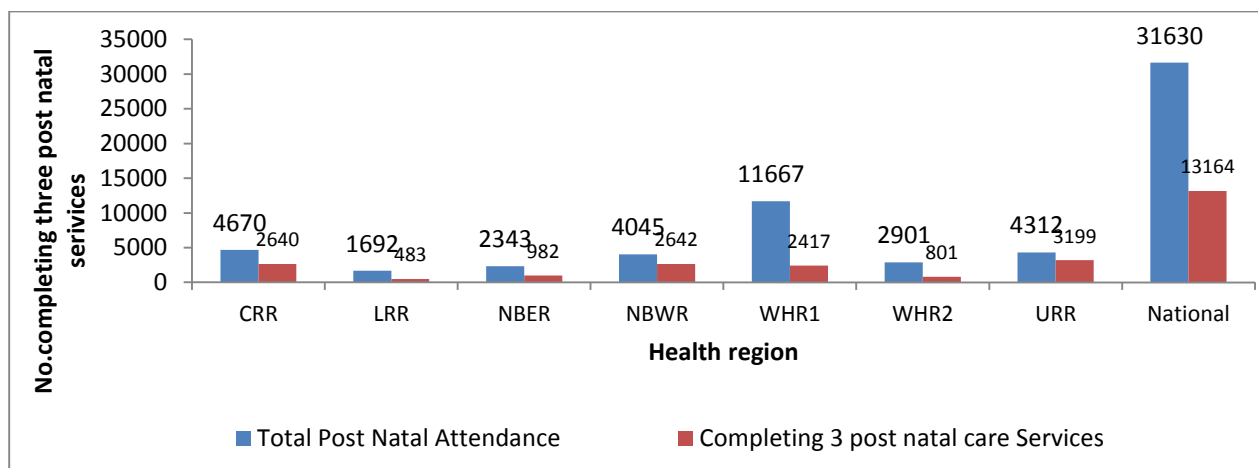


### 7.5 Postnatal Care Clinic Attendance

Postnatal services are provided to women immediately after delivery and according to the RCH policy, all women must complete three post natal care services within forty two days of delivery. The services provided to the mother and baby includes: Vital observations for mother – Blood Pressure, Temperature, Pulse, RR, Hb, protein, Lochia (Colour, Quantity and Odour), Uterine Involution (CM), Breast, Perineum and counseling on family planning. Baby – Temperature, Cord Condition, Skin colour/condition, Condition of Eye, Birth defect, Weight and any remark.

Nationally, women who completed three postnatal care services had 6% increases from 2015 to 2016. In 2016 41.6% (n=13164) of all post natal mothers had completed three post natal care services. URR has the highest percentage (74.2%, n=3199) of women who completed three postnatal services with 10% fold increase from 2015 whilst WHR 1 had the least percentage 20.7% (n=801) of women who completed three postnatal services. In 2016, postnatal conditions had also decline from 2015. 80.2% (n=30913) of women seen during postnatal period, in 2016 were well women. Only 19.8% (n=7655) of them were seen with postnatal conditions. Among those seen with conditions, 4.9% (n=1897) was anemia, followed by hypertension 4.0 % (n=1523) and perineal tear 3.0% (n=1120). Puerperal mental disorder was the least 0.02% (n=7) postnatal condition seen in 2016.

Figure 37. Number of Post Natal Attendance and completing three Post Natal Care Services, The Gambia 2016



Source: HMIS, 2016

Table 12. Number of Post Natal women seen and conditions, The Gambia 2016

No	Postnatal women seen	< 15 years	15-24 years	> 24 years	Total	Percentages
1	Well women	212	10582	20119	30913	80.15
2	Anaemia	18	679	1200	1897	4.92
3	Hypertension	6	460	1057	1523	3.95
4	Perineal tear	8	657	455	1120	2.90
5	Severe lower abdominal pain	8	342	590	940	2.44
6	FGM complications	4	315	235	554	1.44
7	Others	2	143	360	505	1.31
8	Haemorrhage	0	153	252	405	1.05
9	Uncomplicated malaria	3	23	29	55	0.14
10	Severe malaria	0	16	32	48	0.12
11	Oedema	0	9	20	29	0.08
12	Puerperal Infection	2	115	131	248	0.64
13	Breast abcess	5	115	93	213	0.55
14	Septic episiotomy	2	59	50	111	0.29
15	Puerperal mental disorder	2	1	4	7	0.02
	<b>Total</b>	<b>272</b>	<b>13669</b>	<b>24627</b>	<b>38568</b>	<b>100.00</b>

Source: HMIS, 2016

## 7.6 RCH Clinics

Seven thousand and seventy-five RCH clinics were schedule in 2016, out of which, 97.4% (n=7183) were held whilst 2.6% (n=192) were cancelled. WHR2 has the highest number of clinic cancellation, followed by WHR1 and URR. Majority (89.4) of the clinic cancellation were due to public holidays, 7.6 due to staff unavailability; and other reasons for cancellation, 1. 3% due to vehicle unavailability and most of them occurred in non-public sector clinics.

Table 13. Number of RCH Clinics Scheduled, Held and Cancelled , The Gambia 2016

Regions	Clinics Total Scheduled	Clinics Held	Clinics Cancelled	Percentage
CRR	1137	1127	10	99.12
LRR	610	608	2	99.67
NBER	582	581	1	99.83
NBWR	708	687	21	97.03
WHR1	1063	1030	33	96.90
WHR2	2383	2292	91	96.18
URR	892	858	34	96.19
<b>National</b>	<b>7375</b>	<b>7183</b>	<b>192</b>	<b>97.40</b>

Source: HMIS, 2016

## 8.0 Malaria

In The Gambia, the National Malaria Policy made it mandatory for confirmation of all suspected malaria cases with either blood film or the use of rapid diagnosis test prior to initiating treatment. 2016 has seen a drastic decline in uncomplicated malaria cases reported in RCH and outpatients departments nationally with one hundred and fifty five thousand, four hundred and fifty-six cases (155, 456), compared to two hundred and forty nine thousand, four hundred and thirty three (249,433) confirmed cases reported in 2015.

87.2% (n=135,534) of all uncomplicated malaria cases were patients aged more than five years, 11.6% (n=17,996) were under-fives and 1.2% (n=1926) were pregnant women. Regionally, 37.7% (n=58627) of all cases was recorded in WHR1, followed by WHR2 26.1% (n=40572) and URR 22.0% (n=34167). NBER has the least 1.7% (n=2656) uncomplicated confirmed malaria cases.

Three thousand, two hundred and sixty-five (3, 265) admission due to severe confirmed malaria was reported by health facilities in 2016. This figure compared to 2015-*five thousand, two hundred and thirty-eight (5,238) severe confirmed malaria cases*- have dropped significantly. Among those admitted due to severe confirmed malaria in 2016, majority 68.2(n=2228) were more than five years old whilst 26.3% (n=860) were children less than five years old and 5.5% (n=177) were pregnant women. URR recorded the highest (38.7%) admission rate due to severe malaria, followed by WHR1 18.2%, CRR 16.2% and WHR2 15.3%. NBER reported the lowest (3.3%) admission due to severe malaria cases in 2016.

The total death cases due to severe confirmed malaria reported by health facilities in 2016, was eighty-seven (87). 70.1% (n=61) of deaths due to severe confirmed malaria were patient aged five and above, 27.6% (n=24) were children less than five years of age and 2.3% (n=2) were pregnant women. Regionally most of the deaths occurred in URR (46.0%), WHR2 (19.5%) and WHR1 (12.6%). LRR and NBER reported the lowest percentage (4.6%) of deaths due to malaria respectively.

Nationally, malaria case fatality rate in 2016 was 2.7% even though significant variations occurred between regions. NBER reported the highest malaria case fatality rate with 5.5% Followed by WHR2 3.4%, URR 3.2%, LRR 3.0%, NBWR 2.9%, WHR1 1.9% and CRR 0.9% respectively.

In 2016, the total RDT test for malaria confirmation reported by health facilities was six hundred and eighty-one thousand, one hundred and eighty-eight (681,188), out of which one thousand nine hundred and forty-five (1,945) were invalid tests. Further, there were six hundred and seventy-nine thousand, two hundred and forty-three (679,243) suspected malaria cases, out of which 23.5% (n=159,632) were tested positive for malaria. Regionally 46.4% (n=315,422) of all suspected malaria

cases reported by health facilities occurred in WHR1, followed by WHR2 18.9% (n=128,346), URR 11.4% (n=77,829), CRR 10.3% (n=70,393), NBER 4.3% (n=29,159) and NBWR 2.2% (n=15,182) respectively.

Table 14. Number and Percentage of Uncomplicated Confirmed Malaria Cases Reported at OPD and RCH Clinics by Region, gender and age group , The Gambia 2016

Health Region	< 5Years		>5 Years		Pregnancy	Total	Percentage
	Male	Female	Male	Female			
CRR	784	676	4666	4752	184	11062	7.12
LRR	241	251	2626	1982	64	5164	3.32
NBER	211	187	1311	930	17	2656	1.71
NBWR	254	188	1479	1246	42	3209	2.06
URR	1203	983	15384	16077	520	34167	21.98
WHR1	3562	3523	26346	24529	667	58627	37.71
WHR2	3067	2866	17628	16578	432	40571	26.10
<b>National</b>	<b>9322</b>	<b>8674</b>	<b>69440</b>	<b>66094</b>	<b>1926</b>	<b>155456</b>	<b>100.00</b>

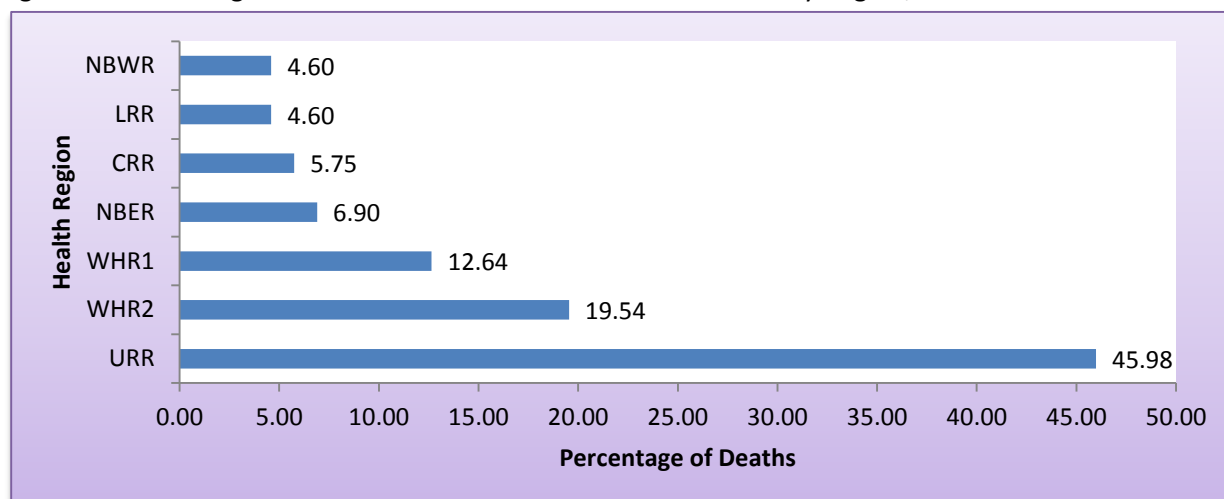
Source: HMIS, 2016

Table 15. Number and Percentage of Severe Confirmed Malaria Cases recorded by Health Facilities by Region, gender and Age Group, The Gambia 2016

Health Region	< 5Years		>5 Years		Pregnancy	Total	Percentage
	Male	Female	Male	Female			
CRR	105	70	128	167	58	528	16.17
LRR	67	7	31	30	0	135	4.13
NBER	18	9	34	47	1	109	3.34
NBWR	68	9	32	27	0	136	4.17
URR	66	47	444	633	72	1262	38.65
WHR1	69	99	189	191	46	594	18.19
WHR2	111	115	137	138	0	501	15.34
<b>National</b>	<b>504</b>	<b>356</b>	<b>995</b>	<b>1233</b>	<b>177</b>	<b>3265</b>	<b>100.00</b>

Source: HMIS, 2016

Figure 38. Percentage of Deaths due to Severe Confirmed Malaria by Region, The Gambia 2016



Source: HMIS, 2016

Table 16: Number of deaths due to Severe Confirmed Malaria reported by Health Facilities by Region, Gender and Age group, The Gambia 2016

Health Region	< 5Years		>5 Years		Pregnancy	Total
	Male	Female	Male	Female		
CRR	1	1	1	2	0	5
LRR	0	2	1	1	0	4
NBER	0	0	3	2	1	6
NBWR	1	0	2	1	0	4
URR	5	3	12	20	0	40
WHR1	0	2	6	2	1	11
WHR2	4	5	1	7	0	17
<b>National</b>	<b>11</b>	<b>13</b>	<b>26</b>	<b>35</b>	<b>2</b>	<b>87</b>

Source: HMIS, 2016

Table 17. Number of Suspected Malaria Cases recorded by Region , The Gambia 2016

Region	RDT Positive		RDT Negative		Invalid		Total	Blood Film (BF)		Total	Total Suspected Malaria
	H/F	VHS	H/F	VHS	H/F	VHS		BF Positive	BF Negative		
CRR	8626	2204	57964	6041	218	126	75179	3386	12429	15815	90650
LRR	4892	20	39832	0	163	0	44907	949	3080	4029	48773
NBER	2563	335	26681	1033	134	16	30762	197	2478	2675	33287
NBWR	3122	227	14948	487	203	7	18994	20	234	254	19038
URR	34600	3287	75089	49948	300	110	163334	624	2740	3364	166288
WHR1	44263	0	231131	0	325	0	275719	18083	85291	103374	378768
WHR2	34464	192	100976	259	602	28	136521	3843	27370	31213	167104
<b>National</b>	<b>132530</b>	<b>6265</b>	<b>546621</b>	<b>57768</b>	<b>1945</b>	<b>287</b>	<b>745416</b>	<b>27102</b>	<b>133622</b>	<b>160724</b>	<b>903908</b>

Source: HMIS, 2016

## 9.0 Pneumonia

The total pneumonia cases reported by health facilities in 2016 was sixty four thousand, five hundred and ninety-two (64, 592), out of which 69.3% (n=44,799) were under five children. Among the same age cohort, more than half (52.3%) of them were male children. Majority of the cases occurred in URR 21.0%, WHR2 18.0% and CRR 16.0%. WHR1 reported the lowest (6.0%) RCH and OPD cases of pneumonia among children less than five years of age. Among pneumonia patients age five years and above seen at RCH and OPD, 56.9% (11,259) of them were females.

The total admission due to pneumonia in 2016 was four thousand six hundred and forty-four (4,644) and 74.0% of them were under five children. URR recorded the highest (31.0%) admission rate due to pneumonia among under-five, followed by WHR1 20.0% and CRR 18.0%. In both under five (57.3%) and above five (55.3%), males were more admitted for severe pneumonia than their female counterpart respectively.

The total deaths due to pneumonia reported by health facilities in 2016 was one hundred and seventy eight with majority 61.2% (n=109) occurred among children under five years. Regionally CRR registered the highest percentage (24.0%) of deaths among under-fives, followed by WHR1 22.0% and URR 21.0% respectively. For deaths among five years and above, NBER reported the highest number and percentage 15 (22.0%) of death, NBWR only reported 2 cases of death due to severe pneumonia. Nationally the case fatality rate of severe pneumonia in 2016 was 3.8%. However, the case fatality rate is higher among five years and above 5.7% than children under- fives 3.2%.

Table 18. Number and Percentage of Pneumonia Cases Recorded at the OPD and RCH clinic By Regions, gender and age groups, The Gambia 2016

Regions	< 5 yrs				>5yrs				Total	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	3683	3431	7113	16%	1454	2042	3496	18%	10609	16%
LRR	2445	2315	4760	11%	697	962	1659	8%	6419	10%
NBER	3932	3307	7239	16%	1011	1422	2433	12%	9672	15%
NBWR	3149	2901	6050	14%	553	735	1288	7%	7338	11%
URR	4748	4457	9205	21%	1906	2659	4565	23%	13770	21%
WHR1	1314	1182	2496	6%	508	583	1091	6%	3587	6%
WHR2	4165	3771	7936	18%	2405	2856	5261	27%	13197	20%
<b>National</b>	<b>23435</b>	<b>21364</b>	<b>44799</b>	<b>100%</b>	<b>8534</b>	<b>11259</b>	<b>19793</b>	<b>100%</b>	<b>64592</b>	<b>100%</b>

Source: HMIS, 2016

Table 19: Number and Percentage of Admission due to Severe Pneumonia recorded at Health Facilities by gender and age group, The Gambia 2016

Regions	< 5 yrs				>5yrs				Total	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	342	269	611	18%	133	95	228	19%	839	18%
LRR	94	76	170	5%	24	21	45	4%	215	5%
NBER	250	157	407	12%	91	81	172	14%	579	12%
NBWR	92	27	119	3%	12	10	22	2%	141	3%
URR	560	511	1071	31%	164	149	313	26%	1384	30%
WH1	411	269	680	20%	168	126	294	24%	974	21%
WH2	222	159	381	11%	74	57	131	11%	512	11%
<b>National</b>	<b>1971</b>	<b>1468</b>	<b>3439</b>	<b>100%</b>	<b>666</b>	<b>539</b>	<b>1205</b>	<b>100%</b>	<b>4644</b>	<b>100%</b>

Source: HMIS, 2016

Table 20: Number and Percentage of deaths due to Severe Pneumonia recorded at Health Facilities by gender and age group, The Gambia 2016

Regions	< 5 yrs				>5yrs				Total	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	19	7	26	24%	11	3	14	20%	40	22%
LRR	3	6	9	8%	1	1	2	3%	11	6%
NBER	5	5	10	9%	8	7	15	22%	25	14%
NBWR	1	1	2	2%	0	0	0	0%	2	1%
URR	13	10	23	21%	7	3	10	14%	33	19%
WH1	17	7	24	22%	11	3	14	20%	38	21%
WH2	7	8	15	14%	9	5	14	20%	29	16%
<b>National</b>	<b>65</b>	<b>44</b>	<b>109</b>	<b>100%</b>	<b>47</b>	<b>22</b>	<b>69</b>	<b>100%</b>	<b>178</b>	<b>100%</b>

Source: HMIS, 2016



## 10.0 Diarrhoeal Diseases

Effort to prevent diarrhoeal diseases among under-fives should be accelerated. In 2016, almost all the diarrheal cases (99.9%) (n=80346) reported in RCH and outpatient department were under-fives. Among case reported in under-five more than half (51.9%) were male children. Among case reported in above five, majority 56.3% (n=40) of them were females. This trend is consistent with cases reported in 2015.

Admission due to diarrhoeal disease in 2016 was seven hundred and sixteen, out of which 54.8% were children under-fives and male children (58.3%) were more admitted and die (56.0%) than females. On the other hand, more females were more frequently (55.1%) admitted due to severe diarrhoea among patient more than five but most of the deaths (52.6%) occurred among males. Regionally, majority (43.0%) of the deaths due to severe diarrhoea occurred in WHR2 and CRR 20.0%. URR however did not report any cases of deaths due to severe diarrhoea in 2016 at the time of generating the report.

Table 21. Number and Percentage of Diarrhoeal Disease recorded at the OPD and RCH Clinics by Gender and age Group

Region	< 5Years				> 5Years				Total	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	7759	6792	14551	18%	0	0	0	0%	14551	18%
LRR	2275	2109	4384	5%	2	0	2	3%	4386	5%
URR	6584	6355	12939	16%	5	6	11	15%	12950	16%
NBER	3620	2839	6459	8%	2	0	2	3%	6461	8%
NBWR	1743	1599	3342	4%	0	0	0	0%	3342	4%
WHR 1	11327	11301	22628	28%	0	0	0	0%	22628	28%
WHR2	8378	7665	16043	20%	22	34	56	79%	16099	20%
<b>National</b>	<b>41686</b>	<b>38660</b>	<b>80346</b>	<b>100%</b>	<b>31</b>	<b>40</b>	<b>71</b>	<b>100%</b>	<b>80417</b>	<b>100%</b>

Source: HMIS, 2016

Table 22. Number and percentage of Admission due to Severe Diarrhoeal Disease recorded at the Health Facilities

Region	< 5Years				> 5Years				Total	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	47	5	52	13%	30	45	75	23%	127	18%
LRR	13	11	24	6%	13	11	24	7%	48	7%
URR	12	17	29	7%	27	42	69	21%	98	14%
NBER	27	25	52	13%	17	26	43	13%	95	13%
NBWR	22	24	46	12%	5	4	9	3%	55	8%
WHR 1	56	43	99	25%	29	25	54	17%	153	21%
WHR2	52	39	91	23%	24	25	49	15%	140	20%
National	229	164	393	100%	145	178	323	100%	716	100%

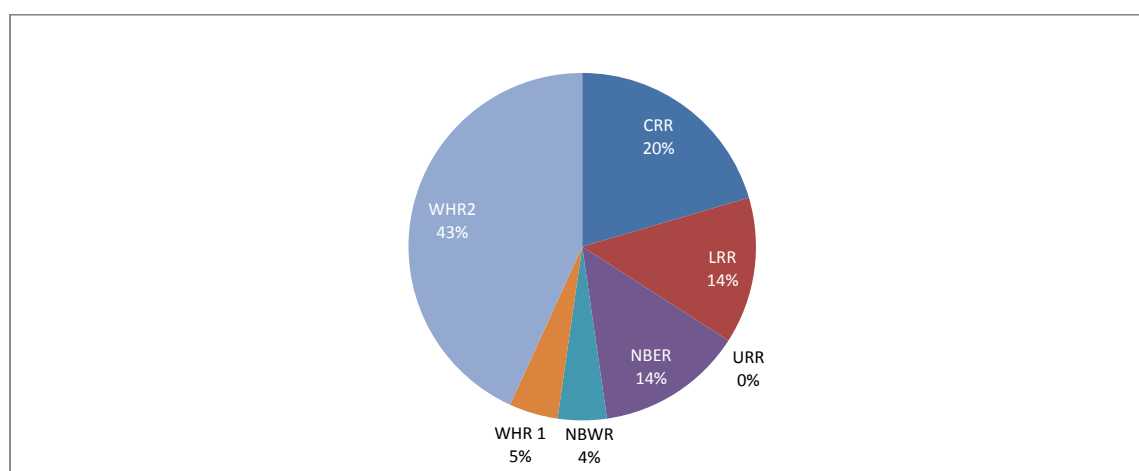
Source: HMIS, 2016

Table 23. Number and Percentage of Deaths due to Severe Diarrhoeal Disease admission recorded at the Health Facilities, The Gambia 2016.

Region	< 5Years				> 5Years				TOTAL	
	Male	Female	Total	Percent	Male	Female	Total	Percent	T1+T2	Percent
CRR	5	2	7	28%	2	0	2	11%	9	20%
LRR	1	3	4	16%	0	2	2	11%	6	14%
URR	0	0	0	0%	0	0	0	0%	0	0%
NBER	2	0	2	8%	2	2	4	21%	6	14%
NBWR	0	2	2	8%	0	0	0	0%	2	5%
WHR 1	0	1	1	4%	0	1	1	5%	2	5%
WHR2	6	3	9	36%	6	4	10	53%	19	43%
National	14	11	25	100%	10	9	19	100%	44	100%

Source: HMIS,2016

Figure 39. Percentage of Deaths due to Severe Diarrhoeal Disease recorded at Health Facilities by Region and age group, The Gambia 2016



Source: HMIS, 2016

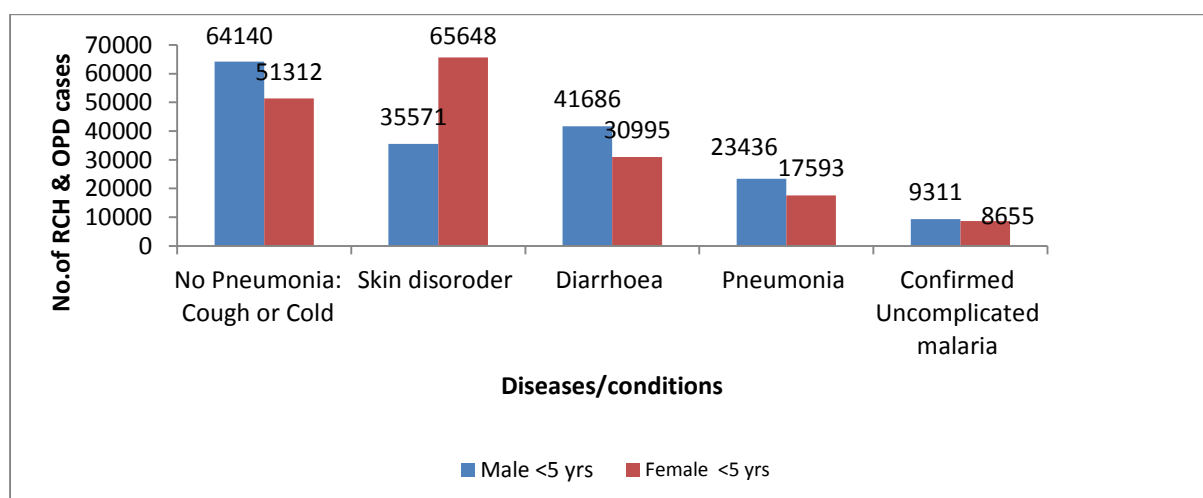
## 11.0 IMNCI

In 2016, three hundred and ninety-nine thousand, nine hundred and sixty-six (399,966) IMNCI cases recorded at RCH and OPD was reported nationally. Most of these cases were due to cough or cold, 28.9%; skin disorder 25.3%; diarrhoea 18.1%; Pneumonia 10.3%; and confirmed uncomplicated malaria 4.9%. In all the five leading causes of under-five visits to RCH and OPD, male children were more seen than females except for skin disorder.

IMNCI admissions reported in 2016 was seven thousand, six hundred and ten, out of which severe pneumonia accounted for 45.7% of all admission cases followed by possible bacterial infection 14.2%; confirmed severe malaria, 10.7%; sever acute malnutrition 9.7% and severe anaemia 5.47%. Among these leading IMNCI admission cases, malnutrition was the only cases where female children were more admitted than males.

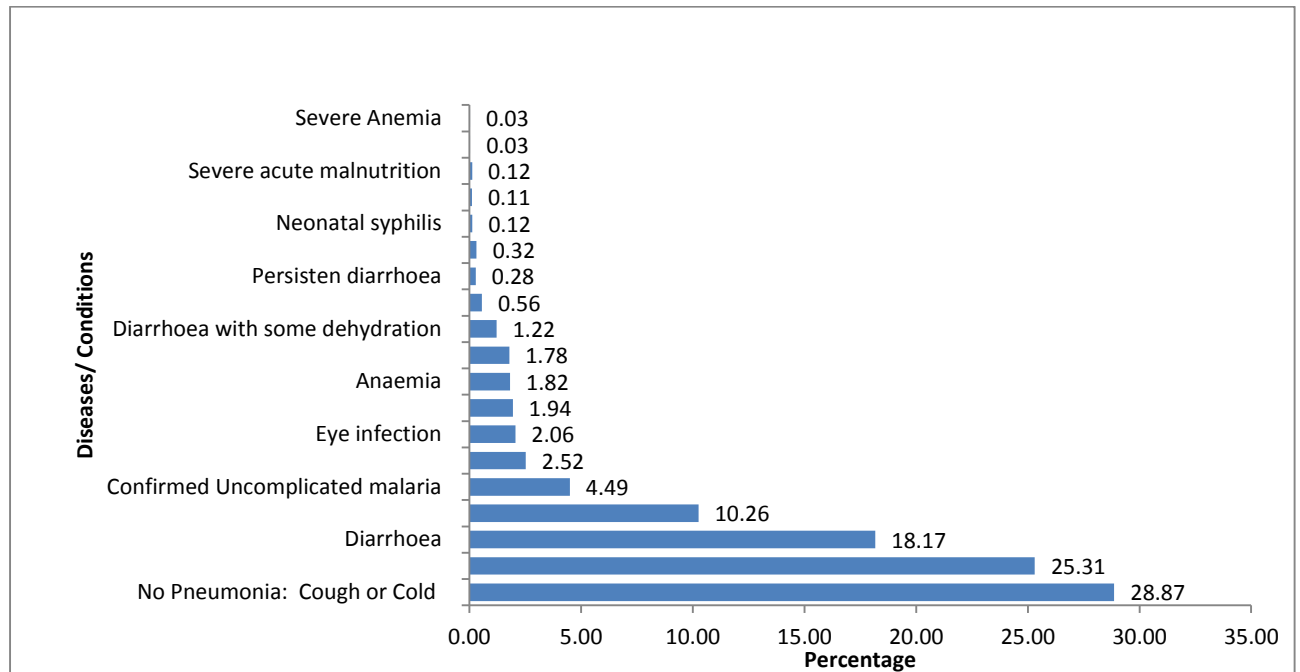
Pneumonia is the leading (30.1%) causes of deaths reported by health facilities among children under-fives followed by serious possible bacterial infection 22.9%; severe acute malnutrition 17.7%; diarrhoea with severe dehydration 6.9%; and confirm severe malaria 6.6%. Equally male children continue to carry the highest burden of deaths in all the five cases except for serious possible bacterial infections.

Figure 40. Five leading causes of under five years of age morbidity, The Gambia 2016



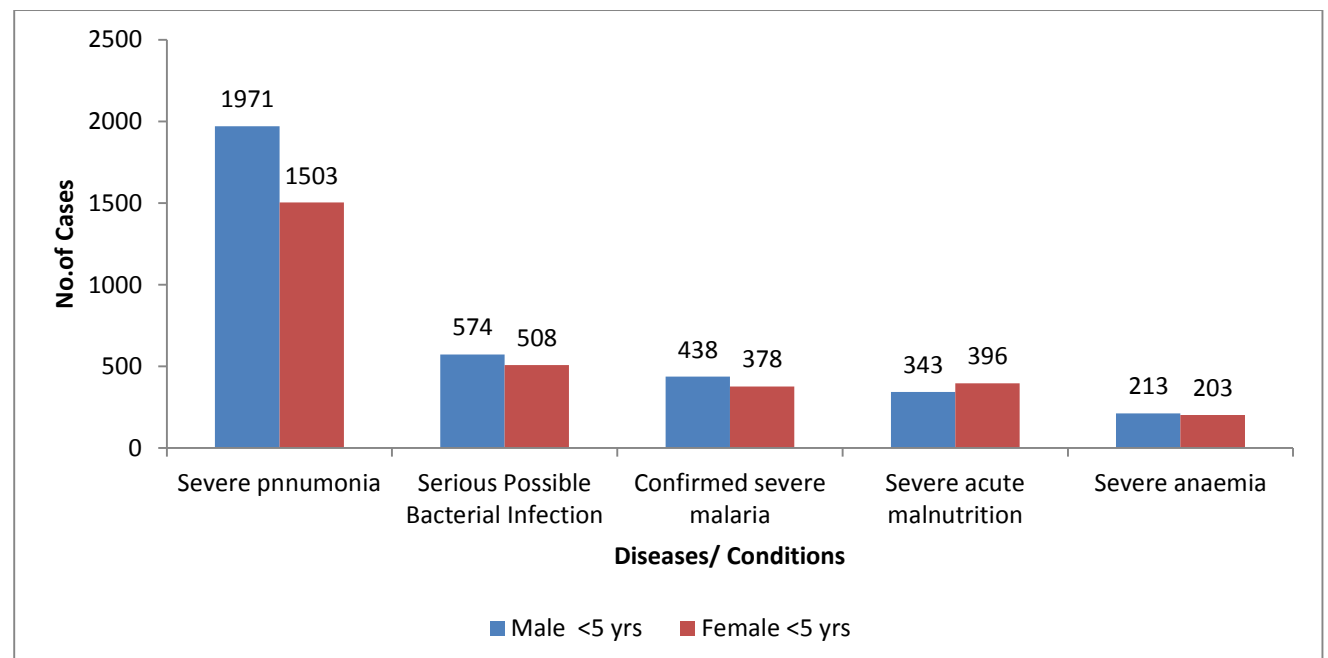
Source: HMIS, 2016

Figure 41. Percentage of the Major Causes of under-five morbidity recorded a RCH and OPD, The Gambia 2016



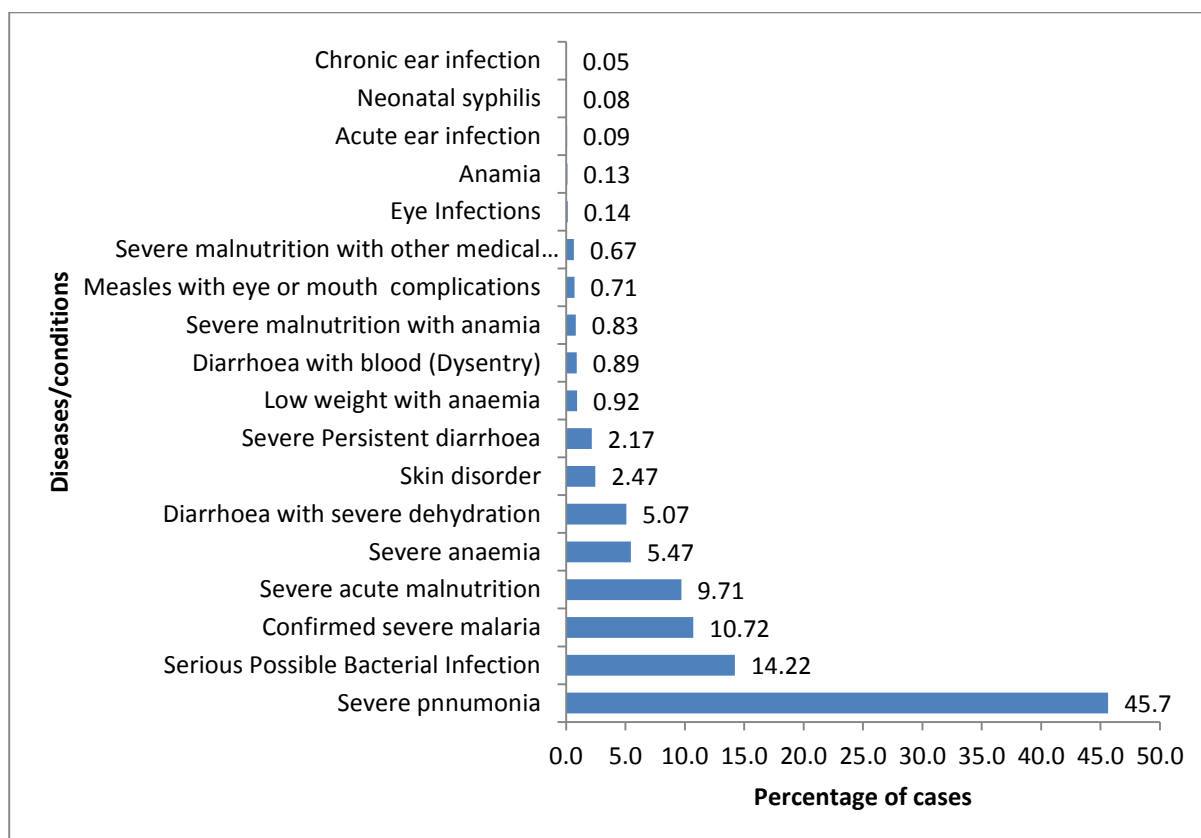
Source: HMIS, 2016

Figure 42: Five Leading Causes of under Fives Admission Recorded at Health Facilities, The Gambia, 2016



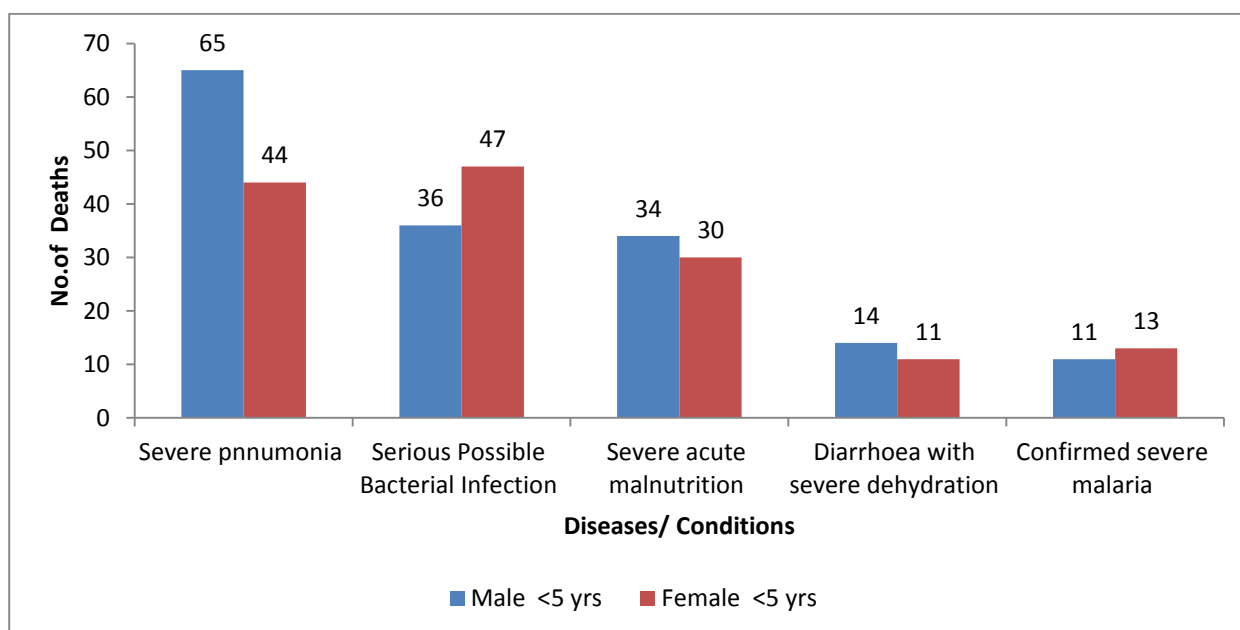
Source: HMIS, 2016

Figure 43. Percentage of Causes IMNCI Admission Reported by Health Facilities, The Gambia 2016



Source: HMIS, 2016

Figure 44. Five Leading Causes of Under Five Deaths Recorded at Health Facilities, The Gambia 2016



Source: HMIS, 2016

Table24. Leading Causes of Under five years of age morbidity in (RCH and OPD)

No	Diseases/ Conditions	Male	Female	Total
1	No Pneumonia: Cough or Cold	64140	51312	115452
2	Skin disorder	35571	65648	101219
3	Diarrhoea	41686	30995	72681
4	Pneumonia	23436	17593	41029
5	Eye infection	3012	5219	8231
6	Confirmed Uncomplicated malaria	9311	8655	17966
7	Serious Possible Bacterial Infection	5441	4632	10073
8	Diarrhoea with blood (dysentery)	4440	3322	7762
9	Anaemia	3769	3514	7283
10	Acute ear infection	4085	3053	7138
11	Diarrhoea with some dehydration	2706	2158	4864
12	Moderate acute Malnutrition	1066	1166	2232
13	Persistent diarrhoea	616	515	1131
14	Chronic ear infection	682	579	1261
15	Neonatal syphilis	194	293	487
16	Measles with eye or mouth complications	254	176	430
17	Severe acute malnutrition	225	253	478
18	Low weight with anaemia	59	67	126
19	Severe Anaemia	43	80	123
<b>Total</b>		<b>200736</b>	<b>199230</b>	<b>399966</b>

Source: HMIS, 2016

Table 25. Causes of Under-five admission Recorded at Health Facilities in (RCH and OPD), The Gambia 2016

No	Diseases/ Conditions	Male	Female	Total
1	Severe pneumonia	1971	1503	3474
2	Confirmed severe malaria	438	378	816
3	Serious Possible Bacterial Infection	574	508	1082
4	Severe acute malnutrition	343	396	739
5	Severe anaemia	213	203	416
6	Diarrhoea with severe dehydration	214	172	386
7	Skin disorder	100	88	188
8	Severe Persistent diarrhoea	85	80	165
11	Low weight with anaemia	37	33	70
9	Diarrhoea with blood (Dysentery)	23	45	68
10	Severe malnutrition with anaemia	29	34	63
12	Measles with eye or mouth complications	28	26	54
13	Severe malnutrition with other medical complications	23	28	51
15	Eye Infections	5	6	11
14	Anaemia	7	3	10
16	Acute ear infection	3	4	7
17	Neonatal syphilis	3	3	6
18	Chronic ear infection	0	4	4
<b>Total</b>		<b>4096</b>	<b>3514</b>	<b>7610</b>

Source: HMIS, 2016

Table 26. Causes of Under five Deaths Recorded at Health Facilities in (RCH and OPD), The Gambia 2016

No	Diseases/ Conditions	Male	Female	Total
1	Severe pneumonia	65	44	109
2	Serious Possible Bacterial Infection	36	47	83
3	Severe acute malnutrition	34	30	64
4	Diarrhoea with severe dehydration	14	11	25
5	Confirmed severe malaria	11	13	24
6	Severe anaemia	13	10	23
7	Low weight with anaemia	7	3	10
8	Skin disorders	6	2	8
9	Severe malnutrition with other medical complications	2	4	6
10	Severe persistent diarrhoea	1	4	5
11	Diarrhoea with blood/mucus (dysentery)	2	1	3
12	Severe malnutrition with other medical complications	1	1	2
<b>Total</b>		<b>192</b>	<b>170</b>	<b>362</b>

Source: HMIS, 2016

## 12.0 Sexual Transmitted Infections

Table 27. Number of Sexual Transmitted Infections Reported by Health Facilities by Gender, The Gambia 2016

STIs	RCH		OPD		Total	Inpatient			Inpatient death		
	Male	Female	Male	Female		Male	Female	Total	Male	Female	Total
Urethral discharge	36	-	3645	-	<b>3681</b>	83	-	<b>83</b>	2	-	<b>2</b>
Vaginal discharge	-	990	-	15310	<b>16300</b>	-	124	<b>124</b>	-	8	<b>8</b>
Lower abdominal pain in pregnancy	-	1854	-	16053	<b>17907</b>	-	167	<b>167</b>	-	1	<b>1</b>
Lower Abdominal Pain In NON-Pregnant Woman	-	30	-	125	<b>155</b>	-	-		-	0	<b>0</b>
Genital ulcer	2	3	310	792	<b>1107</b>	13	1	<b>14</b>	0	0	<b>0</b>
Other sexually transmitted infections	32	441	2372	6596	<b>9441</b>	28	93	<b>121</b>	2	0	<b>2</b>
<b>Total</b>	<b>70</b>	<b>3318</b>	<b>6327</b>	<b>38876</b>	<b>48591</b>	<b>124</b>	<b>385</b>	<b>509</b>	<b>4</b>	<b>9</b>	<b>13</b>

Source: HMIS, 2016

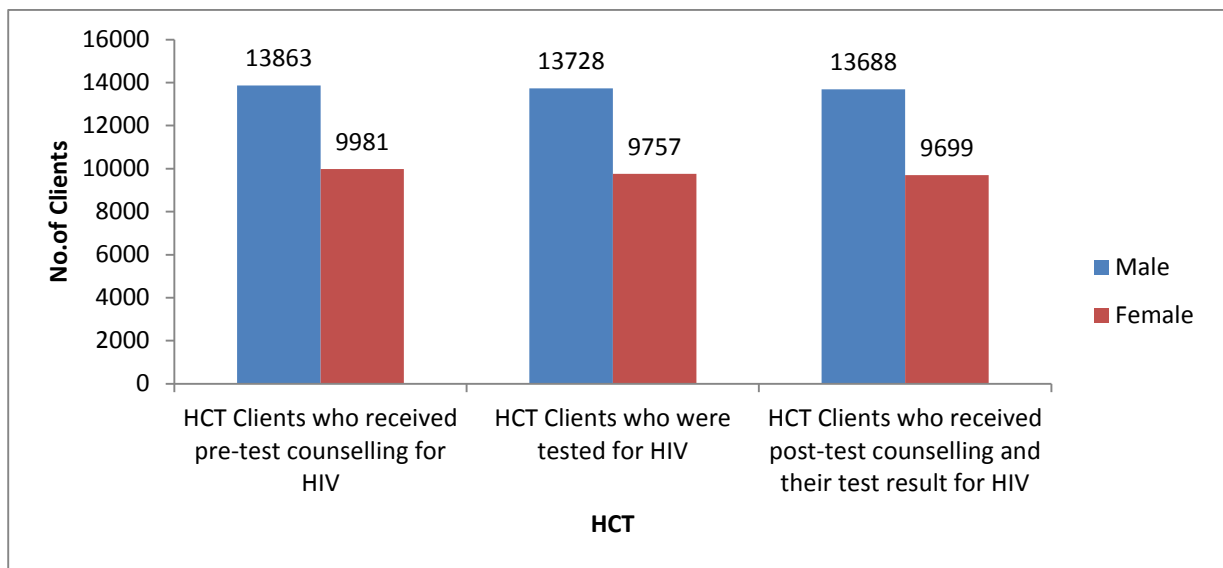
Table 28. Number of Facility Based HIV Counselling and Testing by Age Group and Gender, The Gambia 2016

	<15yrs			15-24 yrs			25-49 yrs			>49 yrs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
HCT Clients who received pre-test counselling for HIV	996	959	1955	2698	2278	4976	8095	5532	13627	2073	1212	3285
HCT Clients who were tested for HIV	978	934	1912	2673	2233	4906	8032	5402	13434	2045	1188	3233
HCT Clients who received post-test counselling and their test result for HIV	994	931	1925	2668	2211	4879	7991	5374	13365	2035	1183	3218
<b>Total</b>	<b>2968</b>	<b>2824</b>	<b>5792</b>	<b>8039</b>	<b>6722</b>	<b>14761</b>	<b>24118</b>	<b>16308</b>	<b>40426</b>	<b>6153</b>	<b>3583</b>	<b>9736</b>

Source: HMIS, 2016

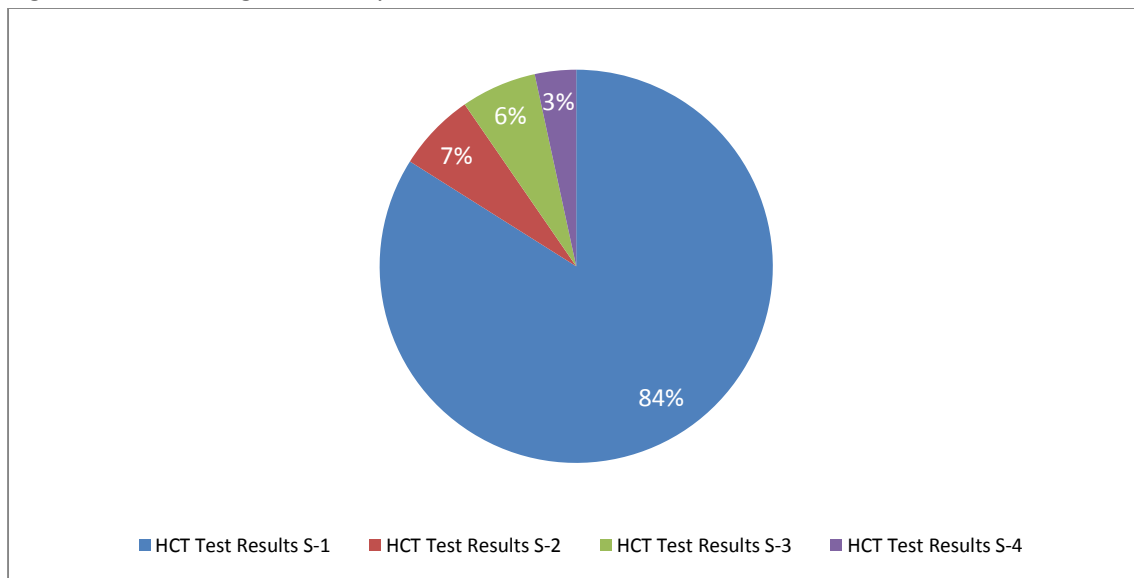


Figure 45. Number of Facility Based HCT Counselling and Testing by Gender, The Gambia 2016.



Source: HMIS, 2016

Figure 46. Percentage of Facility Based HCT Test Results, The Gambia 2016



Source: HMIS, 2016

Table 29: Number and Percentage of Facility Based HCT Test Result by Zero Positive Status and Gender, The Gambia 2016

Test Results	<15yrs		15-24 yrs		25-49 yrs		>49 yrs		Total		G. Total	Percent.
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
HCT Test Results S-1	115	111	34	152	523	1038	231	270	903	1571	2474	83.95
HCT Test Results S-2	16	3	1	6	26	55	30	53	73	117	190	6.45
HCT Test Results S-3	5	0	3	9	28	78	21	39	57	126	183	6.21
HCT Test Results S-4	7	2	5	8	9	41	9	19	30	70	100	3.39
<b>Total</b>	<b>143</b>	<b>116</b>	<b>43</b>	<b>175</b>	<b>586</b>	<b>1212</b>	<b>291</b>	<b>381</b>	<b>1063</b>	<b>1884</b>	<b>2949</b>	<b>100.00</b>

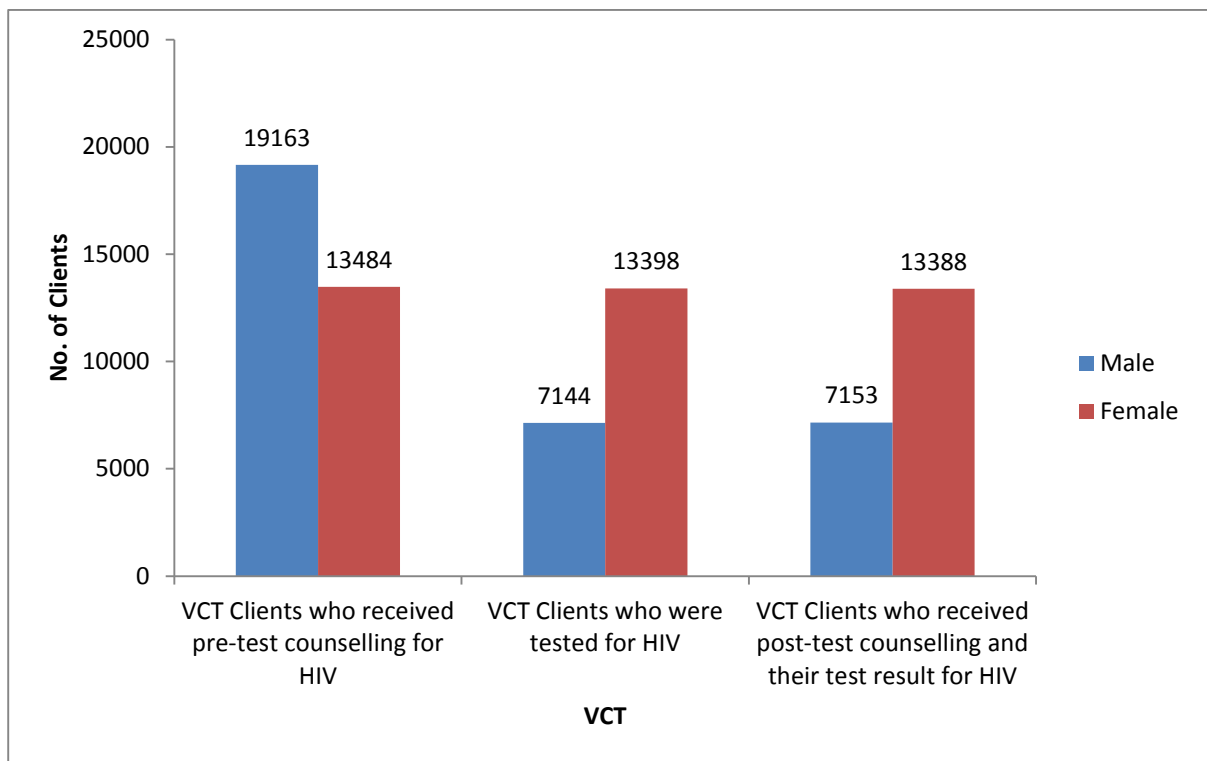
Source: HMIS, 2016

Table 30: Number of Outreach HIV Counselling and Testing (VCT) by Age Group and Gender, The Gambia 2016

	<15yrs			15-24 yrs			25-49 yrs			>49 yrs		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
VCT Clients who received pre-test counselling for HIV	2001	2328	4329	1670	3707	5377	2170	5240	7410	13322	2209	15531
VCT Clients who were tested for HIV	1993	2319	4312	1664	3659	5323	2167	5212	7379	1320	2208	3528
VCT Clients who received post-test counselling and their test result for HIV	1993	2319	4312	1664	3659	5323	2167	5205	7372	1329	2205	19059
<b>Total</b>	<b>5987</b>	<b>6966</b>	<b>12953</b>	<b>4998</b>	<b>11025</b>	<b>16023</b>	<b>6504</b>	<b>15657</b>	<b>22161</b>	<b>15971</b>	<b>6622</b>	<b>22593</b>

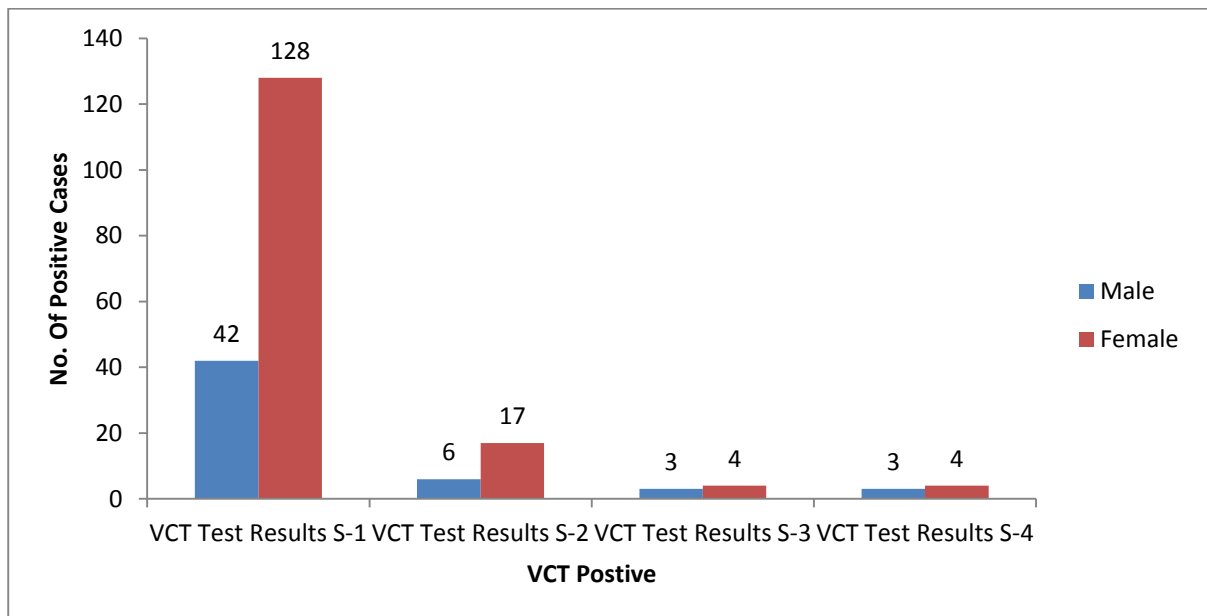
Source: HMIS, 2016

Figure 47. Number of Outreach VCT Counseling and Testing, The Gambia 2016.



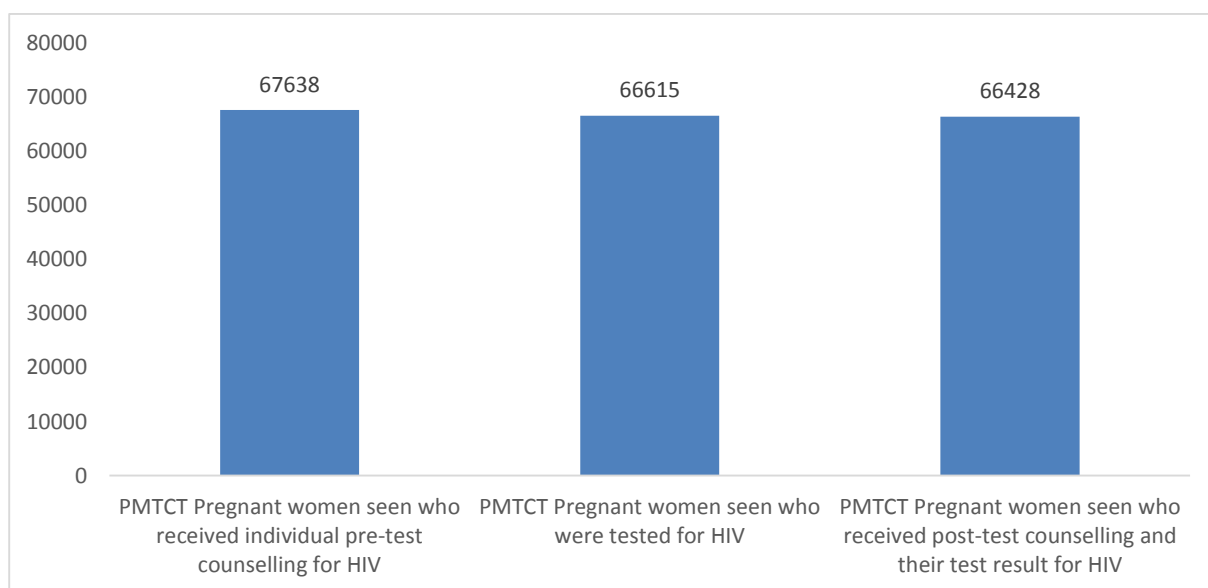
Source: HMIS, 2016

Figure 48. Number of Outreach VCT Test Results, The Gambia 2016



Source: HMIS, 2016

Figure 49. Number of PMTCT Facility Based and Outreach Pregnant Women, The Gambia 2016



Source: HMIS, 2016

Table 31. NAS Indicators, The Gambia 2016

Number of Adults and Children currently receiving Antiretroviral therapy among all adults and children living with HIV	6081
< 15	544
15+	5537
Male	1420
Female	4117
Number of women and men aged 15+ who received an HIV test and Know their results( <b>General Population</b> )	43909
Number and percentage of pregnant women who received an HIV test and Know their results	66539(64%)
PMTCT pregnant women who received triple combination therapy	751
Number of infants born to HIV positive mothers who were tested (PCR)at 6 weeks	292
Number of infants born to HIV positive mothers who were tested positive (PCR)	26
HIV Prevalence among infants tested at 6 weeks	8.90%
Number of adults and children that on ART who had a viral load test	1880
Number of adults and children that initiated ART, with an undetectable viral load	416
Number of adults and children that initiated ART (<1000 copies/ml)	208

Source: NAS, 2016

### **13.0 Non-Communicable Diseases, Major Conditions**

In 2016, one hundred and seventy-seven thousand, six hundred and sixty-eight (177, 668) RCH and OPD consultations were due to non-communicable diseases and 64.3% of all visited were made by men.

Apart from other non-communicable disease which accounted for half (50.2%) of all OPD Consultations, Hypertension (34.8%) and Diabetes (7.6%) were the major reasons for consultation followed by asthma 4.6% and sickle cell 0.8%. cervical cancer cases accounted for 0.1% (n=237).

Regionally WHR1 accounted for 21.3% of all RCH and OPD visits due to NCDs, followed by URR 21.3%, CRR 17.7% and WHR 2 12.9%. LRR reported the lowest RCH and OPD visits due to NCDs. In terms of admission, majority also occurred in WHR1 24.1%, URR 19.7%, CRR 19.6%, NBER 19.4%, NBWR and LRR, 3.5% respectively. In 2016, 33.2% of all NCD related admissions were due to hypertension, diabetes 9.4%, cardiac disorder 8.9% and asthma 6.6%. Admissions due to other NCDs accounted for 34.6%.

The major causes of deaths due to NCDs reported by health facilities were hypertension 39.2%, other NCDs 25.1%, cardiac disorders 13.3%, diabetes 9.5%, liver cancer 7.8%, asthma 2.9%, renal failure 1.1%, other cancers and sickle cell 0.58% each.

Road traffic crashes was the second leading (10.7%) causes of RCH and OPD consultation due to accidents apart from other injuries followed by burns (7.8%) and falls from height (5.9%). The five leading causes of admission due accidents were burns 28.9%; road traffic crashes, 24.7%; other injuries 13.0%, snake bite 7.9%; and fracture 7.6%. However, the two leading cause of deaths due to accidents in 2016 were road traffic crashes 29.2% and snake bite 20.5%.

Table 32. Number of Non-Communicable Diseases Episodes and Conditions seen at RCH and OPD by Health Facilities by Region and Gender, The Gambia 2016

	CRR		LRR		NBER		NBWR		URR		WHR1		WHR2		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hypertension	3459	7006	1798	3732	1907	4499	1532	3401	2444	6278	4582	10676	3240	7188	18962	42780
Diabetes	565	687	263	299	384	361	563	597	290	501	2433	5238	489	897	4987	8580
Renal failure	12	7	6	13	4	3	0	0	2	6	34	21	6	8	64	58
Cardiac disorder	70	70	112	102	70	68	57	47	71	72	142	181	64	47	586	587
Liver Cancer (liver/Hep)	104	82	4	6	32	25	0	0	0	0	15	39	2	1	157	153
*Women screen for C C	-	1	-	0	-	9	-	0	-	0	-	1289	-	0	-	1299
*Cervical Cancer	-	0	-	1	-	9	-	0	-	0	-	215	-	12	-	237
*Women Manage for C.C	-	0	-	0	-	9	-	0	-	0	-	349	-	0	-	358
Breast Cancer	-	9	-	1	-	0	-	1	-	0	-	22	-	1	-	34
Prostate Cancer	0	-	0	-	0	-	0	-	0	-	4	-	37	-	5	-
Lung Cancer	1	2	0	0	1	1	0	0	1	1	1	12	5	9	9	25
Other Cancer	0	0	0	0	5	0	2	0	16	2	3	3	0	7	26	12
Sickle cell	79	118	98	122	36	25	21	28	43	47	223	275	118	159	618	774
Asthma	541	118	367	387	454	391	205	326	448	703	1100	1432	775	890	3890	4247
Other NCDs	6596	11895	1265	1972	2836	4887	1670	2207	10395	16487	7958	12004	3460	5552	34180	55004
<b>Total</b>	<b>11427</b>	<b>19995</b>	<b>3913</b>	<b>6635</b>	<b>5729</b>	<b>10287</b>	<b>4050</b>	<b>6607</b>	<b>13710</b>	<b>24097</b>	<b>16495</b>	<b>31756</b>	<b>8196</b>	<b>14771</b>	<b>63484</b>	<b>114148</b>

\*CC (Cervical Cancer)

Source: HMIS, 2016

Table 33. Causes of NCDs admissions Recorded in Health Facilities by Region and Gender, The Gambia Jan to Dec 2016

	CRR		LRR		NBER		NBWR		URR		WHR1		WHR2		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hypertension	125	145	9	17	89	117	17	26	118	201	154	263	88	98	600	867
Diabetes	26	40	3	3	40	24	11	7	16	24	57	102	31	33	184	233
Renal failure	1	4	2	0	3	1	1	0	5	0	2	0	5	6	19	11
Cardiac disorder	49	61	15	9	31	31	14	24	32	36	10	15	34	31	185	207
Liver Cancer (liver/Hep)	59	39	0	0	22	11	0	0	0	1	0	0	0	0	81	51
*Women screen for C.C	-	0	-	0	-	1	-	0	-	-	-	0	-	0	-	1
Cervical Cancer	-	0	-	0	-	1	-	0	-	1	-	0	-	0	-	2
*Women manage for C.C	-	0	-	0	-	1	-	0	-	0	-	0	-	0	-	1
Breast Cancer	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0
Prostate Cancer	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Lung Cancer	1	0	0	0	0	0	0	0	2	0	0	0	0	0	3	0
Other Cancer	0	1	0	0	4	1	1	0	0	0	0	0	0	0	5	2
Sickle cell	8	4	2	1	6	4	2	3	4	4	28	35	35	8	85	59
Asthma	24	17	2	4	13	19	16	10	26	38	43	55	13	13	137	156
Other NCDs	130	133	50	37	109	239	8	13	133	231	273	26	69	78	772	757
<b>Total</b>	<b>423</b>	<b>444</b>	<b>83</b>	<b>71</b>	<b>317</b>	<b>450</b>	<b>70</b>	<b>83</b>	<b>336</b>	<b>536</b>	<b>567</b>	<b>496</b>	<b>275</b>	<b>267</b>	<b>2071</b>	<b>2347</b>

\* C C (Cervical Cancer)

Source: HMIS, 2016

Table 34. Causes of NCDs Deaths Reported at health Facilities by Region and Gender , The Gambia Jan to Dec 2016

	CRR		LRR		NBER		NBWR		URR		WHR1		WHR2		Total		National	Percent
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Hypertension	10	12	2	3	9	5	2	2	17	11	19	17	15	12	74	62	136	39.19
Other non-communicable diseases	21	4	6	1	5	4	0	1	2	3	2	3	17	18	53	34	87	25.07
Cardiac disorder	11	6	2	0	2	4	3	0	5	4	1	0	5	3	29	17	46	13.26
Diabetes	3	2	2	0	4	2	0	0	2	1	6	3	5	3	22	11	33	9.51
Liver Cancer (liver/Hep)	9	5	0	0	7	3	2	0	0	0	1	0	0	0	19	8	27	7.78
Asthma	2	1	0	0	1	1	0	0	1	1	2	0	0	1	6	4	10	2.88
Renal failure	0	1	1	0	0	0	0	0	0	0	0	1	1	0	2	2	4	1.15
Other Cancer	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	2	0.58
Sickle cell	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2	0.58
<b>Total</b>	<b>57</b>	<b>32</b>	<b>13</b>	<b>4</b>	<b>28</b>	<b>19</b>	<b>7</b>	<b>3</b>	<b>27</b>	<b>20</b>	<b>32</b>	<b>24</b>	<b>43</b>	<b>38</b>	<b>207</b>	<b>140</b>	<b>347</b>	<b>100</b>

Source: HMIS, 2016



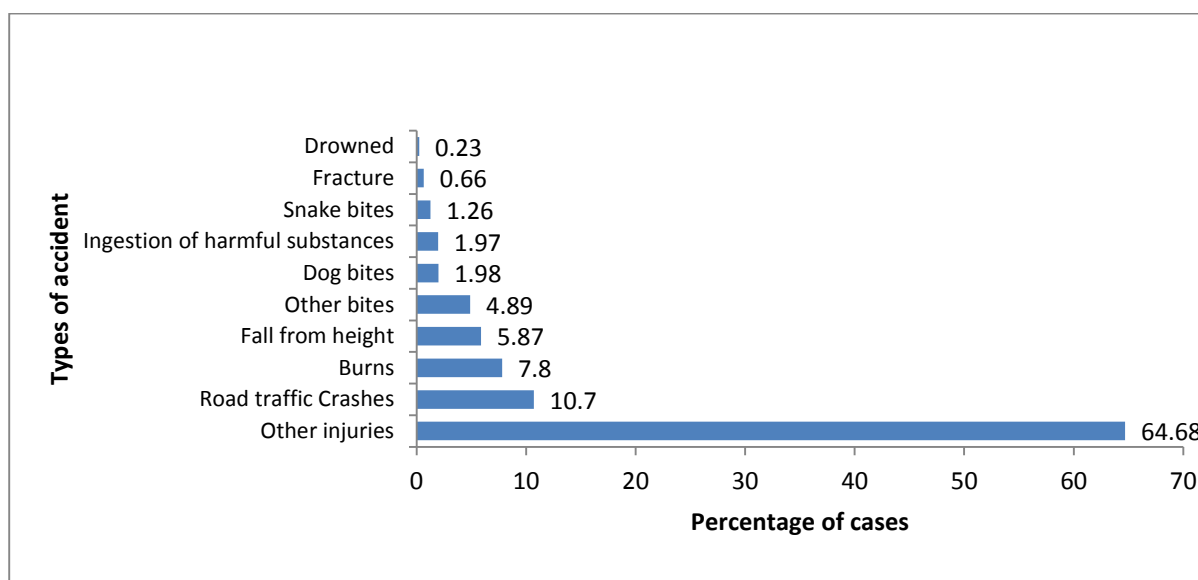
## 14. Accidents

Table 35. Number of Accident Cases Reported at Health by Health Facilities by Gender , The Gambia Jan to Dec 2016

	OPD Cases			Inpatient Cases			Deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Road traffic Crashes	2704	1533	4237	147	68	215	6	1	7
Other injuries	16301	9312	25613	72	41	113	3	0	3
Dog bites	466	317	783	5	4	9	0	0	0
Snake bites	286	213	499	49	20	69	4	1	5
Other bites	1019	917	1936	11	4	15	0	0	0
Fracture	183	79	262	45	21	66	0	1	1
Fall from height	1342	981	2323	41	12	53	3	0	3
Ingestion of harmful substances	399	372	771	45	20	65	1	1	2
Burns	1552	1536	3088	127	124	251	0	2	2
Drowned	48	42	90	10	3	13	1	0	1
<b>Total</b>	<b>24300</b>	<b>15302</b>	<b>39602</b>	<b>552</b>	<b>317</b>	<b>869</b>	<b>18</b>	<b>6</b>	<b>24</b>

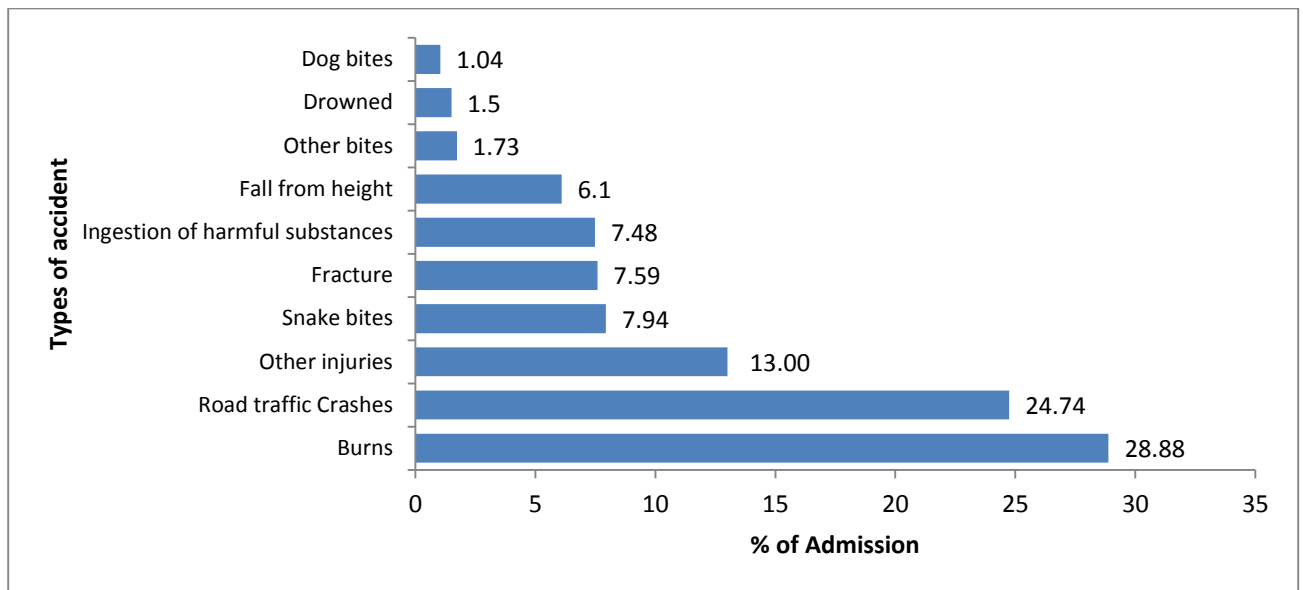
Source: HMIS, 2016

Figure 50. Percentage of Accidents Recorded at OPD in Health Facilities, The Gambia 2016



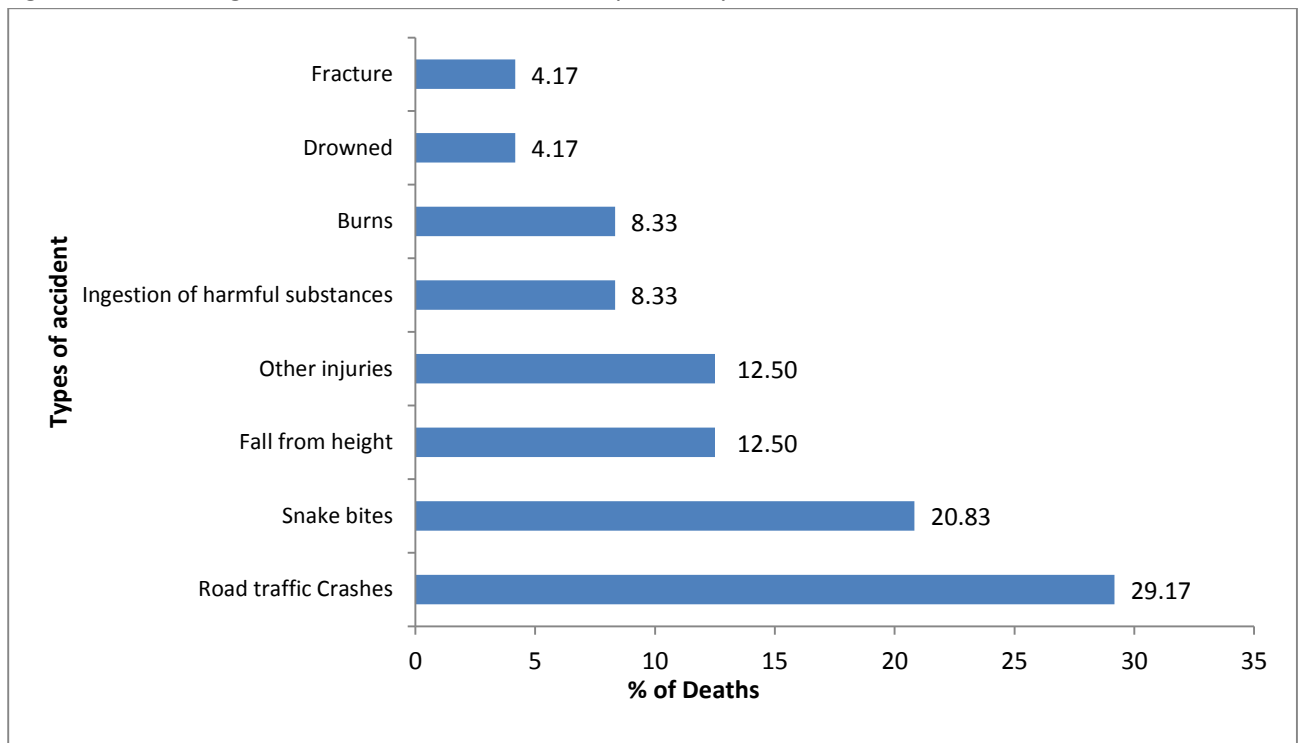
Source: HMIS, 2016

Figure 51. Percentage of admission due to Accidents Recorded at Health Facilities, The Gambia 2016



Source: HMIS,2016

Figure 52. Percentage of Deaths due to Accidents reported by Health Facilities, The Gambia 2016



Source:HMIS,2016

## 15.0 Eye Conditions

Table 36. Number of Eye Conditions Seen at RCH and OPD at Health Facilities by Region and Gender, The Gambia 2016

	CRR		LRR		NBER		NBWR		URR		WHR1		WHR2	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cataracts	668	665	152	152	176	210	250	218	531	619	353	640	942	990
Trachoma	4	13	2	4	3	3	12	15	32	32	56	135	35	56
Conjunctivitis	1850	2000	480	551	653	595	1771	1631	1675	2071	4337	5479	3236	3426
Ophthalmic neoonatrium	7	14	10	9	5	6	24	24	43	21	264	357	67	231
Glaucoma	118	56	51	37	50	20	45	39	121	93	59	37	163	198
Refractive error	102	92	37	34	85	215	449	425	181	113	64	67	301	349
Other eye conditions	896	895	761	873	541	740	1004	680	1094	1258	1770	1702	2275	2510
<b>Total</b>	<b>3645</b>	<b>3735</b>	<b>1493</b>	<b>1660</b>	<b>1513</b>	<b>1789</b>	<b>3555</b>	<b>3032</b>	<b>3677</b>	<b>4207</b>	<b>6903</b>	<b>8417</b>	<b>7019</b>	<b>7760</b>

Source: HMIS, 2016

Table 37. Number and Percentage of Eye Conditions Recorded at RCH, OPD and Impatient by Health Facilities by Gender, The Gambia 2016

	RCH & OPD				Impatient			
	Male	Female	Total	%	Male	Female	Total	%
Cataracts	3072	3494	6566	11.24	518	545	1063	53.28
Trachoma	144	258	402	0.69	17	24	41	2.06
Conjunctivitis	14002	15753	29755	50.95	200	366	566	28.37
Ophthalmic neoonatrium	420	662	1082	1.85	1	2	3	0.15
Glaucoma	607	480	1087	1.86	4	0	4	0.2
Refractive error	1219	1295	2514	4.3	4	0	4	0.2
Other eye conditions	8341	8658	16999	29.11	168	146	314	15.74
<b>Total</b>	<b>27805</b>	<b>30600</b>	<b>58405</b>	<b>100.00</b>	<b>912</b>	<b>1083</b>	<b>1995</b>	<b>100.00</b>

Source: HMIS, 2016

## 16.0 Oral Disorders

Table 38. Number and Percentage of Oral Disorders Recorded by Health Facilities by Gender, The Gambia Jan to Dec 2016

	RCH & OPD				Inpatient			
	Male	Female	Total	%	Male	Female	Total	%
Toothache	7785	10995	18780	37.63	88	107	195	31.2
Oral thrust/ulcer	3627	5044	8671	17.37	5	3	8	1.28
Gingivitis	673	665	1338	2.68	5	8	13	2.08
Dental abscess	3431	3917	7348	14.72	57	61	118	18.88
Other oral disorders	5953	7823	13776	27.6	215	76	291	46.56
<b>Total</b>	<b>21469</b>	<b>28444</b>	<b>49913</b>	<b>100.00</b>	<b>370</b>	<b>255</b>	<b>625</b>	<b>100.00</b>

Source: HMIS, 2016

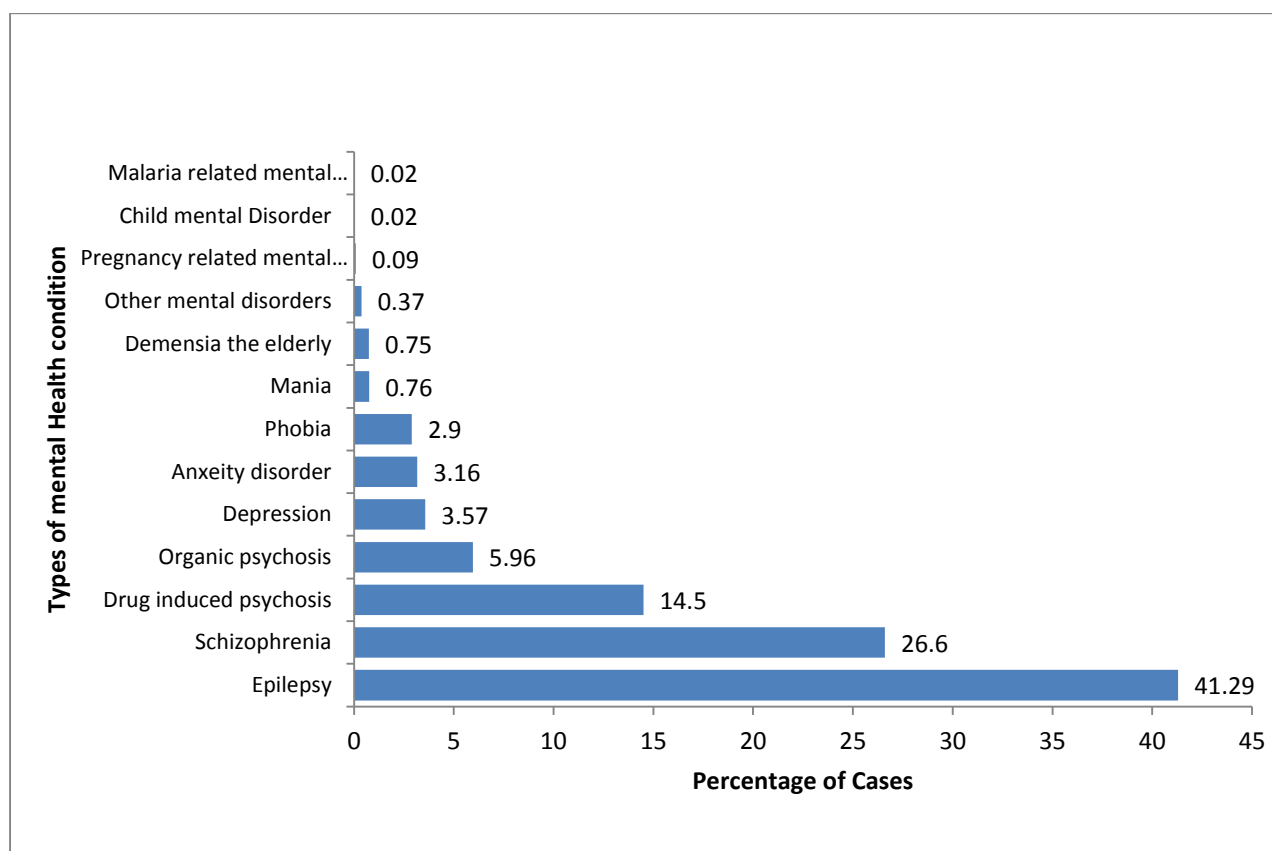
## 17.0 Mental Disorders

Table 39. Number of Mental Health Disorders Recorded by Health Facilities, The Gambia 2016

	RCH & OPD			Inpatient		
	Male	Female	Total	Male	Female	Total
Mania	37	61	98	2	1	3
Depression	187	272	459	0	0	0
Drug induced psychosis	1775	87	1862	1	0	1
Organic psychosis	444	321	765	4	6	10
Epilepsy	2706	2596	5302	20	31	51
Schizophrenia	2211	1204	3415	1	0	1
Phobia	131	242	373	0	0	0
Anxiety disorder	90	316	406	2	4	6
Pregnancy related mental disorders	-	11	11	0	2	2
Child mental Disorder	0	3	3	7	0	7
Malaria related mental disorders	1	1	2	0	0	0
Dementia the elderly	23	73	96	0	0	0
Other mental disorders	13	35	48	0	1	1
<b>Total</b>	<b>7618</b>	<b>5222</b>	<b>12840</b>	<b>37</b>	<b>45</b>	<b>82</b>

Source: HMIS, 2016

Figure 53. Percentage of Leading Causes of Mental Health Consultation at RCH and OPD at Health Facilities, The Gambia 2016



Source: HMIS, 2016

## 18.0 Deliveries

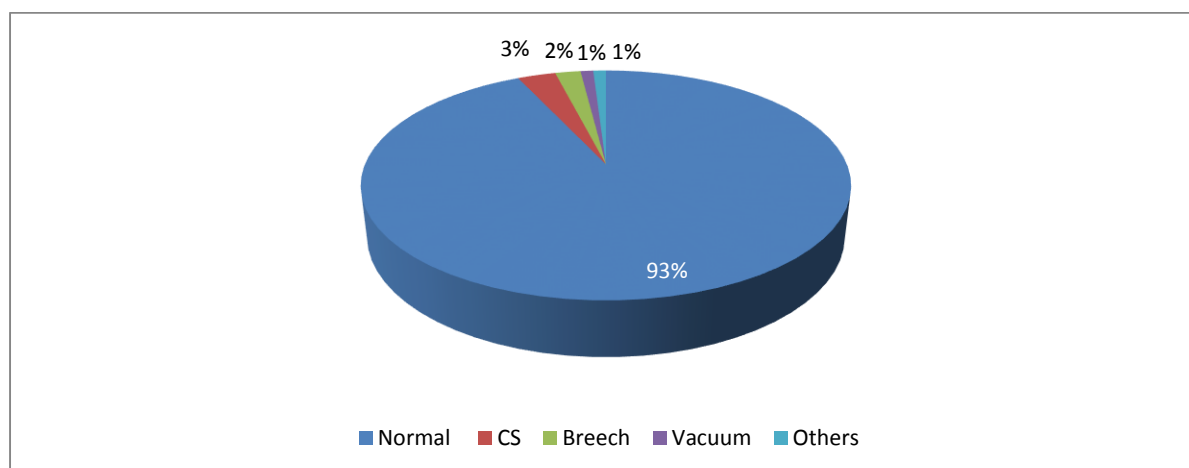
### 18.1 Deliveries conducted at Health Facilities

Since 2015, the ministry of health and social welfare has shifted its policy towards deliveries and advocating for 100% institutional deliveries. This commitment was renewed with the scaling up of Maternal and Child Nutrition and Health Results Project in the five health administrative regions, as skilled delivery is one of the vital indicators that the project is buying in the intervention facilities.

Institutional delivery has increased from forty two thousand, two hundred and seventy two (42, 272) in 2015 to forty eight thousand, seven hundred and eighty-six (48,786) deliveries in 2016. Almost half (51.3%) of all deliveries conducted in 2016 were male children. Out of the total deliveries, 93.0% were normal deliveries, 3.0% were CS, 2.0% Breech, 1.0 % Vacuum delivery and 1.0% other delivery. 96.2% (n=46,929) of all the delivery outcome were live birth and 84.2% of the live births were more than 2.5kg. Fresh still birth more than 2.5kg accounted for 1.0 %, 0.9 % fresh still birth less than 2.5kg, 1.2% macerated stillbirth more than 2.5kg, 0.8% macerated still birth less than 2.5kg. 37.1% of all fresh still births occurred in WHR1, followed by CRR 21.1% and WHR2 12.8%. Similarly, 31.5% of all macerated still births occurred in WHR2, followed by CRR 18.1% and URR 17.5%. LRR reported the lowest (3.0%) macerated still births in 2016.

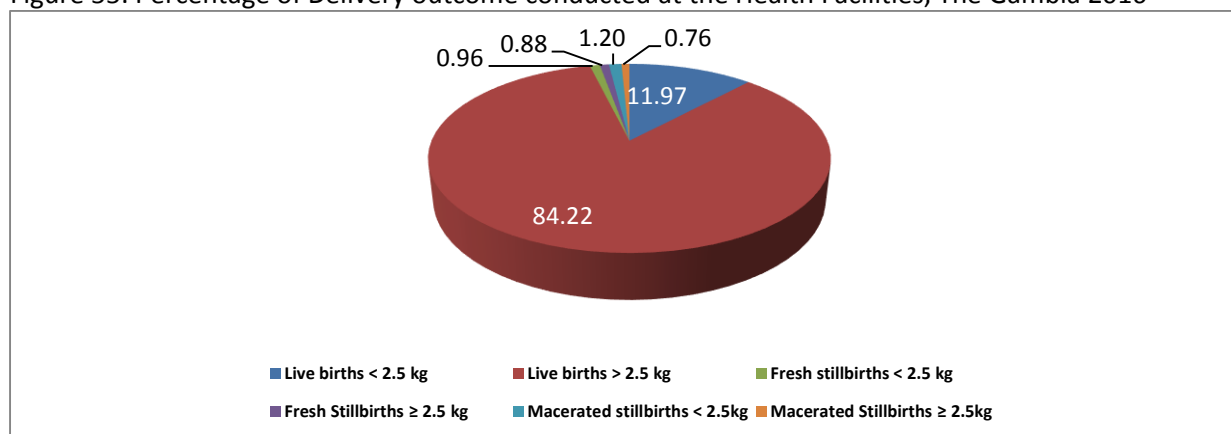
WHO defined skilled birth as the percentage of live births attended by skilled health personnel in a specified period<sup>i</sup>. In 2016, 90.4% of all live births at health facilities were attended by skilled health personnel in the Gambia. Regionally except WHR1 and 2, more than 90% of all the live births at health facilities were attended by skilled health personnel. In LRR and URR however all the live births were attended by skilled health respectively.

Figure 54. Percentage of Deliveries Type Conducted at the Health Facilities, The Gambia 2016.



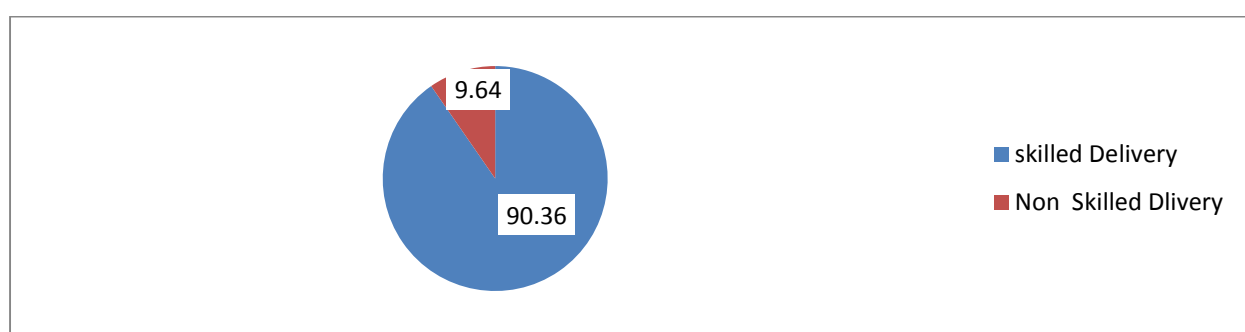
Source: HMIS, 2016

Figure 55: Percentage of Delivery outcome conducted at the Health Facilities, The Gambia 2016



Source: HMIS, 2016

Figure 56. Percentage of Skilled Deliveries Conducted at Health Facilities, The Gambia 2016



Source: HMIS, 2016

Table 40. Number and Percentage of Skilled Delivery Conducted at Health Facilities, The Gambia Jan to Dec 2016

Health Region	Live Births			Skilled Deliveries			Percentage
	Male	Female	Total	Male	Female	Total	
CRR	3060	2837	5897	2976	2694	5670	96.2
LRR	940	828	1768	951	879	1830	103.5
NBER	1331	1206	2537	1256	1149	2405	94.8
NBWR	1653	1665	3318	1540	1568	3108	93.7
URR	3051	2765	5816	3045	2768	5813	99.9
WHR1	9458	9084	18542	8107	8009	16116	86.9
WHR2	4602	4449	9051	3861	3603	7464	82.5
<b>National</b>	<b>24095</b>	<b>22834</b>	<b>46929</b>	<b>21736</b>	<b>20670</b>	<b>42406</b>	<b>90.4</b>

Source: HMIS, 2016

Table 41. Number and Percentage of Live Births attended by Health Facilities, The Gambia 2016

Health Region	Live births < 2.5kg				Live births > 2.5kg			
	Male	Female	Total	Percent.	Male	Female	Total	Percent.
CRR	274	276	550	9.42	2786	2561	5347	13.01
LRR	63	61	124	2.12	877	767	1644	4.00
NBER	201	183	384	6.58	1130	1023	2153	5.24
NBWR	288	293	581	9.95	1365	1372	2737	6.66
URR	408	410	818	14.01	2643	2355	4998	12.16
WHR1	1022	1187	2209	37.83	8436	7897	16333	39.75
WHR2	547	626	1173	20.09	4055	3823	7878	19.17
<b>National</b>	<b>2803</b>	<b>3036</b>	<b>5839</b>	<b>100.00</b>	<b>21292</b>	<b>19798</b>	<b>41090</b>	<b>100.00</b>

Source: HMIS, 2016

Table 42: Number and Percentage of Fresh Stillbirths Conducted at Health Facilities, The Gambia 2016

Health Region	Fresh Stillbirths < 2.5kg				Fresh Stillbirths > 2.5kg			
	Male	Female	Total	Percent.	Male	Female	Total	Percent.
CRR	44	34	78	16.60	62	31	93	21.68
LRR	7	9	16	3.40	8	9	17	3.96
NBER	36	35	71	15.11	22	22	44	10.26
NBWR	9	7	16	3.40	11	2	13	3.03
URR	37	40	77	16.38	27	21	48	11.19
WHR1	47	74	121	25.74	78	81	159	37.06
WHR2	46	45	91	19.36	28	27	55	12.82
<b>National</b>	<b>226</b>	<b>244</b>	<b>470</b>	<b>100.00</b>	<b>236</b>	<b>193</b>	<b>429</b>	<b>100.00</b>

Source: HMIS, 2016

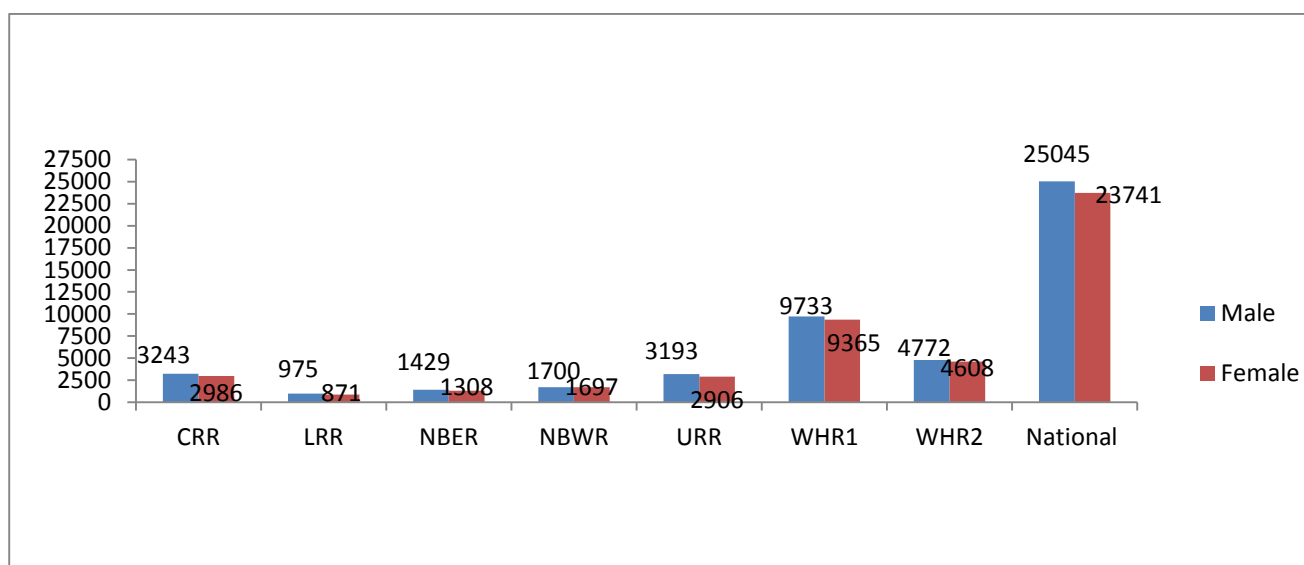
Table 43. Number and Percentage of Macerated Still Births Attended by Health Facilities, The Gambia 2016

Health Region	Macerated Stillbirths < 2.5kg				Macerated Stillbirths > 2.5kg			
	Male	Female	Total	Percent.	Male	Female	Total	Percent.
CRR	50	44	94	16.01	27	40	67	18.06
LRR	14	20	34	5.79	6	5	11	2.96
NBER	26	27	53	9.03	14	18	32	8.63
NBWR	15	15	30	5.11	12	8	20	5.39
URR	45	48	93	15.84	33	32	65	17.52
WHR1	84	75	159	27.09	66	51	117	31.54
WHR2	65	59	124	21.12	31	28	59	15.90
<b>National</b>	<b>299</b>	<b>288</b>	<b>587</b>	<b>100.00</b>	<b>189</b>	<b>182</b>	<b>371</b>	<b>100.00</b>

Source: HMIS, 2016



Figure 57. Number of Total Deliveries Conducted at Health Facilities, The Gambia 2016



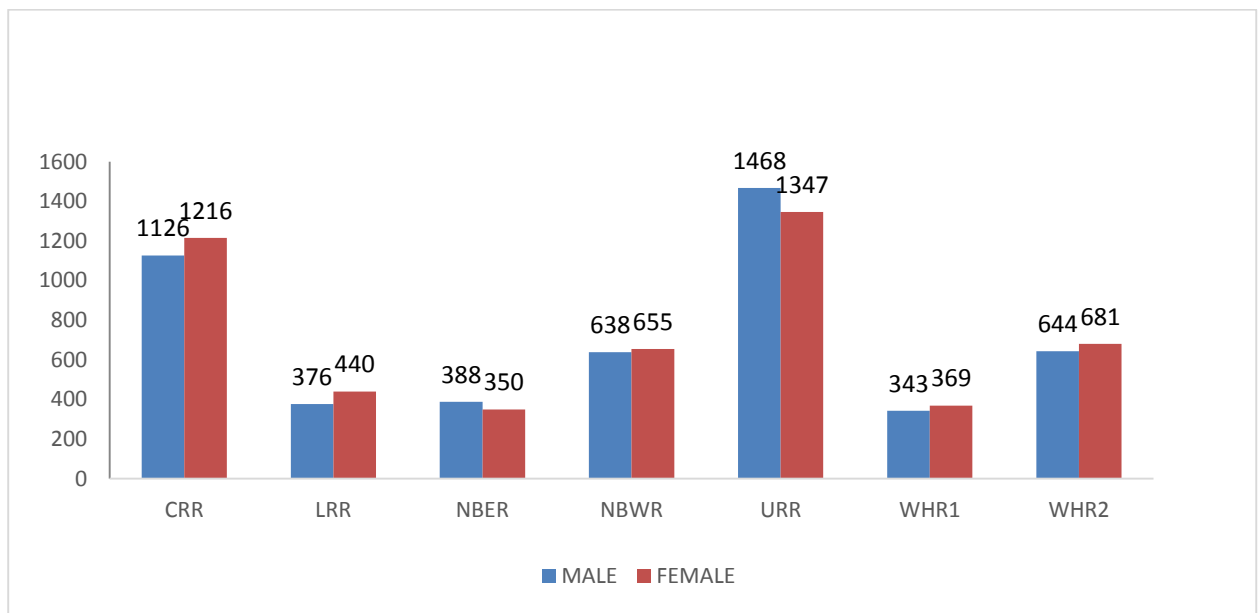
Source: HMIS, 2016

## 18.2 Deliveries conducted at the village Health Services

The Gambia health services like many developing country is still experiencing varying degree of shortage in qualified health workers. As a result, health care delivery at village health service run by community birth companions (formerly called traditional birth attendants) and village health workers- continue to provide important services to the population. At village health service level CBCs provides delivery services to women although the new policy orientation has limited their role to only escorting antenatal women to health facilities during labour. However despite these current efforts to promote institutional delivery, women still continue to deliver at village health service level.

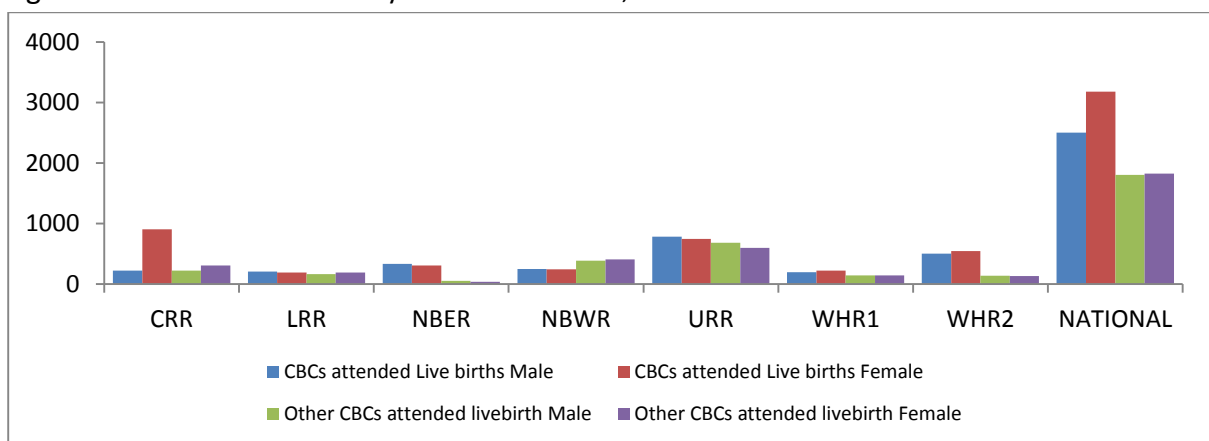
In 2016, ten thousand and forty-one (10,041) was reported for VHS level and 61.1% of all the delivery was done by CBCs, 39.9% by other CBCs. Male accounted for 46.3% and female 53.7% of the total deliveries. Like in 2015 at village health service level, live birth 2016 constituted 98.2% (n=9311) of delivery outcomes, whilst still births was 1.8% (n=168).

Figure 58. Total Deliveries at the Village Health Service by Gender, The Gambia 2016



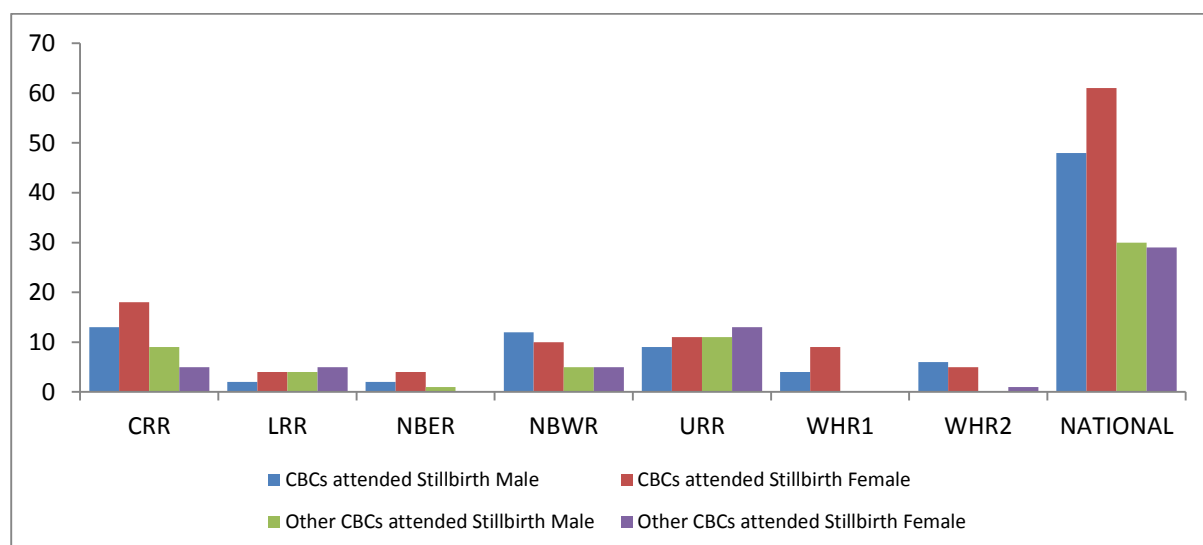
Source: HMIS, 2016

Figure 59. Live birth outcome by sex and attendant, The Gambia 2016



Source: HMIS, 2016

Figure 60. Stillbirth's outcome by sex and attendant, The Gambia 2016



Source: HMIS, 2016

Table 44. Birth outcomes at the Village Health Services, The Gambia 2016

Health Region	Liver Birth		Stillbirth	
	Number	Percentage	Number	Percentage
CRR	1668	17.9%	45	27%
LRR	760	8.2%	15	9%
NBER	738	7.9%	7	4%
NBWR	1293	13.9%	32	19%
URR	2815	30.2%	44	26%
WHR1	712	7.6%	13	8%
WHR2	1325	14.2%	12	7%
<b>NATIONAL</b>	<b>9311</b>	<b>100.0%</b>	<b>168</b>	<b>100%</b>

source: HMIS 2016

Table 45. Number of Deliveries Conducted by CBCs and other CBCs in the Community, The Gambia 2016

Health Region	CBCs attended deliveries	Percentage	Other CBCs attended deliveries	Percentage
CRR	1164	20.1%	549	14.9%
LRR	407	7.0%	368	10.0%
NBER	650	11.2%	95	2.6%
NBWR	518	8.9%	807	21.9%
URR	1551	26.8%	1308	35.5%
WHR1	437	7.5%	288	7.8%
WHR2	1063	18.4%	274	7.4%
<b>NATIONAL</b>	<b>5790</b>	<b>100.0%</b>	<b>3689</b>	<b>100.0%</b>

Source: HMIS 2016

Table 46. Number of Deliveries Conducted by the Village Health Services

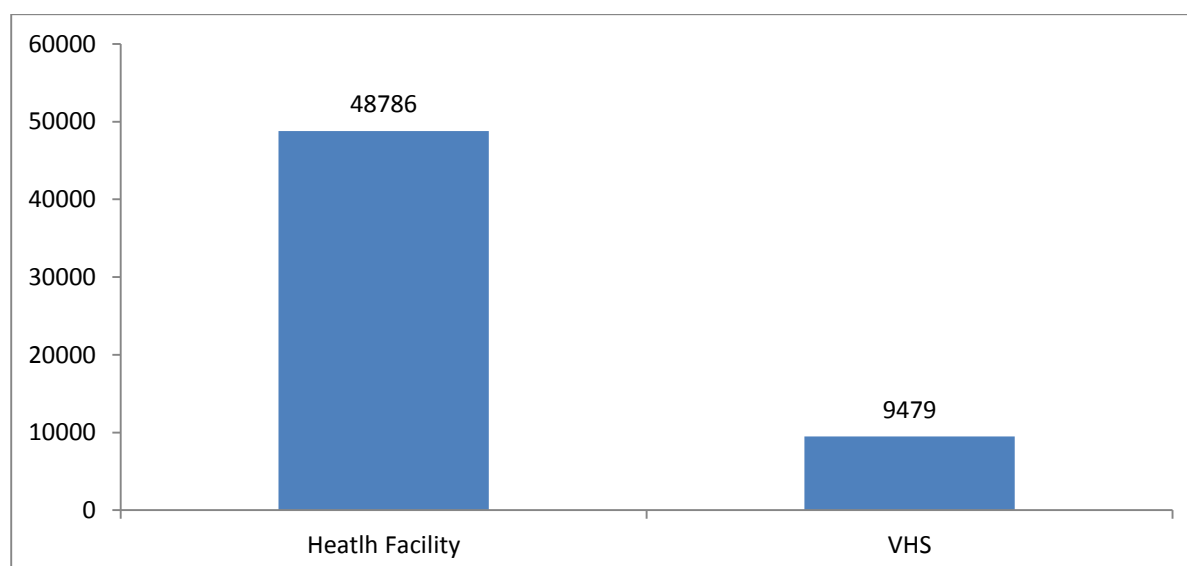
Region	Total Deliveries		CBCs attended Live births		Other CBCs attended live birth		CBCs attended Stillbirth		Other CBCs attended Stillbirth	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CRR	474	1239	226	907	226	309	13	18	9	5
LRR	382	393	209	192	167	192	2	4	4	5
NBER	391	354	333	311	55	39	2	4	1	0
NBWR	655	670	250	246	388	409	12	10	5	5
URR	1488	1371	783	748	685	599	9	11	11	13
WHR1	347	378	198	226	145	143	4	9	0	0
WHR2	650	687	505	547	139	134	6	5	0	1
NATIONAL	4387	5092	2504	3177	1805	1825	48	61	30	29

Source: HMIS, 2016

### 18. 3 Total Deliveries Health Facilities and Village Health Services

The total deliveries reported by health facilities and village health services in 2016 were fifty eight thousand, two hundred and sixty-five (58,265). Male represent 50.1% whilst female 49.5%. 83.7% of the total deliveries reported in 2016 were institutional deliveries.

Figure 61. Number of deliveries by category, The Gambia 2016

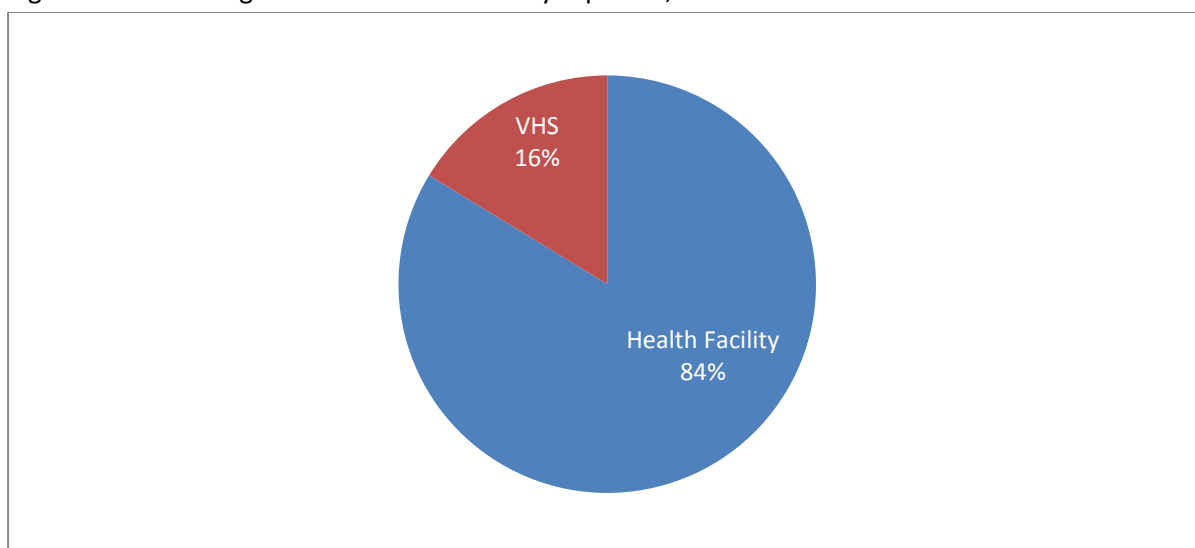


Source: HMIS, 2016

Region	Male	Female	Total
CRR	3717	4225	7942
LRR	1357	1264	2621
NBER	1820	1662	3482
NBWR	2355	2367	4722
URR	4681	4277	8958
WHR1	10080	9743	19823
WHR2	5422	5295	10717
National	29432	28833	58265

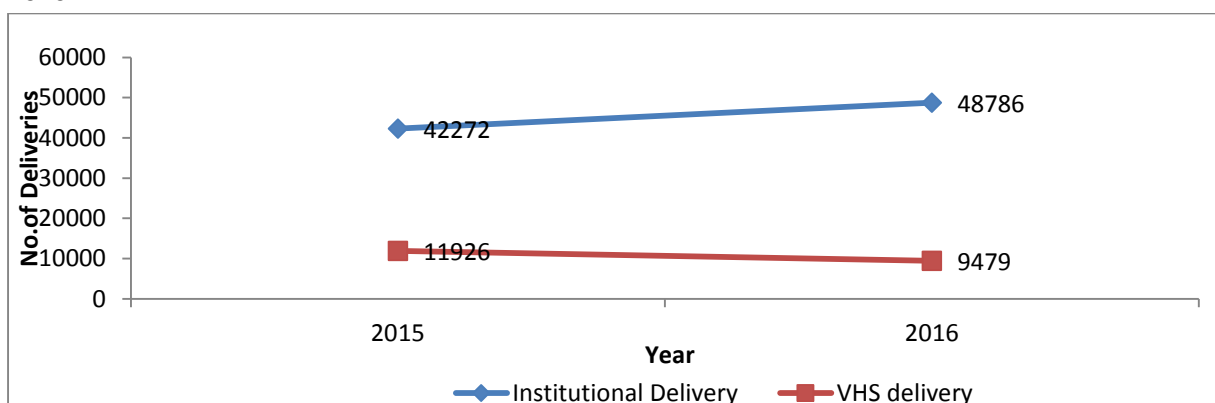
Source. HMIS, 2016

Figure 62. Percentage of Institutional Delivery reported, The Gambia 2016



Source: HMIS, 2016

Figure 63. Trend of Institutional and Village Health Service Deliveries reported, The Gambia, 2015 to 2016



Source: HMIS, 2016

## 19.0 Referral Out

In 2016, twelve thousand, eight hundred and forty four patients were referred from a lower level to a higher level of the health care system for appropriate case management. The major causes of referral out among all age group were skin disorder 9.1%, hypertension 8.2%, other NCDs 6.3%, severe pneumonia 6.09% and delayed or obstructed labour 6.0% in 2016. Among women in general, the five major causes of referral out in 2016 were delayed or obstructed labour (20.6%), PIH/ pre-eclampsia (17.0%), anaemia in pregnancy (11.3%), ante partum haemorrhage (9.9%) and abortion (8.8%).

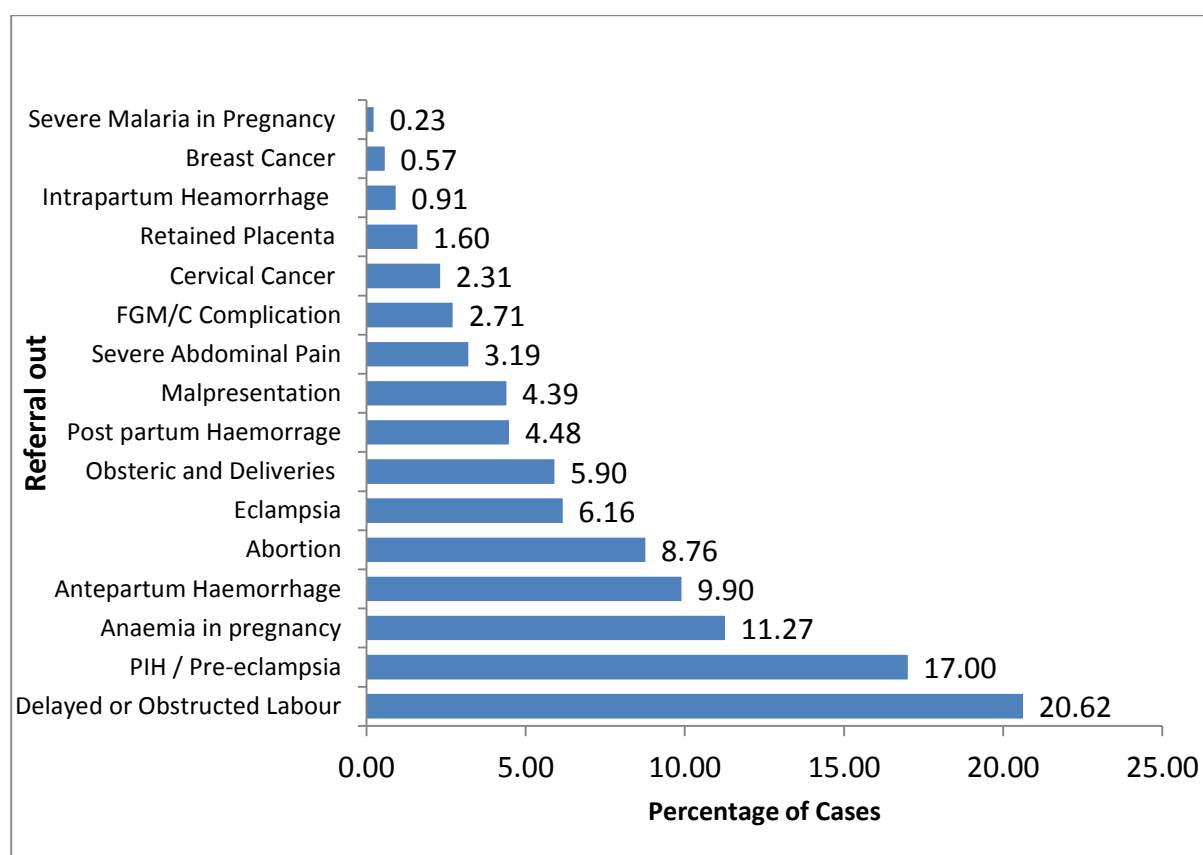
Table 48. All Causes of Referral Out at Health Facilities, The Gambia 2016

NO.	Diseases and Conditions	Number of Referral out	Percent	NO.	Diseases and Condition	Number of Referral out	Percent
1	Skin disorders	1,093	9.11	28	*Severe malnutrition	95	0.79
2	Hypertension	983	8.19	29	FGM/C Complication	95	0.79
3	Others NCDs	757	6.31	30	Snake bites	91	0.76
4	Severe pneumonia	731	6.09	31	Cervical Cancer	91	0.76
5	Delayed or Obstructed Labour	723	6.02	32	Burns	81	0.67
6	RTC	715	5.96	33	Moderate Malnutrition + anaemia < 5	71	0.59
7	PIH / Pre-eclampsia	596	4.97	34	Ingestion of harmful substances	71	0.59
8	Neonates referred for complications	567	4.72	35	Diarrhoea with blood (Dysentery)	69	0.57
9	Other injuries	540	4.50	36	Placenta	56	0.47
10	Anaemia (Referral)	476	3.97	37	Dog bites	43	0.36
11	Anaemia in pregnancy	395	3.29	38	Cancer	43	0.36
12	Cardiac disorder	374	3.12	39	Other Bites	36	0.30
13	Antepartum Haemorrhage	347	2.89	40	Severe persistent diarrhoea	34	0.28
14	Severe malaria	313	2.61	41	Intrapartum Haemorrhage	32	0.27
15	Abortion	307	2.56	42	Renal failure	31	0.26
16	Fracture	233	1.94	43	Differentially able	22	0.18
17	Suspected TB	230	1.92	44	Breast Cancer	20	0.17
18	Eclampsia	216	1.78	45	Liver / Hepatic disorder	9	0.07
19	Fall from Height	214	1.78	46	Severe Malaria in Pregnancy	8	0.07
20	Obstetric and deliveries	207	1.72	47	* Low weight + Anaemia	6	0.05
21	Diabetes	191	1.59	48	Drowned	5	0.04
22	Asthma	159	1.32	49	Prostate Cancer	5	0.04
23	Post partum Haemorrhage	157	1.31	50	Complicated measles	2	0.02
24	Malpresentation	154	1.28		<b>Total</b>	<b>12,004</b>	
25	Severe Abdominal Pain	112	0.93				
26	*Severe malnutrition + Anaemia	103	0.86				
27	Sickle cell	95	0.79				

\*Disease or condition among <5 only

Source: HMIS, 2016

Figure 64. Percentage of all Causes of Referral Out Specific to Women at Health Facilities, The Gambia 2016



Source: HMIS, 2016

Table 49. Number of All Causes of Referral out Specific to women at Health Facilities, The Gambia Jan to Dec 2016

Region	Antepartum Haemorrhage	Intrapartum Haemorrhage	Delayed or Obstructed Labour	Retained Placenta	Malpresentation	Post partum Haemorrhage	Severe Abdominal Pain	Abortion	Anaemia in pregnancy	PIH / Pre-eclampsia	Eclampsia	FGM/C Complication	Severe Malaria in Pregnancy	Cervical Cancer	Breast Cancer	Obstetric and deliveries	Total
CRR	68	5	119	11	20	42	21	32	39	65	38	5	0	2	0	47	514
LRR	28	4	81	6	7	7	22	20	120	40	24	6	0	4	0	5	374
NBER	11	4	41	2	5	8	10	23	21	30	8	3	0	0	0	24	190
NBWR	30	6	79	4	27	22	3	20	10	63	14	5	4	3	1	16	307
URR	56	2	90	8	13	16	16	19	36	64	35	7	0	1	0	6	369
WHR1	96	7	235	15	52	44	24	110	103	198	73	44	3	70	19	101	1194
WHR2	58	4	78	10	30	18	16	83	66	136	24	25	1	1	0	8	558
<b>National</b>	<b>347</b>	<b>32</b>	<b>723</b>	<b>56</b>	<b>154</b>	<b>157</b>	<b>112</b>	<b>307</b>	<b>395</b>	<b>596</b>	<b>216</b>	<b>95</b>	<b>8</b>	<b>81</b>	<b>20</b>	<b>207</b>	<b>3506</b>

Source: HMIS, 2016

## 20.0 Family Planning Services

In 2016, sixty four thousand, seven hundred and eighty-six (64,786) new acceptors of family planning were registered throughout the network of RCH clinics across the country. Out of the new acceptors, male condom utilisation accounted for 33.2% of the all commodities, followed by Depo Provera 29.2%, Implanon 12.3%, Microgynon 8.3%, Microlut 5.5%, Jadelle Implant 3.7%, Noristat 2.3% and Norigynon 1.3%.

Eightytwo thousand, two hundred and sixteen revisits were recorded. Depo Provera accounted for 43.8%, male condon 30.5%, Microgynon 8.8%, Microlut 4.2%, Noristat 3.8%, Neogynon 3.0% and Norigynon 2.6

Table 50. Number and Percentage of Family Planning Services (New Acceptors and Revisits) Offered at Health Facilities, The Gambia 2016

Family Planning Method	New Acceptors	Percentage	Revisits	Percentage
Microgynon	5378	8.3	7221	8.78
Neogynon	789	1.22	2210	2.69
Marvelon	303	0.47	321	0.39
Emergency Contraceptives (Norlevo)	646	1	670	0.81
Depo	18995	29.32	36035	43.83
Jadelle implant	2378	3.67	843	1.03
Microlut	3585	5.53	3417	4.16
Noristat	1511	2.33	3108	3.78
Male condom	21526	33.22	25040	30.46
Bilateral Tubal Ligation	201	0.31	37	0.05
Female condom	101	0.16	88	0.11
IUCD	389	0.6	69	0.08
Implanon	7974	12.31	810	0.99
VSC	25	0.04	0	0
Norigynon	894	1.38	2169	2.64
Other	91	0.14	178	0.22
<b>Total</b>	<b>64786</b>	<b>100.0</b>	<b>82216</b>	<b>100.0</b>

Source: HMIS, 2016



## 21.0 Deaths

### 21.1 Deaths on arrival at the health facility

Table 51. Number of Deaths on arrival at the health facilities recorded, The Gambia 2016

	Male	Female	Total
Maternal death on arrival	-	5	5
Other deaths on arrival	26	746	772

Source: HMIS, 2016

### 21.2 Brought in dead to health facility

Table 52. Number of Brought in dead to the health facilities recorded, The Gambia 2016

	Male	Female	Total
Maternal brought in dead	-	2	2
Other brought in dead	421	8	429

Source: HMIS, 2016

### 21.3 Deaths at the health facility

Table 53. Number of Deaths Recorded at Health Facilities, The Gambia 2016

Deaths	Male	Female	Total
Maternal death at facility	-	116	116
Neonatal death at facility	57	304	361
Infant death at facility	63	974	1037
Deaths Child < 5 years	121	114	235
Deaths Child 5-14 years	534	237	771
Deaths Over 14 years	54	60	114

Source: HMIS, 2016

## 22.0 Inspection

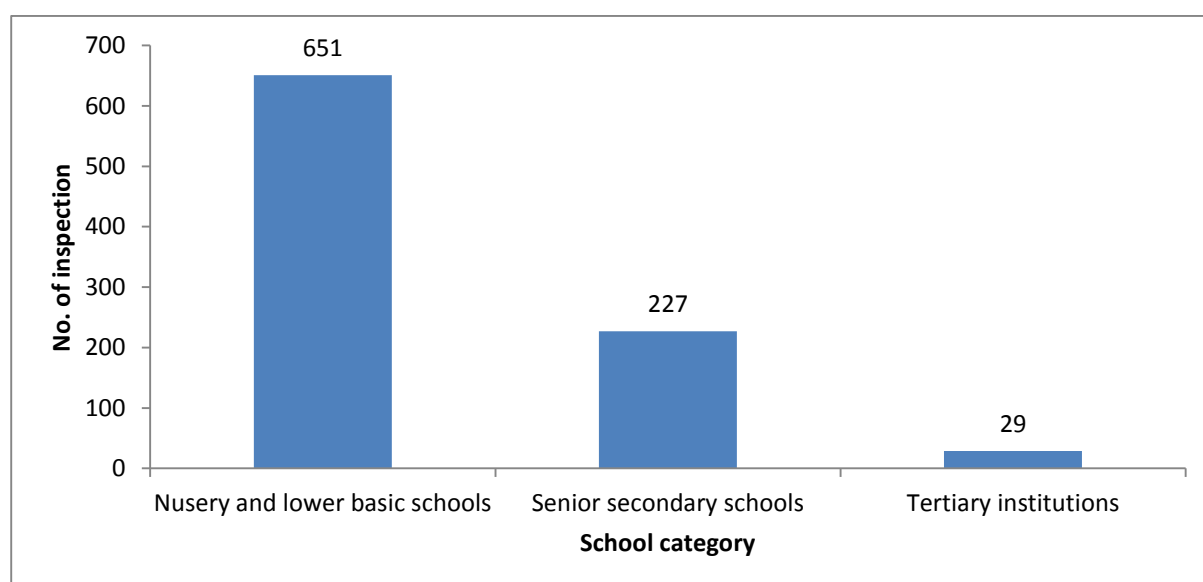
Table 54. Number of Premises Inspected by Public Health Officers, The Gambia 2016

Premises	Number
Food handling and service establishments	3852
Entertainment establishments	210
Residences	3465
Health and other institutions	385
Hotels and boarding houses	107
Public conveniences	86
Building plans inspected	36
Others	4128

Source: HMIS, 2016

## 22.1 School Inspection

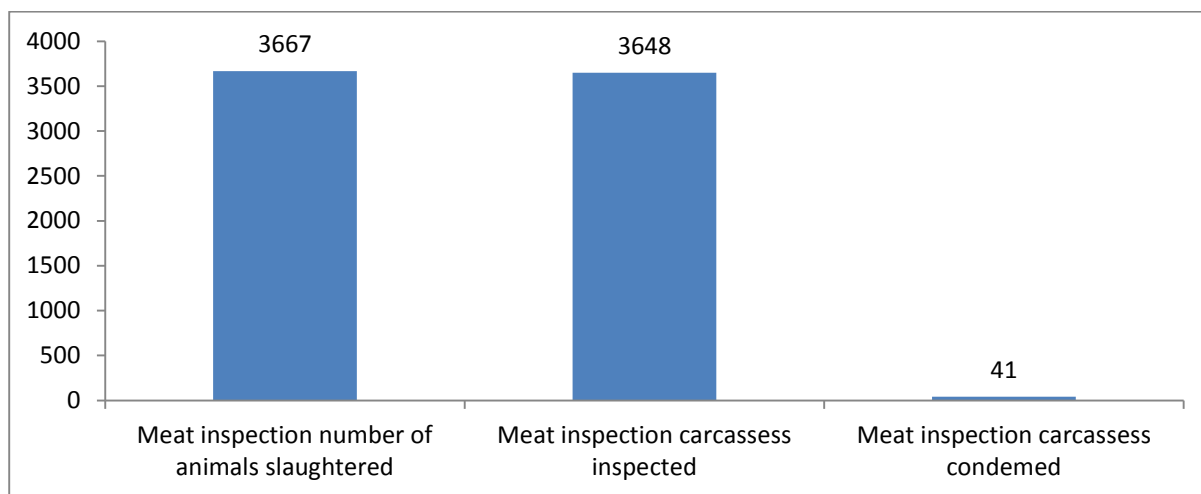
Figure 65. Number of schools inspected by Public Health Officers by type, The Gambia 2016



Source: HMIS, 2016

## 22.2 Meat Inspection

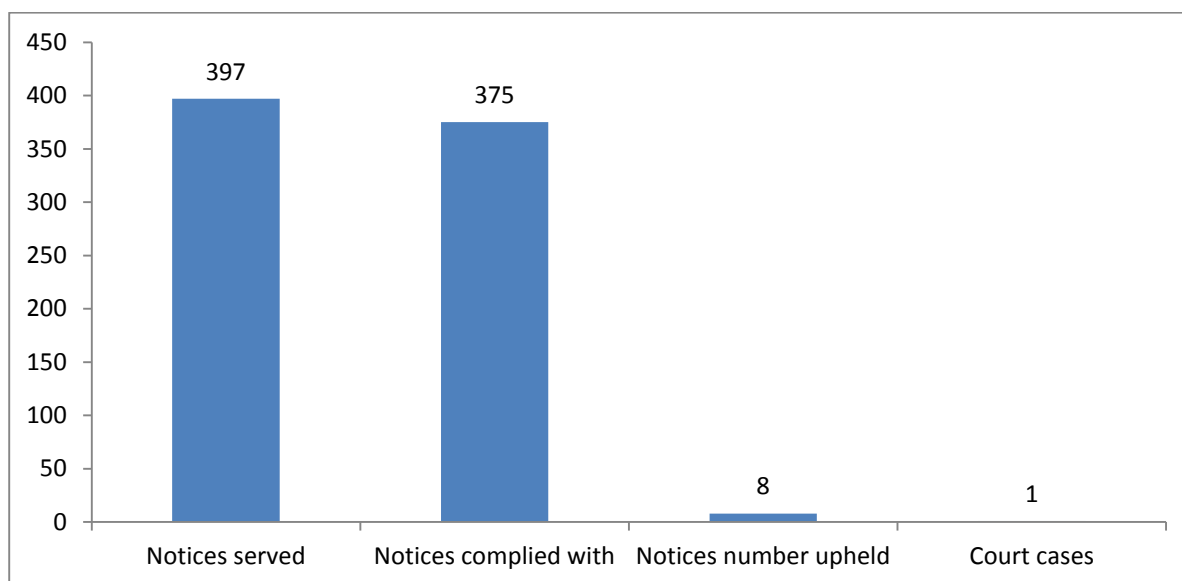
Figure 66. Number of Meat inspection conducted by Public Health Officer, The Gambia 2016



Source: HMIS, 2016

## 22.3 Abatement notices

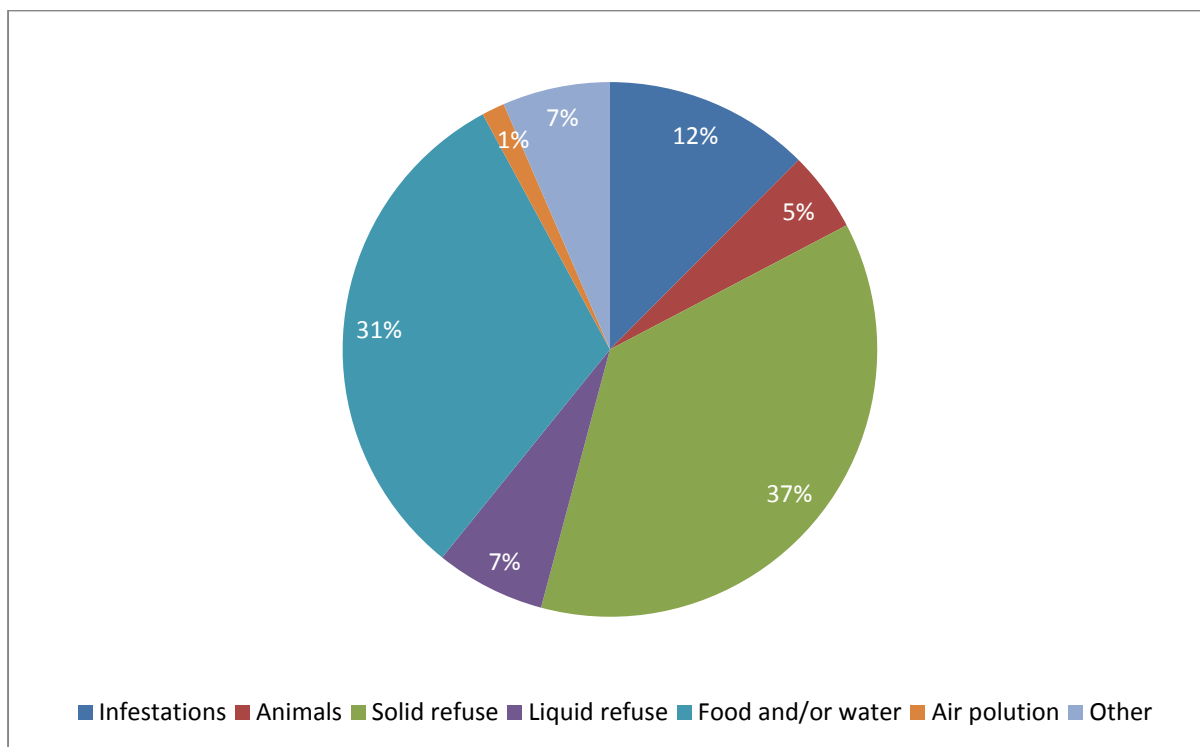
Figure 67. Abatement Notices by Public Health Officers, The Gambia 2016



Source: HMIS, 2016

## 22.4 Complaints

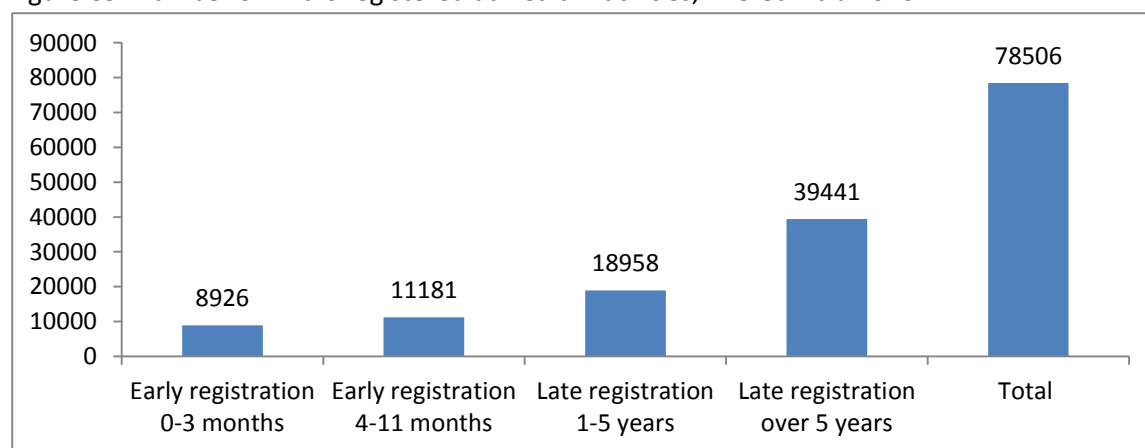
Figure 68. Percentage of Complaints received by Public Health officers, The Gambia 2016



Source: HMIS, 2016

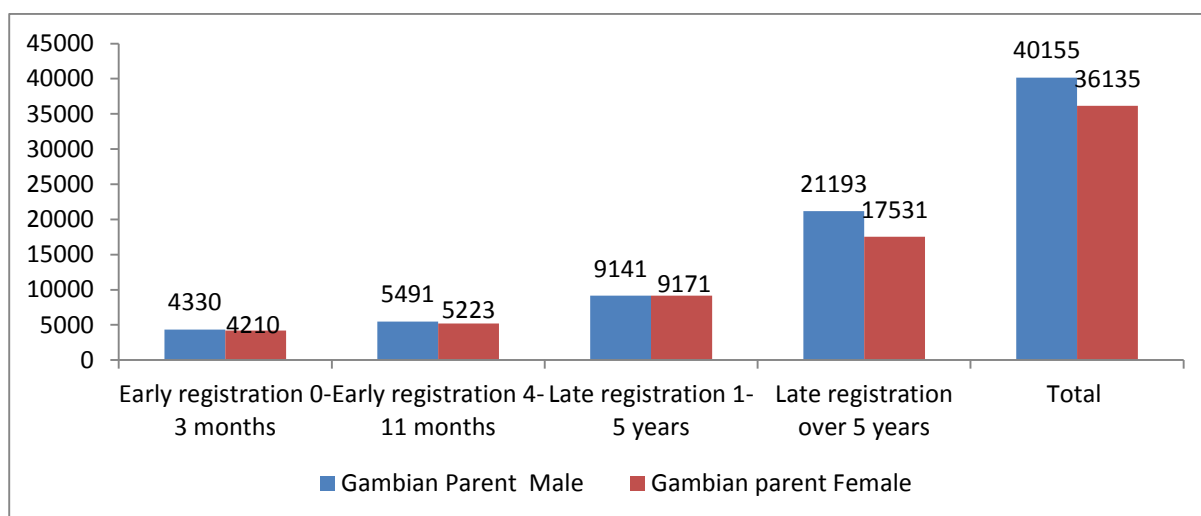
## 23.0 Births and Deaths Registration

Figure 69. Number of Births registered at Health Facilities, The Gambia 2016



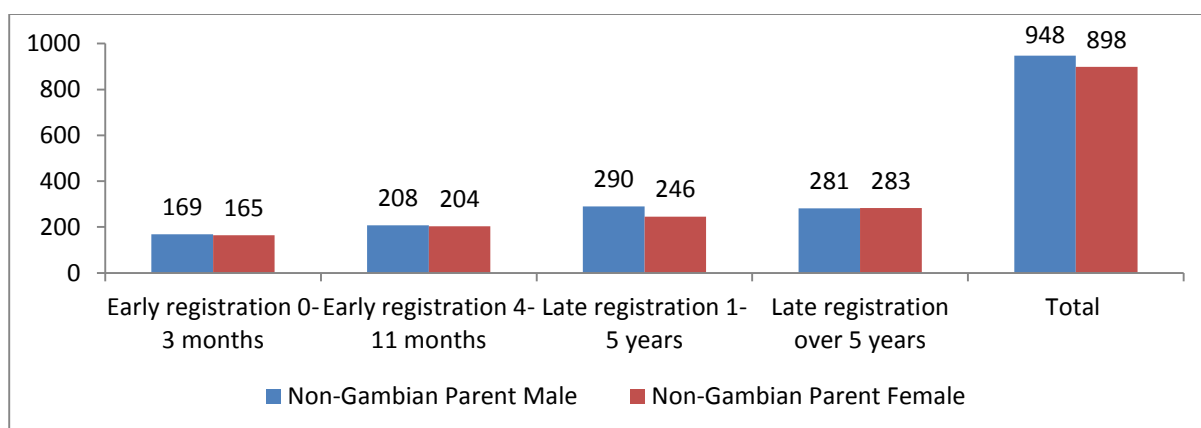
Source: HMIS, 2016

Figure 70. Number of Gambian Parents Birth registered at Health Facilities, The Gambia 2016



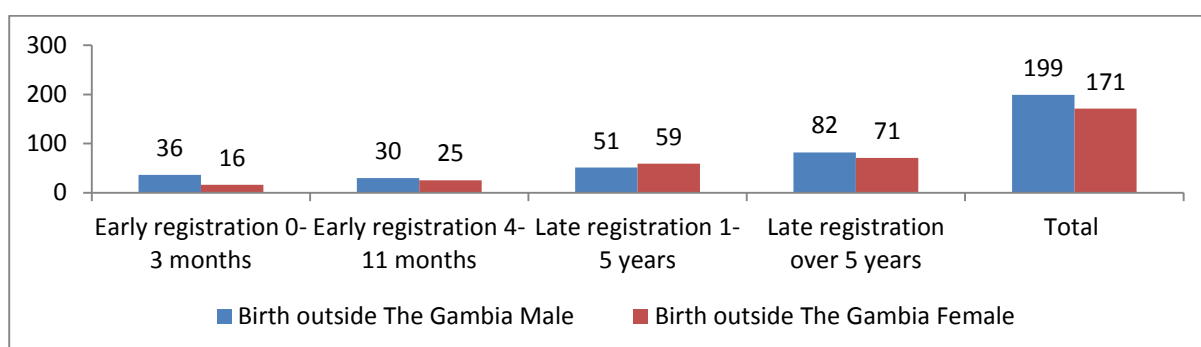
Source: HMIS, 2016

Figure 71. Number of Non-Gambian Parents Births registered at Health Facilities, The Gambia 2016



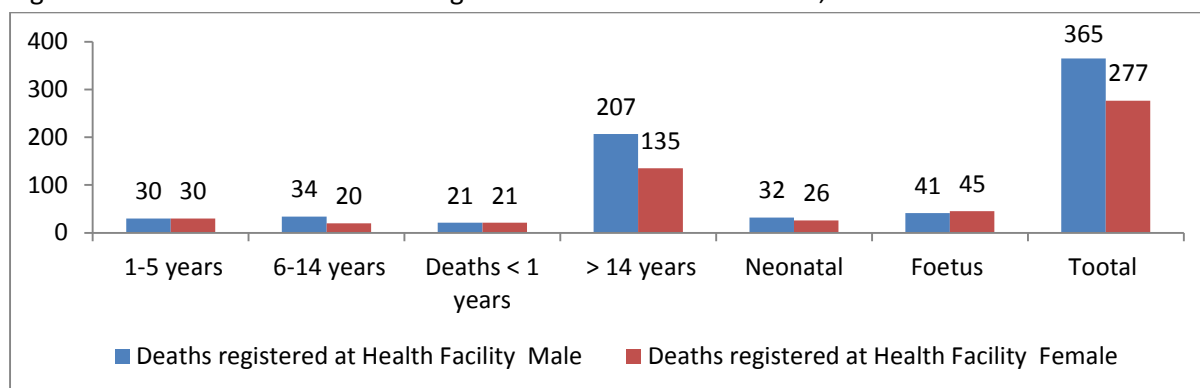
Source: HMIS, 2016

Figure 72. Number of Births outside Gambia registered by the Health Facilities



Source: HMIS, 2016

Figure 73. Total Number of deaths registered at the Health Facilities, The Gambia 2016



Source: HMIS, 2016

## 24.0 Laboratory Services

Table 55. Number of Laboratory Services Provided in CRR , The Gambia 2016

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	11338	1181	1197	2695	7348	23759
Urine analysis	690	144	207	1151	2774	4966
Blood film	478	2469	2698	3773	6397	15815
Blood film positive	45	403	394	1049	1495	3386
Blood film negative	433	2066	2304	2724	4902	12429
Sickle cell	56	18	10	56	82	222
Sickle cell positive	3	8	2	18	30	61
RPR	1307	0	1	203	629	2140
TPHA	0	0	0	20	51	71
Stool microscopy	0	1	0	74	123	198
No. of cases tested for AFB	18	33	32	429	264	776
No. of AFB positive	1	3	3	72	46	125
Blood grouping	2039	120	116	514	605	3394
No. blood donation	0	0	0	832	101	933
No. blood transfused	460	116	114	164	416	1270

Source: HMIS, 2016

**Table 56. Number of Laboratory Services Provided in LRR , The Gambia 2016**

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	3693	1942	2047	2220	4501	14403
Urine analysis	581	329	307	674	1696	3587
Blood film	443	643	598	895	1486	4029
Blood film positive	116	164	112	224	333	949
Blood film negative	327	479	486	635	1153	3080
Sickle cell	19	92	87	36	121	355
Sickle cell positive	19	38	28	6	17	108
RPR	1016	0	0	63	19	1098
TPHA	17	0	0	0	0	17
Stool microscopy	0	128	106	120	319	673
No. of cases tested for AFB	2	0	0	139	162	303
No. of AFB positive	0	0	0	29	9	38
Blood grouping	758	25	29	355	192	1359
No. blood donation	0	0	0	249	14	263
No. blood transfused	79	7	6	30	49	171

Source: HMIS, 2016

**Table 57. Number of Laboratory Services Provided in NBER , The Gambia 2016**

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	7804	1666	1418	3532	5716	20136
Urinanalysis	725	8	3	301	1042	2079
Blood film	131	394	278	617	1255	2675
Blood film positive	3	16	8	69	101	197
Blood film negative	128	378	270	548	1154	2478
Sickle cell	0	14	13	38	29	94
Sickle cell positive	0	8	5	6	5	24
RPR	1469	0	0	0	0	1469
TPHA	4	0	0	0	0	4
Stool microscopy	2	4	6	7	69	88
No. of cases tested for AFB	16	0	0	294	232	542
No. of AFB positive	0	0	0	41	15	56
Blood grouping	2677	23	20	788	345	3853
No. blood donation	119	0	0	615	187	921
No. blood transfused	420	12	19	97	103	651

Source: HMIS, 2016

**Table 58. Number of Laboratory Services Provided in NBWR, The Gambia 2016**

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	4985	247	221	538	2989	8980
Urine analysis	1549	1	2	119	222	1893
Blood film	33	27	31	60	123	254
Blood film positive		2	1	4	13	20
Blood film negative	33	25	30	56	110	234
Sickle cell	5	0	1	0	1	7
Sickle cell positive	0	0	0	0	17	17
RPR	1225	0	0	2	79	1306
TPHA	15	0	0	21	33	69
Stool microscopy	0	0	0	27	334	361
No. of cases tested for AFB	0	0	90	151	117	358
No. of AFB positive	0	0	0	9	12	21
Blood grouping	667	5	4	73	114	863
No. blood donation	9	1	0	109	2	121
No. blood transfused	21	2	1	20	46	90

Source: HMIS, 2016

**Table 59. Number of Laboratory Services Provided in URR , The Gambia 2016**

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	8205	600	665	3823	8304	21597
Urine analysis	1534	4	36	318	1145	3037
Blood film	31	321	267	1216	1529	3364
Blood film positive		27	19	311	267	624
Blood film negative	31	294	248	905	1262	2740
Sickle cell	105	7	7	47	64	230
Sickle cell positive	1	5	1	18	18	43
RPR	1245	1	0	21	233	1500
TPHA	0	0	0	121	410	531
Stool microscopy	0	0	1	7	24	32
No. of cases tested for AFB	0	0	0	282	249	531
No. of AFB positive	0	0		71	32	103
Blood grouping	37	21	17	104	609	788
No. blood donation	0	22	29	177	396	624
No. blood transfused	0	8	17	385	133	543

Source: HMIS, 2016



Table 60. Number of Laboratory Services Provided in WHR1 , The Gambia 2016

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	25777	21292	95784	40467	70411	253731
Urine analysis	22118	1407	1502	6702	18810	50539
Blood film	5134	16590	17762	26155	37733	103374
Blood film positive	282	2743	2768	5627	6663	18083
Blood film negative	4852	13847	14994	20528	31070	85291
Sickle cell	6528	153	159	336	479	7655
Sickle cell positive	691	37	80	172	322	1302
RPR	8947	14	196	440	422	10019
TPHA	658		1	59	150	868
Stool microscopy	7	33	45	153	290	528
No. of cases tested for AFB	1	1	0	1766	1277	3045
No. of AFB positive	0	0	5	342	158	505
Blood grouping	11864	179	175	2906	5414	20538
No. blood donation	3	14	8	3800	67	3892
No. blood transfused	189	67	34	565	3070	3925

Source: HMIS, 2016

Table 61. Number of Laboratory Services Provided in WHR2, The Gambia 2016

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	13026	4055	5754	11127	19311	53273
Urine analysis	2390	73	116	500	1132	4211
Blood film	1019	3993	4857	7064	14280	31213
Blood film positive	230	402	458	1095	1658	3843
Blood film negative	789	3591	4399	5969	12622	27370
Sickle cell	1	9	7	18	44	79
Sickle cell positive	0	4	1	8	6	19
RPR	1731	3	0	70	119	1923
TPHA	218	0	0	0	0	218
Stool microscopy	0	0	0	5	27	32
No. of cases tested for AFB	10	0	0	758	761	1529
No. of AFB positive	11	0	0	204	150	365
Blood grouping	2679	114	153	377	675	3998
No. blood donation	183	30	18	1000	251	1482
No. blood transfused	0	24	33	242	1230	1529

Source: HMIS, 2016

Table 62. Number of Laboratory Services Provided Nationally , The Gambia 2016

Type of Services	ANC	< 5 years		> 5 years		Total tested
		Male	Female	Male	Female	
HB Test	74828	30983	107086	64402	11850	395879
Urine analysis	29587	1966	2173	9765	26821	70312
Blood film	7269	24437	26491	39780	62803	160724
Blood film positive	676	3757	3760	8379	10530	27102
Blood film negative	6593	20680	22731	31365	52273	133622
Sickle cell	6714	293	284	531	820	8642
Sickle cell positive	714	100	117	228	415	1574
RPR	16940	18	197	799	1501	19455
TPHA	912	0	1	221	644	1778
Stool microscopy	9	166	158	393	1186	1912
No. of cases tested for AFB	47	34	122	3819	3062	7084
No. of AFB positive	12	3	8	768	422	1213
Blood grouping	20721	487	514	5117	7954	34793
No. blood donation	314	67	55	6787	1018	8236
No. blood transfused	1169	236	224	1503	5047	8179

Source: HMIS, 2016

## 25.0 Immunization

Table 63. Projected Population, Monthly Live Birth & Surviving Infants, The Gambia 2016

Health Region	Total Population	Monthly Live Births	Monthly Surviving Infants
CRR	219317	12744	12156
LRR	80707	4308	3996
NBER	110097	5504	4513
NBWR	110970	5549	4550
URR	228624	13326	13270
WHR1	763181	31765	29502
WHR2	321206	13794	12206
<b>National</b>	<b>1,834,102</b>	<b>86,990</b>	<b>80,193</b>

Source: EPI, 2016

Table 64: Number of Children Vaccinated against the Birth Dose (BCG, Hepatitis B and OPV 0)

Health Region	BCG Vaccination	Hepatitis B Vaccination	Polio 0 Vaccination
CRR	12351	12329	12351
LRR	4170	4143	4170
NBER	5311	5310	5311
NBWR	5363	5365	5363
URR	13317	13300	13317
WHR1	30789	30793	30789
WHR2	13801	13820	13801
<b>National</b>	<b>85102</b>	<b>85060</b>	<b>85102</b>

Source: EPI, 2016

Table 65. Number of Children Vaccinated against PENTA 1, Polio 1, PCV1 and Rota 1 , The Gambia 2016

Health Region	PENTA 1	POLIO 1	PCV 1	ROTA 1
CRR	11590	11650	11669	11678
LRR	3953	3903	3893	3909
NBER	4876	4959	4959	4949
NBWR	4716	4739	4741	4652
URR	12264	12258	12179	12209
WHR1	29048	28851	29011	29029
WHR2	13251	13274	13286	13256
<b>National</b>	<b>79698</b>	<b>79634</b>	<b>79738</b>	<b>79682</b>

Source: EPI, 2016

Table 66. Number of Children Vaccinated against PENTA 2, Polio 2, PCV2 and Rota 2 , The Gambia 2016

Health Region	PENTA 2	POLIO 2	PCV 2	Rota 2
CRR	11520	11520	11444	11456
LRR	3841	3841	3854	3854
NBER	4632	4632	4632	4632
NBWR	4638	4633	4637	4637
URR	11974	12004	12051	12045
WHR1	28426	28431	28345	28377
WHR2	12652	12661	12677	12685
<b>National</b>	<b>77683</b>	<b>77722</b>	<b>77640</b>	<b>77686</b>

Source: EPI, 2016

Table 67. Number of Children Vaccinated against PENTA 3, Polio 3, PCV3 and Rota 2, The Gambia 2016

Health Region	PENTA 3	POLIO3	PCV3	ROTA3
CRR	11266	11174	11215	11206
LRR	3684	3759	3734	3740
NBER	4497	4497	4497	4497
NBWR	4524	4523	4504	4504
URR	11906	11975	11806	11839
WHR1	27912	28131	28141	28136
WHR2	11999	12119	12203	12201
<b>National</b>	<b>75788</b>	<b>76178</b>	<b>76100</b>	<b>76123</b>

Source: EPI, 2016

Table 68. Number of Children Vaccinated against Polio 4, Measles 1, Measles 2 and Yellow Fever, The Gambia 2016

Health Region	POLIO 4	MEASLES 1	MEASLES 2	YELLOW FEVER
CRR	11129	11129	9698	11129
LRR	3896	3896	2946	3896
NBER	4853	4853	3773	4853
NBWR	4793	4793	3978	4793
URR	11830	11830	10141	11830
WHR1	28684	28684	22660	28684
WHR2	12378	12378	10383	12378
<b>National</b>	<b>77563</b>	<b>77563</b>	<b>63579</b>	<b>77563</b>

Source: EPI, 2016

Table 69. Number and Percentage of Children Vaccinated against IPV and DPT , The Gambia 2016

Health Region	IPV Vaccination	DPT Vaccination	IPV Coverage	DPT Coverage
CRR	11220	9972	92%	82%
LRR	3832	3248	96%	81%
NBER	4572	3918	101%	87%
NBWR	4509	3961	99%	87%
URR	11735	8916	88%	67%
WHR1	28199	22868	96%	78%
WHR2	12125	10999	99%	90%
National	76192	63882	95%	80%

Source: EPI, 2016

## 25.1 Antigen coverage, The Gambia 2016

Table 70. Percentage of BCG, Hepatitis B and Polio 0 Antigen Coverage, The Gambia 2016

Health Region	BCG Coverage	Hepatitis B Coverage	Polio 0 Coverage
CRR	97%	97%	97%
LRR	97%	96%	97%
NBER	96%	96%	96%
NBWR	97%	97%	97%
URR	100%	100%	100%
WHR1	97%	97%	97%
WHR2	100%	100%	100%
<b>National</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>

Source: EPI, 2016

**Table 71. Percentage of PENTA 1, Polio 1, PCV1 and Rota 1Antigen Coverage, The Gambia 2016**

Health Region	PENTA1 Coverage	POLIO1 Coverage	PCV1 Coverage	Rota1 Coverage
CRR	95%	96%	96%	96%
LRR	99%	98%	97%	98%
NBER	108%	110%	110%	110%
NBWR	104%	104%	104%	102%
URR	92%	92%	92%	92%
WHR1	98%	98%	98%	98%
WHR2	109%	109%	109%	109%
<b>National</b>	<b>102%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>

Source: EPI, 2016

**Table 72. Percentage of PENTA 2, Polio 2, PCV2 and Rota 2 Antigens Coverage, The Gambia 2016**

Health Region	PENTA 2 Coverage	POLIO 2 Coverage	PCV 2 Coverage	ROTA 2 Coverage
CRR	95%	95%	94%	94%
LRR	96%	96%	96%	96%
NBER	103%	103%	103%	103%
NBWR	102%	102%	102%	102%
URR	90%	90%	91%	91%
WHR1	96%	96%	96%	96%
WHR2	104%	104%	104%	104%
<b>National</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>

Source: EPI, 2016

**Table 73. Percentage of PENTA 3, Polio 3, PCV3 and Rota 3 Antigens Coverage, The Gambia 2016**

Health Region	PENTA 3 Coverage	POLIO 3 Coverage	PCV 3 Coverage	ROTA Coverage <sup>3</sup>
CRR	93%	92%	92%	92%
LRR	92%	94%	93%	94%
NBER	100%	100%	100%	100%
NBWR	99%	99%	99%	99%
URR	90%	90%	89%	89%
WHR1	95%	95%	95%	95%
WHR2	98%	99%	100%	100%
<b>National</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>

Source: EPI, 2016

Table 74. Percentage of Polio 4, Measles 1, Measles 2 and Yellow Fever Antigens Coverage, The Gambia 2016

Health Region	POLIO4 Coverage	Measles 1 Coverage	Measles 2 Coverage	Yellow Fever Coverage
CRR	97%	97%	77%	97%
LRR	101%	101%	85%	101%
NBER	97%	97%	74%	97%
NBWR	108%	108%	84%	108%
URR	105%	105%	87%	105%
WHR1	92%	92%	80%	92%
WHR2	89%	89%	76%	89%
<b>National</b>	<b>97%</b>	<b>97%</b>	<b>79%</b>	<b>97%</b>

Source: EPI, 2016

Table 75. Number and Percentage of Ante natal women Vaccinated against TT1 and TT2+, The Gambia 2016

Health Region	TT 1 Vaccination	TT2+Vaccination	TT1 Coverage	TT2+ Coverage
CRR	10207	10907	80%	86%
LRR	3481	3696	81%	86%
NBER	4154	5002	75%	91%
NBWR	4417	4374	80%	79%
URR	10754	11455	81%	86%
WHR1	24888	27241	78%	86%
WHR2	10851	11339	79%	82%
<b>National</b>	<b>68752</b>	<b>74014</b>	<b>79%</b>	<b>85%</b>

Source: EPI, 2016

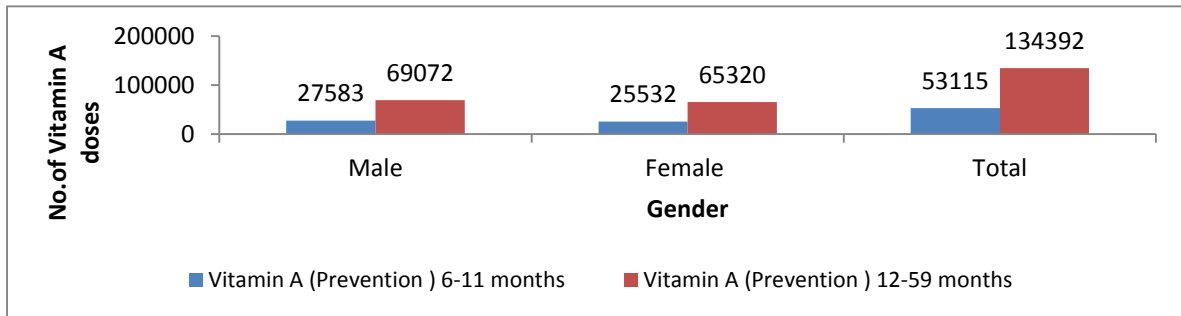
## 25.2 Vitamin A Prevention and Treatment

Table 76. Number of doses of Vitamin A for Prevention administered, The Gambia 2016

Health Region	6-11Months	12-59Months	Post-Partum
CRR	9056	21113	9126
LRR	2675	6761	2737
NBER	4068	11190	4197
NBWR	4224	12403	3743
URR	8709	20158	10637
WHR1	21548	39982	20390
WHR2	11246	24276	12292
<b>National</b>	<b>61526</b>	<b>135883</b>	<b>63122</b>

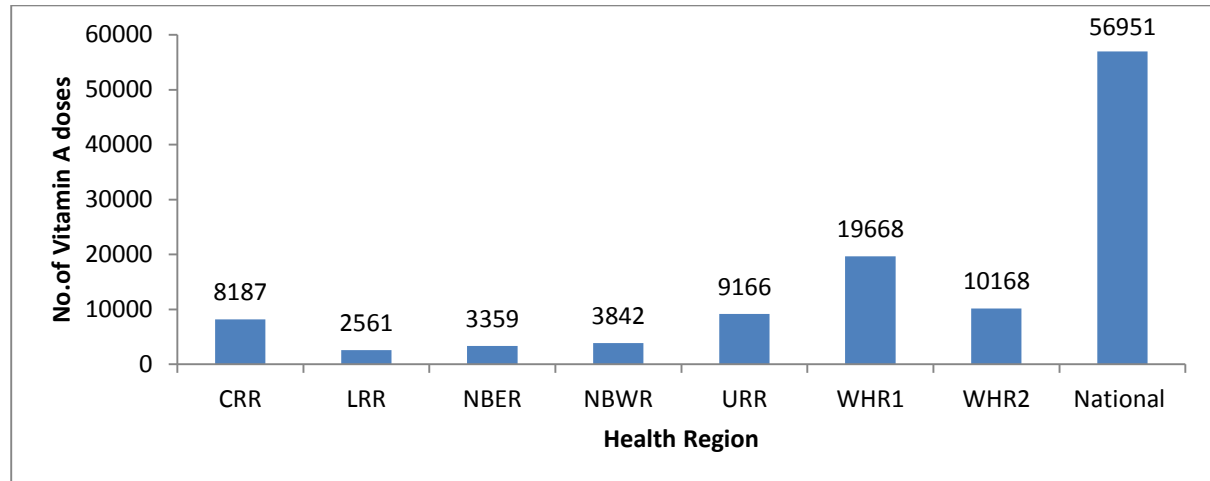
Source: EPI, 2016

Figure 74. Number of Doses of Vitamin A administered for Prevention by aged and Gender, The Gambia 2016



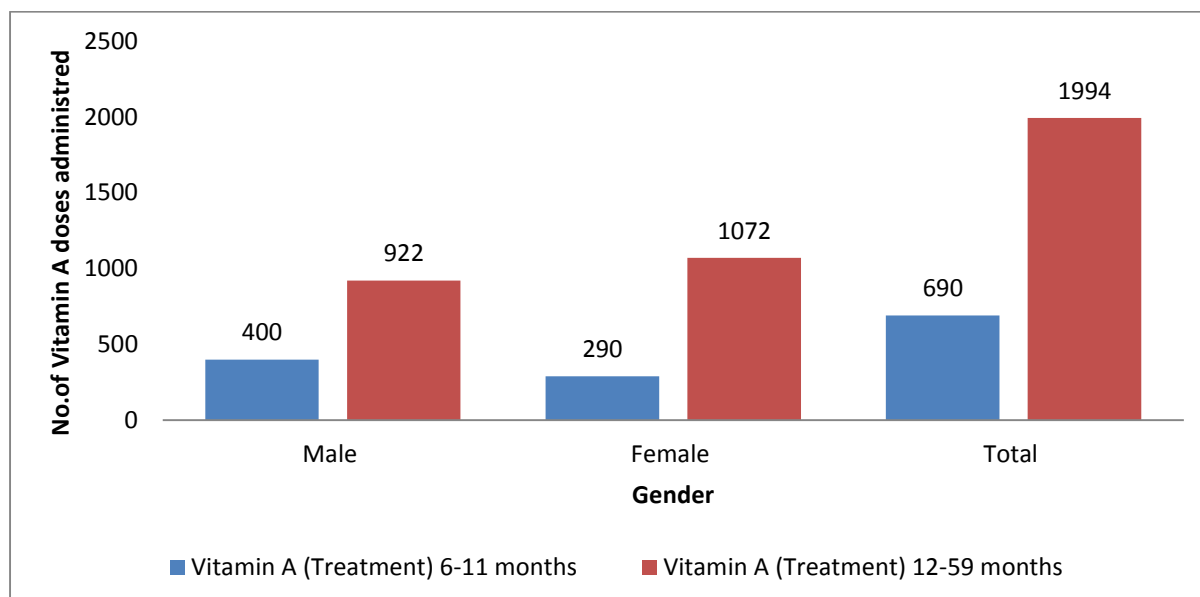
Source; HMIS 2016

Figure 75. Number of Doses of Post-Partum Vitamin A for Prevention administered by Region, The Gambia 2016



Source: HMIS, 2016

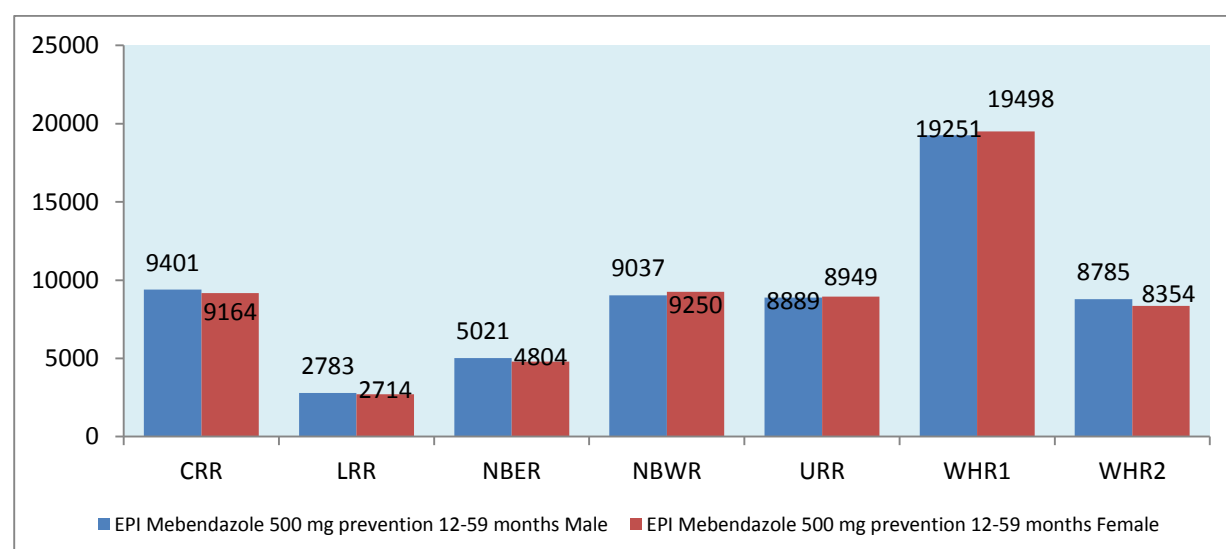
Figure 76. Number of doses of Vitamin A for Treatment administered, The Gambia 2016



Source: HMIS, 2016

### 25.3 Mebendazole Prevention

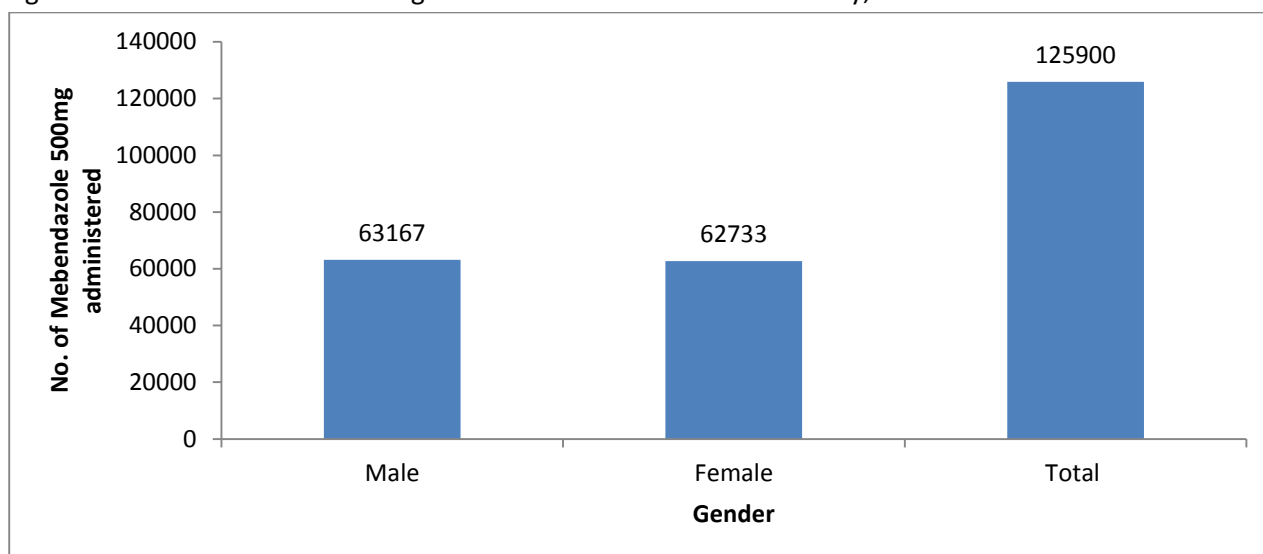
Figure 77. Number of Doses of Mebendazole administered to children 12-59 months of age by Region and Gender, The Gambia 2016



Source: HMIS, 2016



Figure 78. EPI Mebendazole 500 mg Prevention 12-59 months Nationally, The Gambia 2016



Source: HMIS, 2016

## 26.0 Gender Base Violence

Table 77. Number and percentage of gender based violence recorded by the health facilities , The Gambia 2016

Regions	Rape			Assault			Child Abuse			Grand Total (T1+T2+T3)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
CRR	0	4 (100.0)	<b>4 (4.8)</b>	36(46.2)	42 (53.8)	<b>78 (94.0)</b>	1 (100.0)	0	<b>1 (1.2)</b>	<b>83</b>
LRR	0	3 (100.0)	<b>3(4.7)</b>	30(49.2)	31 (50.8)	<b>61 (95.3)</b>	0	0	<b>0</b>	<b>64</b>
NBER	0	2 (100.0)	<b>2 (1.5)</b>	68 (51.9)	63 (48.1)	<b>131 (98.5)</b>	0	0	<b>0</b>	<b>133</b>
NBWR	0	2 (100.0)	<b>2(5.7)</b>	13(39.4)	20(60.6)	<b>33 (94.3)</b>	0	0	<b>0</b>	<b>35</b>
URR	0	2 (100.0)	<b>2 (3.1)</b>	29(46.0)	34(54.0)	<b>63 (96.9)</b>	0	0	<b>0</b>	<b>65</b>
WHR1	1 (4.8)	20 ( 95.2)	<b>21(2.2)</b>	534 (56.0)	419 (44.0)	<b>953 (97.8)</b>	0	0	<b>0</b>	<b>974</b>
WHR2	0	2 (100.0)	<b>2 (1.1)</b>	81(46.8)	92 (53.2)	<b>173 (96.1)</b>	0	5 (100.0)	<b>5 (2.8)</b>	<b>180</b>
<b>National</b>	<b>1 (2.8)</b>	<b>35 (97.1)</b>	<b>36 (2.3)</b>	<b>791(53.0)</b>	<b>701(47.0)</b>	<b>1492 (97.3)</b>	<b>1(16.7)</b>	<b>5(83.3)</b>	<b>6 (0.4)</b>	<b>1534</b>

Source: HMIS, 2016

## 27.0 Suspected Cases of Priority Diseases

**Table 78. Number of Suspected Cases of Priority Diseases recorded by Region and Gender, The Gambia, 2016**

Disease Condition	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2
Schistosomiasis	319	29	3	0	75	0	0
Measles	3	0	10	0	15	74	10
Meningitis	1	0	11	0	9	3	0
Acute flaccid paralysis (Polio)	3	0	0	0	2	0	0
Lymphatic filariasis	0	0	0	0	0	3	0
Hepatitis B	0	0	16	0	0	0	0
Yellow fever	0	0	0	0	0	0	1
Hepatitis A	0	0	1	0	0	0	0

Source: HMIS, 2016

## 28.0 Village Health Services

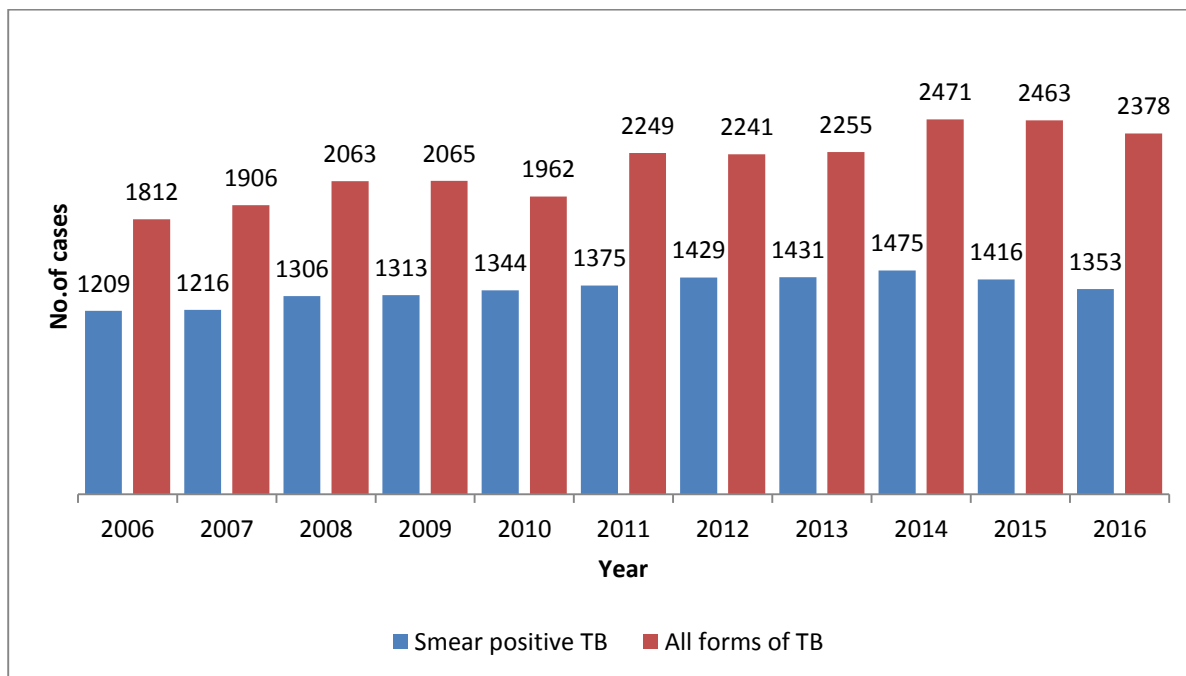
Table 79. Total Number of Patients seen by the Village health workers, The Gambia 2016

Region	Male	Female	Total
CRR	14609	13247	27856
LRR	1953	1700	3653
NBER	9680	9646	19326
NBWR	15242	14363	29605
URR	11162	11009	22171
WHR1	175	167	342
WHR2	672	727	1399
<b>National</b>	<b>53493</b>	<b>50859</b>	<b>104352</b>

Source: HMIS, 2016

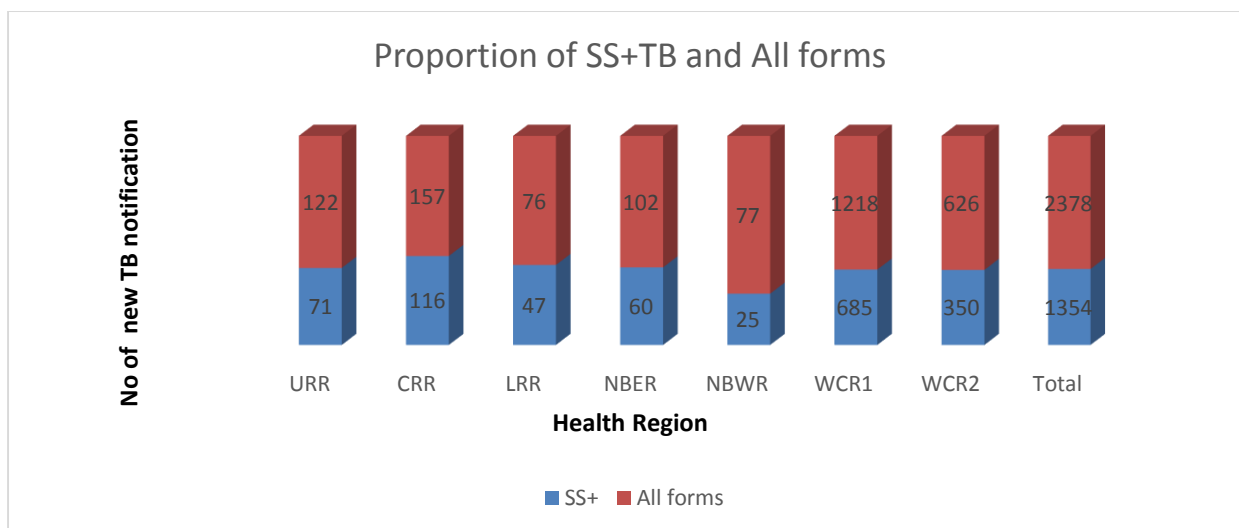
## 29.0 Tuberculosis

Figure 79. Number of TB Cases, The Gambia 2006-2016



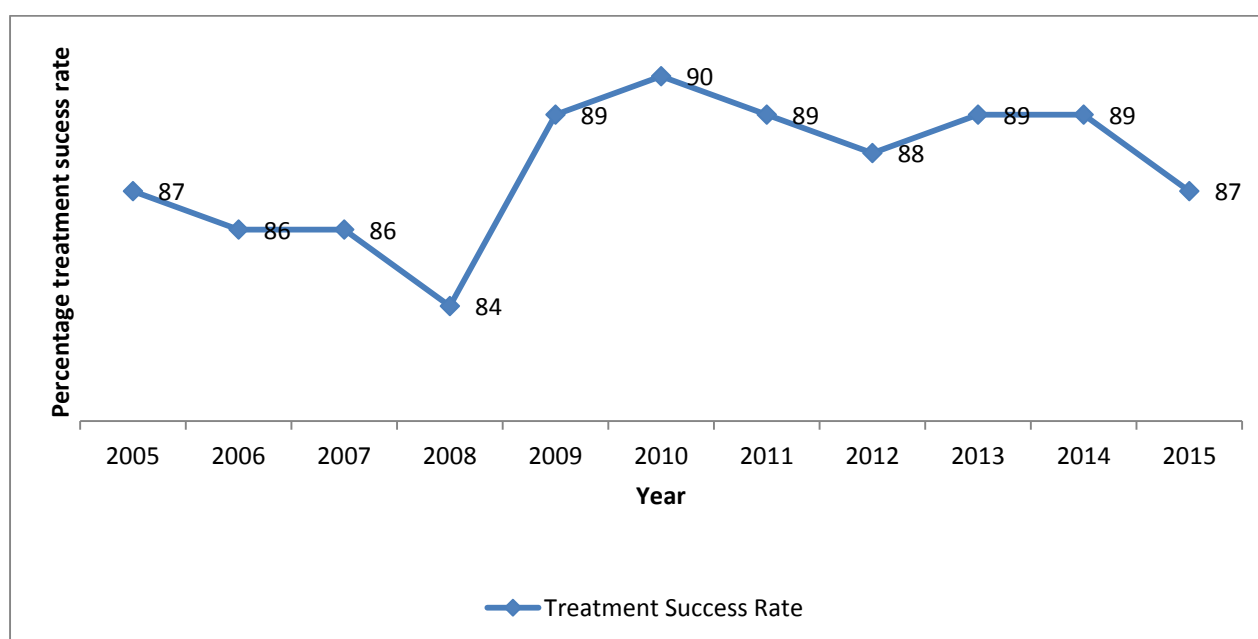
Source: NLTP, 2016

Figure 80. Total number of Notification of new TB Cases by region, The Gambia 2016.



Source: NLTP, 2016

Figure 81. Trend of TB Treatment Success rate, The Gambia 2005 to 2015



Source: NLTP, 2016

### 30.0 Drug Consumption

Table 80. Consumption of Essential Medicines by the Public Health and NGOs Facilities , The Gambia 2016

Name of Medicine	Q1	Q2	Q3	Q4	Total
Artemether-lummefantrine 20/120 mg (6 tabs)	6556	2455	22180	20,308	51499
Artemether-lummefantrine 20/120 mg (12 tabs)	3634	721	13142	20,171	37668
Artemether-lummefantrine 20/120 mg (18 tabs)	984	320	10008	12,360	23672
Artemether-lummefantrine 20/120 mg (24 tabs)	13455	4622	33489	57,884	109450
Rapid Diagnostic Test kits (RDT)	130547	103809	306261	302,287	842904
Quinine Sulphate 300mg tab	23260	20684	91704	50,528	186176
Quinine Sulphate 300mg /2ml(AMP)	4257	1875	5628	9,313	21073
Paracetamol 500 mg tabs	2513837	2689432	5337429	3,269,728	13810426
Paracetamol 100mg tab	722007	929807	2360423	1,151,462	5163699
Sulphadoxine+Pyrimethamine 500+25mg tab	68737	54514	213905	61,426	398582
Ferrous sulphate+Folic Acid 200mg tab	522625	1424914	3220547	1,317,675	6485761
Oral Rehydrated Salts (SHT)	22829	20415	37703	18,980	99927
Magnesium sulphate injection 50% Amp	8243	2662	2482	2,523	15910
Oxytocin 10IU/ML Amp	10626	11396	12954	12,901	47877
Cotrimoxazole 480mg tab	581612	614935	1216246	848,707	3261500
Amoxicillin 250mg cap	136906	281362	624585	582,689	1625542
Benzympenicillin Sodium 1mu (Vial)	245	12008	31997	21,512	65762
Mebendazole 500MG tab	68900	57099	162371	70,122	358492
Tetracycline Eye Oint 1% (TUBE) at facility	435	2069	1188	1,096	4788

Source: LMIS, 2016

Table 81. Consumption of ARV Medicines by public health facilities , The Gambia 2016

Name of Medicine	Q1	Q2	Q3	Q4	Total
Abacavir + Lamivudine + Zidovudine 300+150+300(Tab)	36490	7440	0	0	43930
Didanosine 250mg (Tab)	2160	270	0	360	2790
Efavirenz (EFV) 600mg (TAB)	17595	16586	4440	4790	43411
Lamivudine (3TC) 10mg/ml oral solution (BOTTLE)	46	23	31	0	100
Lamivudine +Zidovudine+Nevirapine 150+300+200(Tab)	522509	465726	262294	0	1250529
Lopinavir 200mg+Ritonavir 50mg (TAB)	141192	168012	98144	840	408188
Nevirapine (NVP) 200mg (TAB)	61173	7621	0	0	68794
Nevirapine (NVP) 50mg/5ml oral suspensio (BOTTLE)	43	128	60	91	322
Tenofovir (TDF) 300mg (TAB)	4320	944	0	570	583
TenofovirDisprovilFumarate 300mg + Lamivudine 300mg	21473	33944	9940	38114	103471
Zidovudine (AZT) 10mg/ml syrup (BOTTLE)	43	49	35	9	136
Zidovudine 300mg+ Lamivudine 150mg (Tab)	807044	700743	374944	44774	1927505

Source: LMIS, 2016

<sup>i</sup> WHO (2015)Global Reference of 100 core indicators