

THE REPUBLIC



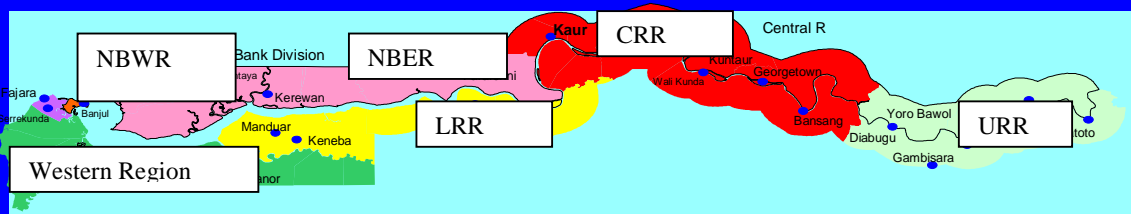
OF THE GAMBIA

REPUBLIC OF THE GAMBIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

DIRECTORATE OF PLANNING AND INFORMATION

HEALTH REGIONS OF THE REPUBLIC OF THE GAMBIA



NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM

SERVICE STATISTICS REPORT 2009

APRIL 2010

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1.0 Introduction

The National Health Management Information System (HMIS) unit is responsible for the management of Health Information System (HIS) in the Gambia. Since its establishment in 2000, the HMIS has been transforming to provide quality and reliable data for planning and decision making. In 2007, the data collection tools were integrated and harmonized and in October 2009, a new database called the District Health Information System version 2 (DHIS 2) was built with the support of the DHIS group at the University of Oslo, Norway. The data entry clerks at the RHTs were trained for five days on DHIS 2 prior to its implementation in January 2010.

The data published is collected from the public, private; NGO and community managed/owned health facilities from January to December 2009 by the primary data collectors. At the facility levels, registers are provided by the Ministry of Health to record all services that are being provided by the health workers. The following registers are used to collect data for the National Health Management Information System (OPD, inpatients, IWC, ANC, family planning, VCT, laboratory, daily consumption forms, etc.) At the end of the month, data is extracted from the registers by the health workers with the assistance of the data entry clerks to fill the monthly return which is sent to the regional health team for punching into the computer by the regional data entry clerks. At the regional level, the returns are expected to be recorded and verified by the RHT prior to punching by the data entry clerk. Both the hard and soft copies of the data is stored at the regional level as back ups.

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

2.0 Health Service Utilizations (Attendances)

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

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

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

Table 2.1 Projection of the 2009 and 2010 using the 2003 population census figures

Indicator	2009	2010
Total Population Projected	1, 673, 603	1, 731, 102
Total Male Population Projected	826, 787	855, 440
Total Female Population Projected	846, 816	875, 661
Percentage break down		
Percentage of children 0 – 4 years	3.02	2.95
Percent 5 – 14 years	18	17.87
Percent 15 – 49 years	24.89	25.11
Percent 15 –6 4 years	48.44	48.35
Percentage of population 65 years and over who are female	54.08	54.06
Percentage of Females age 15 – 49 years in the women population	49.61	49.48

Table 2.2 The number of Attendance at the Health Facilities by Region in 2009

The number of OPD Attendance at the Health Facilities by Region in 2009							
	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
Under 5 Years of Age	164925	21728	50901	19803	49221	56514	363092
5 to 14 Years of Age	150789	20961	17211	12617	27091	27823	256492
Over 14 Years of Age	276421	31835	61453	27660	54941	71683	523993
Total Outpatient Attendance	592135	74524	129565	60080	131253	156020	1143577
The number of Infant Welfare Clinic Attendance at the Health Facilities by Region in 2009							
	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
New Attendances Under 1 Year of Age	43640	4648	4569	3728	11303	11316	79204
All Other Attendances	425563	82274	84521	59091	139900	145626	936975
Total Infant Welfare Clinic Attendance	469203	86922	89090	62819	151203	156942	1016179
The number of Antenatal Clinic Attendance at the Health Facilities by Region in 2009							
	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
First Attendance 15 Years of Age or Under	2040	52	25	523	255	71	2966
First Attendance Over 15 Years of Age	35328	4687	5476	3887	11159	12006	72543
Total First Attendance	37368	4739	5501	4410	11414	12077	75509
All Other Attendances	96698	10831	9846	6422	24709	26915	175421
Total Antenatal Clinic Attendance	134066	15570	15347	10832	36123	38992	250930
Total Attendances by service type							
Service Type							
Total Outpatient Attendance	1143577						
Total Antenatal Clinic Attendance	250930						
Total Infant Welfare Clinic Attendance	1016179						
Total attendances	2410686						

Table 2.3 The Utilisation of Out Patient Department at public health facilities by region in 2009

	WR	NBWR	NBER	LRR	CRR	URR	NATIONAL
OPD Attendant	592135	74524	129565	60080	131253	156020	1143577
Projected Population	919271	107550	105032	88764	228410	224575	1673603
Percentage of OPD utilisation	64.41	69.29	123.36	67.69	57.46	69.47	68.33

Utilisation rate of public health centres Out Patient Department for 2009 is 68.33 %. CRR has the lowest utilization rate of 57.46% followed by WR with 64.41%. The low utilization rate in CRR may be associated with access to public health facilities as there are no health facilities in upper saloum and Niamina west districts. NBER has the highest utilization rate of 123.36% which can be associated with the establishment of more village OPD clinics to improve on access by the communities.

45.82% of the OPD Attendance were over 14 years of age, followed by less than or equal to five years of age with 31.75 % and 5 to 14 years of age with 22.43 %. Out Patient accounts for 47.4% of the total clinic attendance followed by Infant welfare with 42.2 % and Antenatal with 10.48 %.

3.0 Burden of diseases (Morbidity)

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

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

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

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

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

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

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

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

Population ageing is contributing to the rise in cancer and heart disease. The increasing proportion of older people in the global population is contributing to the increase of age-associated chronic diseases, particularly in developing countries. Care-givers, health systems

and societies need to be ready to cope with the growing needs of the elderly in every part of the world.

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

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

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

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

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

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

In sub-Saharan Africa, malaria and malnutrition remain major causes of morbidity and mortality of preschool children. Malnutrition is widely recognized to compromise immune function resulting in higher risk of infection. However, few studies have investigated the relationship between malaria, malnutrition and specific immunity. Malaria not only remains a leading cause of morbidity and mortality, but it also impedes socioeconomic development, particularly in sub-Saharan Africa. Rapid and unprecedented urbanization, going hand-in-hand with often declining economies, might have profound implications for the epidemiology and control of malaria, as the relative disease burden increases among urban dwellers

However, human immunodeficiency virus (HIV) and malaria are among the leading causes of morbidity during pregnancy Sub-Saharan Africa Research have shown that HIV impaired the ability of pregnant women to control malaria parasitemia. Results from an increasing number of studies suggest that non-communicable diseases will soon be the most important cause of morbidity and mortality in developing countries (Commission on Health Research for Development, 1990; Dodu, 1988; Feachem et al., 1992; Ghali, 1991; Manton, 1988; World Bank, 1993). The reasons for this are several, and include the changing demographic profile Health Management Information System, Service Statistics Report 2009

of Sub-Saharan Africa as well as changes in environmental, economic, and other sociocultural variables (Commission on Health Research for Development, 1990; Feachem and Jamison, 1991; Ghali, 1991; Manton, 1988). Issues such as increased access to health care, population aging patterns, and modifications in lifestyle patterns—especially in connection with established risk factors such as smoking—are also equally pertinent considerations in any discussions of these disease transitions.

The historic dominance of the communicable diseases and the emphasis to date on their treatment and control partially explain the lack of information and reliable data on the non-communicable diseases. Lack of interest and appropriately trained medical personnel, especially in epidemiology, and the absence of coherent policies concerning data collection, information management, and research in general, however, are more critical in explaining the present dearth of understanding concerning the large and important category of non-communicable and chronic diseases (Commission on Health Research for Development, 1990; Feachem and Jamison, 1991).

Cardiovascular diseases (CVD) are rapidly becoming a major cause of mortality and morbidity in Sub-Saharan Africa. Emerging problems, including coronary artery disease, stroke, breast cancer, cancers of the uterus, ovary, choriocarcinoma and their risk factors, such as smoking, hypertension, dyslipidemias, obesity, and diabetes, and continuing problems, including rheumatic heart disease and the cardiomyopathies and others

Table 3.1 Total number of inpatient admission and deaths reported by the health facilities from January to December 2009 Nationally

	No		No	CFR
Total Inpatient admissions	33302	Inpatients deaths	833	2.5%
Malaria	16127	Malaria	269	1.7%
Diarrhoea	1654	Diarrhoea	52	3.1%
Pneumonia	2564	Pneumonia	113	4.4%
Hypertension	1194	Hypertension	80	6.7%

2.5 % of the total number of admissions in 2009 ended in deaths. The Case Fatality Rate (CFR) of Hypertension was 6.7%, Pneumonia 4.4%, Diarrhoea 3.1 % and malaria 1.7%.

Malaria accounts for 48.4% of the total admissions and 32.1% of the total deaths, Pneumonia 7.7 % of admissions and 13.6% of deaths, diarrhea 5.0% of admissions and 6.2% of deaths and hypertension 3.6% of admission and 9.6% of deaths in 2009.

Table 3.2 Total number of Malaria cases reported by the health facilities from January to December 2009 Nationally

		Uncompli cated malaria < 5 years	Lab confir med malaria < 5 years	Severe malaria < 5 years	Uncompli cated malaria > 5 years	Lab confir med malaria > 5 years	Severe malaria > 5 years	Uncomplic ated malaria in pregnancy	Lab confirmed malaria in pregnanc y	Sever e malari a in pregn ancy
Wester n	RCH cases	41344	3327	0	6278	489	0	1020	344	0
	OPD cases	49559	5345	0	171198	20391	0	3390	1079	0
	Total cases	90903	8672	0	177476	20880	0	4410	1423	0
	Admission	0	422	2262	0	532	3016	0	91	285
	Deaths	0	0	39	0	6	56	0	0	1
NBW R	RCH cases	2563	280	0	516	66	0	59	79	0
	OPD cases	5992	1077	0	10202	2415	0	810	573	0
	Total cases	8555	1357	0	10718	2481	0	869	652	0
	Admission	0	142	669	0	138	349	0	9	34
	Deaths	0	0	3	0	0	4	0	1	0
NBER	RCH cases	606	57	0	1	24	0	18	0	0
	OPD cases	12118	433	0	17086	750	0	702	69	0
	Total cases	12724	490	0	17087	774	0	720	69	0
	Admission	0	53	592	0	118	603	0	14	63
	Deaths	0	0	13	0	0	27	0	0	0
LRR	RCH cases	810	3	0	37	0	0	125	42	0
	OPD cases	7391	144	0	10820	826	0	558	80	0
	Total cases	8201	147	0	10857	826	0	683	122	0
	Admission	0	35	240	0	54	211	0	3	14
	Deaths	0	2	7	0	0	5	0	0	0
CRR	RCH cases	6972	277	0	1763	142	0	119	5	0
	OPD cases	20605	2488	0	32175	2320	0	1249	277	0
	Total cases	27577	2765	0	33938	2462	0	1368	282	0
	Admission	0	243	731	0	204	871	0	37	87
	Deaths	0	3	15	0	1	26	0	3	3
URR	RCH cases	1109	80	0	530	176	0	215	53	0
	OPD cases	27855	1699	0	41407	4390	0	2207	578	0
	Total cases	28964	1779	0	41937	4566	0	2422	631	0
	Admission	0	211	1529	0	193	1801	0	39	232
	Deaths	0	12	17	0	1	22	0	0	2
Nation al	RCH cases	53404	4024	0	9125	897	0	1556	523	0
	OPD cases	123520	11186	0	282888	31092	0	8916	2656	0
	Total cases	176924	15210	0	292013	31989	0	10472	3179	0
	Admission	0	1106	6023	0	1239	6851	0	193	715
	Deaths	0	17	94	0	8	140	0	4	6

Malaria accounts for 41.92% of the total OPD attendant. 74.84% of the total cases of malaria were uncomplicated malaria, 5.14% were severe malaria and only 20.02% of the cases were laboratory confirmed. Most of the diagnosis are based on clinical manifestation. Recently the malaria policy has been changed and all cases need to be laboratory confirmed first before treatment starts.

Table 3.3 Total number of Other Diseases reported by the health facilities from January to December 2009 Nationally

		Pneumonia ≤ 5 years	Severe pneumonia ≤ 5 years	Pneumonia > 5 years	Severe pneumonia > 5 years	Diarrhoea with some dehyd. >5 years	Diarrhoea with severe dehyd. >5 years	Diarrhoea with blood (dysentery) >5 yrs	Skin disorders > 5 years
Western	RCH cases	3955	0	85	656	0	421	3925	812
	OPD cases	16150	0	739	4124	0	3032	20294	1783
	Total cases	20105	0	824	4780	0	3453	24219	2595
	Admission	128	686	121	0	195	0	105	438
	Deaths	5	27	2	0	7	0	0	12
NBWR	RCH cases	672	0	20	2	0	27	194	12
	OPD cases	2829	0	1039	431	0	554	2457	650
	Total cases	3501	0	1059	433	0	581	2651	662
	Admission	95	97	30	0	52	0	7	56
	Deaths	0	0	1	0	0	0	1	1
NBER	RCH cases	0	0	0	46	0	2	26	0
	OPD cases	4913	0	7	405	0	704	4466	37
	Total cases	4913	0	7	451	0	706	4492	37
	Admission	1	247	8	0	52	0	5	177
	Deaths	0	21	0	0	3	0	0	10
LRR	RCH cases	200	0	0	61	0	40	148	0
	OPD cases	2728	0	25	514	0	478	3041	193
	Total cases	2928	0	25	575	0	518	3189	193
	Admission	0	106	10	0	23	0	1	89
	Deaths	0	4	1	0	0	0	0	7
CRR	RCH cases	1318	0	632	810	0	356	474	1
	OPD cases	8559	0	526	615	0	1098	4689	9
	Total cases	9877	0	1158	1425	0	1454	5163	10
	Admission	20	337	89	0	47	0	42	211
	Deaths	1	28	6	0	1	0	0	8
URR	RCH cases	59	0	0	29	0	43	188	0
	OPD cases	4459	0	3	1330	0	1180	5006	169
	Total cases	4518	0	3	1359	0	1223	5194	169
	Admission	102	478	9	0	89	0	13	187
	Deaths	2	15	0	0	0	0	0	7
National	RCH cases	6204	0	737	1604	0	889	4955	825
	OPD cases	39638	0	2339	7419	0	7046	39953	2841
	Total cases	45842	0	3076	9023	0	7935	44908	3666
	Admission	346	1951	267	0	458	0	173	1158
	Deaths	8	95	10	0	11	0	1	45

Table 3.4 Total number of Other Diseases reported by the health facilities from January to December 2009 Nationally

		PIH / PRE ECLAMPSIA	ECLAMPSIA	ANAEMIA IN PREGNANCY	DIFFERENTIALLY ABLE IN	DIFFERENTIALLY ABLE ≤ 5 YEARS	HELMINTH INFESTATION > 5	NOMA (CANCROMORIS)
Western	RCH cases	683	135	2356	1045	940	328	0
	OPD cases	399	66	1419	3945	2272	503	69
	Total cases	1082	201	3775	4990	3212	831	69
	Admission	186	25	48	106	118	8	3
	Deaths	0	0	0	15	9	0	0
NBWR	RCH cases	211	133	184	10	7	15	1
	OPD cases	74	39	33	28	150	287	28
	Total cases	285	172	217	38	157	302	29
	Admission	7	1	0	0	0	0	0
	Deaths	1	1	0	0	0	0	0
NBER	RCH cases	40	0	202	0	4	15	0
	OPD cases	93	6	137	2	4	273	11
	Total cases	133	6	339	2	8	288	11
	Admission	50	30	86	0	0	0	0
	Deaths	0	0	1	0	0	0	0
LRR	RCH cases	50	12	83	1	0	13	0
	OPD cases	81	7	174	5	0	349	0
	Total cases	131	19	257	6	0	362	0
	Admission	15	2	32	0	0	0	0
	Deaths	0	0	0	0	0	0	0
CRR	RCH cases	247	50	366	4	298	78	0
	OPD cases	162	18	109	8	2	368	1
	Total cases	409	68	475	12	300	446	1
	Admission	71	21	50	0	0	4	0
	Deaths	1	2	0	0	0	0	0
URR	RCH cases	349	7	106	0	12	0	0
	OPD cases	252	52	222	0	6	261	5
	Total cases	601	59	328	0	18	261	5
	Admission	149	28	56	0	0	0	0
	Deaths	0	0	0	0	0	0	0
National	RCH cases	1580	337	3297	1060	1261	449	1
	OPD cases	1061	188	2094	3988	2434	2041	114
	Total cases	2641	525	5391	5048	3695	2490	115
	Admission	478	107	272	106	118	12	3
	Deaths	2	3	1	15	9	0	0

Table 3.5 Total number of Sexually Transmitted Infections reported by the health facilities from January to December 2009 Nationally

		Male urethral discharge	Female vaginal discharge	Male genital ulcer	Female genital ulcer	Lower abdominal pain in preg. Women	Lower abd. Pain in non preg. Women	New HIV cases
Western	RCH cases	47	840	11	73	586	491	225
	OPD cases	2081	6125	421	993	1931	1102	144
	Total cases	2128	6965	432	1066	2517	1593	369
	Admission	11	112	3	6	38	30	76
	Deaths	0	0	0	0	4	0	4
NBWR	RCH cases	11	112	0	0	145	169	8
	OPD cases	198	670	38	44	446	1039	21
	Total cases	209	782	38	44	591	1208	29
	Admission	4	9	0	0	12	22	0
	Deaths	0	19	0	0	13	18	0
NBER	RCH cases	0	65	1	4	110	6	0
	OPD cases	136	626	60	106	1108	250	10
	Total cases	136	691	61	110	1218	256	10
	Admission	0	18	2	2	16	2	3
	Deaths	0	1	0	0	1	0	0
LRR	RCH cases	0	86	0	0	258	0	33
	OPD cases	278	789	55	135	926	26	9
	Total cases	278	875	55	135	1184	26	42
	Admission	0	23	0	0	16	0	3
	Deaths	0	0	0	0	0	0	1
CRR	RCH cases	4	58	0	22	242	117	43
	OPD cases	558	1478	116	159	1193	256	35
	Total cases	562	1536	116	181	1435	373	78
	Admission	5	14	0	2	19	8	7
	Deaths	0	0	0	0	0	0	0
URR	RCH cases	2	42	1	16	143	12	6
	OPD cases	495	1751	180	247	2011	222	25
	Total cases	497	1793	181	263	2154	234	31
	Admission	2	16	0	1	25	19	4
	Deaths	0	0	0	0	0	1	0
National	RCH cases	64	1203	13	115	1484	795	315
	OPD cases	3746	11439	870	1684	7615	2895	244
	Total cases	3810	12642	883	1799	9099	3690	559
	Admission	22	192	5	11	126	81	93
	Deaths	0	20	0	0	18	19	5

Discharges account for 50.65% of the total STI cases followed by lower abdominal pain in pregnant women with 28.01%, lower abdominal pain in non pregnant women with 11.36% and ulcers with 8.26%,

Table 3.6 Total number of Integrated Management of New born and Childhood Illnesses reported by the health facilities from January to December 2009 in nationally

		Malnutrition	Severe malnutrition	Severe malnutrition with anaemia	Low weight with anaemia	Anaemia	Pneumonia	Severe pneumonia
Western	RCH cases	686	0	0	594	1735	12869	0
	OPD cases	520	0	0	356	1843	6976	0
	Total cases	1206	0	0	950	3578	19845	0
	Admission	0	63	61	0	197	0	1279
	Deaths	0	0	0	0	0	0	0
NBWR	RCH cases	207	0	0	35	98	812	0
	OPD cases	167	0	0	25	291	1477	0
	Total cases	374	0	0	60	389	2289	0
	Admission	0	14	5	0	143	0	52
	Deaths	0	0	0	0	0	0	0
NBER	RCH cases	19	0	0	53	34	292	0
	OPD cases	140	0	0	158	355	7435	0
	Total cases	159	0	0	211	389	7727	0
	Admission	0	88	28	0	97	0	526
	Deaths	0	9	1	0	5	0	28
LRR	RCH cases	0	7	7	1	0	0	11
	OPD cases	0	0	0	1	0	0	1
	Total cases	0	0	0	0	0	0	1
	Admission	0	5	5	4	0	0	1
	Deaths	0	3	3	0	0	0	0
CRR	RCH cases	353	0	0	30	292	3225	0
	OPD cases	276	0	0	24	392	7838	0
	Total cases	629	0	0	54	684	11063	0
	Admission	0	32	9	0	49	0	321
	Deaths	0	0	0	0	0	0	0
URR	RCH cases	6	0	0	6	10	153	0
	OPD cases	209	0	0	82	279	4842	0
	Total cases	215	0	0	88	289	4995	0
	Admission	0	37	74	0	95	0	954
	Deaths	0	0	0	0	0	0	0
National	RCH cases	1273	0	0	718	2169	17372	0
	OPD cases	1325	0	0	645	3194	28722	0
	Total cases	2598	0	0	1363	5363	46094	0
	Admission	0	237	177	0	581	7	3133
	Deaths	0	10	1	0	5	0	28

Table 3.7 Total number of Integrated Management of New born and Childhood Illnesses reported by the health facilities from January to December 2009 in nationally

		No pneumonia: cough or cold	Serious possible bacterial infection	Diarrhoea	persistent diarrhoea	Severe persistent diarrhoea	Diarrhoea with some dehydration	Diarrhoea with severe dehydration
Western	RCH cases	24178	1060	7521	1401	0	9645	0
	OPD cases	17442	1253	4068	576	0	3614	0
	Total cases	41620	2313	11589	1977	0	13259	0
	Admission	0	95	78	65	84	223	59
	Deaths	0	5	0	0	1	5	5
NBWR	RCH cases	2816	490	546	244	0	242	0
	OPD cases	5690	1020	1690	328	0	439	0
	Total cases	8506	1510	2236	572	0	681	0
	Admission	0	16	46	10	9	11	89
	Deaths	0	0	0	0	0	0	0
NBER	RCH cases	359	10	232	2	0	44	0
	OPD cases	7839	265	4446	559	0	847	0
	Total cases	8198	275	4678	561	0	891	0
	Admission	0	96	4	8	16	31	42
	Deaths	0	21	0	1	1	1	5
LRR	RCH cases	0	0	14	14	0	0	0
	OPD cases	0	0	1	1	0	0	0
	Total cases	0	0	1	1	0	0	0
	Admission	0	0	3	3	5	1	0
	Deaths	0	0	1	1	0	0	0
CRR	RCH cases	1919	274	398	177	0	1154	0
	OPD cases	4997	980	1115	315	0	1299	0
	Total cases	6916	1254	1513	492	0	2453	0
	Admission	0	119	19	27	28	45	59
	Deaths	0	4	0	0	3	2	1
URR	RCH cases	448	6	134	50	0	173	0
	OPD cases	8644	309	3544	175	0	1893	0
	Total cases	9092	315	3678	225	0	2066	0
	Admission	0	141	79	15	45	70	259
	Deaths	0	1	0	1	1	1	7
National	RCH cases	29763	1840	8862	1874	0	11262	0
	OPD cases	44907	3842	15124	1987	0	8129	0
	Total cases	74663	5682	23986	3861	0	19391	0
	Admission	0	469	228	126	182	383	508
	Deaths	0	31	1	2	6	9	18

Table 3.8 Total number of Integrated Management of New born and Childhood Illnesses reported by the health facilities from January to December 2009 in nationally

		Diarrhoea with blood (dysentery)	Acute ear infection	Chronic ear infection	Eye infection	Skin disorders	Acute ear infection	Chronic ear infection
Western	RCH cases	1541	1597	400	2425	21475	1541	1597
	OPD cases	1761	3872	1065	3089	13290	1761	3872
	Total cases	3302	5469	1465	5514	34765	3302	5469
	Admission	16	9	0	33	64	16	9
	Deaths	0	0	0	0	0	0	0
NBWR	RCH cases	279	169	172	176	2390	279	169
	OPD cases	398	353	454	459	4765	398	353
	Total cases	677	522	626	635	7155	677	522
	Admission	13	4	8	5	30	13	4
	Deaths	0	0	0	0	2	0	0
NBER	RCH cases	52	38	6	52	520	52	38
	OPD cases	885	1002	159	1126	8395	885	1002
	Total cases	937	1040	165	1178	8915	937	1040
	Admission	11	4	3	27	23	11	4
	Deaths	0	0	0	0	3	0	0
LRR	RCH cases	11	11	0	0	0	11	11
	OPD cases	1	1	0	0	0	1	1
	Total cases	0	0	0	0	0	0	0
	Admission	2	2	1	0	0	2	2
	Deaths	4	4	3	1	0	4	4
CRR	RCH cases	584	256	82	600	1760	584	256
	OPD cases	878	734	226	1920	5903	878	734
	Total cases	1462	990	308	2520	7663	1462	990
	Admission	20	0	1	4	13	20	0
	Deaths	0	0	0	0	0	0	0
URR	RCH cases	78	93	48	190	360	78	93
	OPD cases	833	958	324	1023	7963	833	958
	Total cases	911	1051	372	1213	8323	911	1051
	Admission	29	1	1	2	15	29	1
	Deaths	0	0	0	2	1	0	0
National	RCH cases	2536	2164	708	3449	26535	2536	2164
	OPD cases	4806	6948	2243	7648	40426	4806	6948
	Total cases	7342	9112	2951	11097	66961	7342	9112
	Admission	91	18	13	71	190	91	18
	Deaths	0	0	0	2	6	0	0

60.59 % of the IMNCI cases were seen at the Out Patients Department as compare to 39.41 % at the RCH clinics. Of the 6414 IMNCI cases hospitalized, 1.86 % died. Diarrhoea and pneumonia accounts for 19.46% and 16.43% of the total IMNCI cases respectively as compared to severe diarrhoea and severe pneumonia which accounts for 10.75% and 48.84% for the IMNCI admissions respectively.

Table 3.9 The number of Eye conditions reported by the health facilities from January to December 2009.

		Cataracts	Trachoma	Conjunctivitis	Ophthalmia neonatorum
Western Region	RCH cases	165	128	3624	143
	OPD cases	1249	307	10893	150
	Total cases	1414	435	14517	293
	Admission	126	6	1	2
	Deaths	0	0	0	0
NBWR	RCH cases	25	6	282	3
	OPD cases	334	26	1260	31
	Total cases	359	32	1542	34
	Admission	113	0	0	0
	Deaths	0	0	0	0
NBER	RCH cases	0	0	103	0
	OPD cases	151	54	2270	12
	Total cases	151	54	2373	12
	Admission	267	3	136	6
	Deaths	0	0	0	0
LRR	RCH cases	267	81	371	61
	OPD cases	568	27	1736	50
	Total cases	835	108	2107	111
	Admission	147	12	7	1
	Deaths	0	0	0	0
CRR	RCH cases	5	0	631	7
	OPD cases	664	178	3665	518
	Total cases	669	178	4296	525
	Admission	113	1	0	1
	Deaths	0	0	0	0
URR	RCH cases	29	11	236	9
	OPD cases	1126	585	2232	34
	Total cases	1155	596	2468	43
	Admission	179	54	4	0
	Deaths	0	0	0	0
National	RCH cases	491	226	5247	223
	OPD cases	4092	1177	22056	795
	Total cases	4583	1403	27303	1018
	Admission	945	76	148	10
	Deaths	0	0	0	0

Conjunctivitis accounts for 79.58 % of the total Eye conditions reported by the health facilities, followed by cataracts with 13.36%, trachoma with 4.09% and ophthalmic neonatorum with 2.97 %.

With admissions due to Eye conditions, Cataract constituted 80.15%, , conjunctivitis with 12.55%, trachoma with 6.45%% and ophthalmic neonatorum with 0.85%.

Table 3.10 Total number of Mental Disorder reported by the health facilities from January to December 2009 nationally

		Mania	Depression	Drug induced psychosis	Organic psychosis	Epilepsy	Schizophrenia
Western	RCH cases	0	15	0	1	63	0
	OPD cases	33	159	1071	318	2909	2142
	Total cases	33	174	1071	319	2972	2142
	Admission	1	5	0	3	31	2
	Deaths	0	0	0	0	1	0
NBWR	RCH cases	0	0	0	0	1	0
	OPD cases	4	12	4	21	657	26
	Total cases	4	12	4	21	658	26
	Admission	1	0	0	2	5	1
	Deaths	0	0	0	0	0	0
NBER	RCH cases	0	0	0	2	13	0
	OPD cases	3	11	2	14	1044	10
	Total cases	3	11	2	16	1057	10
	Admission	2	0	0	1	2	0
	Deaths	0	0	0	0	0	0
LRR	RCH cases	0	0	0	0	4	2
	OPD cases	14	18	5	17	538	21
	Total cases	14	18	5	17	542	23
	Admission	0	0	0	2	17	0
	Deaths	0	0	0	0	0	0
CRR	RCH cases	0	0	0	0	4	2
	OPD cases	2	17	1	22	894	43
	Total cases	2	19	1	22	943	43
	Admission	0	0	0	3	24	2
	Deaths	0	0	0	0	0	0
URR	RCH cases	0	0	0	0	6	0
	OPD cases	112	139	15	65	807	41
	Total cases	112	139	15	65	813	41
	Admission	11	2	0	2	19	2
	Deaths	0	0	0	0	0	0
National	RCH cases	0	17	0	3	136	2
	OPD cases	168	356	1098	457	6849	2283
	Total cases	168	373	1098	460	6985	2285
	Admission	15	7	0	13	98	7
	Deaths	0	0	0	0	1	0

61.44% of the total cases due to mental illness was Epilepsy, Schizophrenia 20.10 %, drug induced psychosis 9.66 % organic psychosis with 4.05 %, depression 3.28% and Mania 1.48 %

Table 3.11 Total number of Accidents reported by the health facilities from January to December 2009 nationally

		RTA	Injuries	Dog bites	Snake bites	Other bites	Fracture	Drowned
Western	RCH cases	69	454	10	7	24	5	49
	OPD cases	1927	8138	475	111	359	153	465
	Total cases	1996	8592	485	118	383	158	514
	Admission	81	73	2	27	7	2	14
	Deaths	4	1	0	0	0	0	0
NBWR	RCH cases	0	42	1	0	1	0	2
	OPD cases	94	2013	52	129	74	23	51
	Total cases	94	2055	53	129	75	23	53
	Admission	8	16	1	22	2	4	5
	Deaths	2	0	0	0	0	0	0
NBER	RCH cases	3	61	0	2	0	3	3
	OPD cases	208	2316	66	76	234	55	228
	Total cases	211	2377	66	78	234	58	231
	Admission	24	5	1	22	3	18	9
	Deaths	1	2	0	1	0	0	0
LRR	RCH cases	12	17	0	1	0	0	3
	OPD cases	277	1319	85	23	173	13	132
	Total cases	289	1336	85	24	173	13	135
	Admission	25	14	0	3	5	1	11
	Deaths	0	0	0	0	0	0	0
CRR	RCH cases	1	78	5	0	1	0	7
	OPD cases	190	1947	74	66	220	68	130
	Total cases	191	2025	79	66	221	68	137
	Admission	7	0	0	6	0	6	4
	Deaths	2	0	0	0	0	0	0
URR	RCH cases	1	13	0	0	5	0	3
	OPD cases	720	3391	127	35	386	56	145
	Total cases	721	3404	127	35	391	56	148
	Admission	25	10	1	11	2	0	16
	Deaths	0	0	0	0	0	0	0
National	RCH cases	86	665	16	10	31	8	67
	OPD cases	3416	19124	879	440	1446	368	1151
	Total cases	3502	19789	895	450	1477	376	1218
	Admission	170	118	5	91	19	31	59
	Deaths	9	3	0	1	0	0	0

Injuries account for 70.37 % of the total accidents and 20.49 % of admissions related to accidents. Snake bites represents 1.60 % of the total accidents and 15.80 % of accidents related admission while RTA constituted 12.45 % of the total accidents and 29.51 % of accidents related admission.

Table 3.12 Total number of Non Communicable Diseases reported by the health facilities from January to December 2009 Nationally

		HYPERTENSION (Male)	HYPERTENSION (Female)	DIABETES (Male)	DIABETES (Female)	RENAL FAILURE (Male)	RENAL FAILURE (Female)	CARDIAC DISORDER (Male)
Western	RCH cases	167	333	10	8	0	0	14
	OPD cases	9007	9496	488	641	17	47	316
	Total cases	9174	9829	498	649	17	47	330
	Admission	229	306	36	51	15	10	77
	Deaths	15	16	0	4	2	3	9
NBWR	RCH cases	79	26	0	0	0	0	0
	OPD cases	4305	1716	65	21	2	4	4
	Total cases	4384	1742	65	21	2	4	4
	Admission	33	25	2	12	1	0	2
	Deaths	0	0	0	0	1	0	0
NBER	RCH cases	26	43	0	0	0	1	0
	OPD cases	1554	3380	154	116	2	6	34
	Total cases	1580	3423	154	116	2	7	34
	Admission	39	86	16	10	1	4	17
	Deaths	4	5	1	3	0	1	1
LRR	RCH cases	6	18	0	0	0	0	0
	OPD cases	1335	3231	117	147	7	5	25
	Total cases	1341	3249	117	147	7	5	25
	Admission	42	44	4	2	1	4	27
	Deaths	8	5	0	0	0	0	1
CRR	RCH cases	68	83	0	0	0	0	0
	OPD cases	2470	3531	119	88	11	8	59
	Total cases	2538	3614	119	88	11	8	59
	Admission	67	61	10	15	3	2	3
	Deaths	8	6	0	1	0	1	1
URR	RCH cases	8	39	1	3	0	0	0
	OPD cases	1875	3753	97	78	12	7	62
	Total cases	1883	3792	98	81	12	7	62
	Admission	90	172	10	14	8	6	33
	Deaths	7	6	0	2	1	1	8
National	RCH cases	354	542	11	11	0	1	14
	OPD cases	20546	25107	1040	1091	51	77	500
	Total cases	20900	25649	1051	1102	51	78	514
	Admission	500	694	78	104	29	26	159
	Deaths	42	38	1	10	4	6	20

Table 3.13 Total number of Non Communicable Diseases reported by the health facilities from January to December 2009 Nationally

		CARDIAC DISORDE R (Female)	LIVER / HEPATIC DISORDER (Male)	LIVER / HEPATIC DISORDER (Female)	CANCER (Male)	CANCER (Female)	ASTHMA (Male)	ASTHMA (Female)
Western	RCH cases	0	0	1	0	2	53	54
	OPD cases	33	18	1	20	80	2432	2569
	Total cases	33	18	2	20	82	2485	2623
	Admission	41	5	3	1	8	64	102
	Deaths	14	3	0	1	1	1	0
NBWR	RCH cases	0	0	0	0	0	9	15
	OPD cases	19	0	9	49	20	168	555
	Total cases	19	0	9	49	20	177	570
	Admission	2	3	4	0	2	10	43
	Deaths	0	0	0	0	0	0	0
NBER	RCH cases	0	0	0	0	0	12	1
	OPD cases	38	6	6	4	0	421	402
	Total cases	38	6	6	4	0	433	403
	Admission	22	16	5	4	3	24	34
	Deaths	1	5	0	1	1	2	1
LRR	RCH cases	0	0	0	0	0	1	2
	OPD cases	20	4	4	1	4	331	282
	Total cases	20	4	4	1	4	332	284
	Admission	12	2	4	0	1	22	19
	Deaths	1	0	0	0	0	0	0
CRR	RCH cases	1	0	0	0	0	4	13
	OPD cases	54	13	10	5	18	390	348
	Total cases	55	13	10	5	18	394	361
	Admission	3	7	1	0	0	22	4
	Deaths	0	3	0	0	0	1	0
URR	RCH cases	0	0	0	0	1	1	16
	OPD cases	30	4	2	3	8	381	474
	Total cases	30	4	2	3	9	382	490
	Admission	21	3	2	2	4	46	42
	Deaths	1	0	0	0	0	6	2
National	RCH cases	1	0	1	0	3	80	101
	OPD cases	194	45	32	82	130	4123	4630
	Total cases	195	45	33	82	133	4203	4731
	Admission	101	36	19	7	18	188	244
	Deaths	17	11	0	2	2	10	3

With Non Communicable Diseases hypertension accounts for 35.56% and 43.64% in male and female respectively compared to Diabetes with 1.78% and 1.87% in male and female respectively. 22.69% and 31.50% of admission due to non communicable diseases was a result of hypertension in male and female respectively. 34.71% and 22.89% of admission due to hypertension in male and female died respectively.

Table 3.14 Total number of Oral Disorder reported by the health facilities from January to December 2009 nationally.

		Toothache	Oral thrust/ ulcer	Gingivitis	Dental abcess
Western Region	RCH cases	1327	638	44	186
	OPD cases	13565	1361	638	3332
	Total cases	14892	1999	682	3518
	Admission	0	5	0	1
	Deaths	0	0	0	0
NBWR	RCH cases	56	110	50	20
	OPD cases	1683	691	102	478
	Total cases	1739	801	152	498
	Admission	1	3	0	7
	Deaths	0	0	0	0
NBER	RCH cases	9	13	5	0
	OPD cases	2082	639	276	741
	Total cases	2091	652	281	741
	Admission	69	3	15	41
	Deaths	0	0	0	0
LRR	RCH cases	38	11	4	3
	OPD cases	1117	413	140	437
	Total cases	1155	424	144	440
	Admission	0	0	0	0
	Deaths	0	0	0	0
CRR	RCH cases	36	82	5	23
	OPD cases	1515	514	227	514
	Total cases	1551	596	232	537
	Admission	0	1	1	2
	Deaths	0	0	0	0
URR	RCH cases	50	3	0	7
	OPD cases	1020	434	92	338
	Total cases	1070	437	92	345
	Admission	16	19	2	6
	Deaths	0	0	0	0
National	RCH cases	1516	857	108	239
	OPD cases	20982	4052	1475	5840
	Total cases	22498	4909	1583	6079
	Admission	86	31	18	57
	Deaths	0	0	0	0

Toothache accounts for 64.15% of the total oral disorder cases, followed by Dental Abcess with 17.33%, Oral thrust / ulcer with 14.00% and Gingivitis with 4.51%.

4.0 Immunization Data For 2009

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

Table 4.1 Total number of Children Immunized with BCG and PENTA from January to December 2009 nationally

	BCG	PENTA 1	PENTA 2	PENTA 3
Western	33828	34992	33516	32264
NBWR	4449	4914	4821	4557
NBER	5155	5523	5417	5149
LRR	3972	4253	3984	3784
CRR	10388	10875	10419	10205
URR	11137	11718	11030	10651
National	68929	72275	69187	66610

Table 4.2 Total number of Children Immunized with Polio, Measles and Yellow Fever from January to December 2009 nationally

	POLIO 0	POLIO 1	POLIO 2	POLIO 3	MEASLES	Y/FEVER
Western	33564	32975	32961	32643	32534	32599
NBWR	4537	4784	4572	4363	4184	4188
NBER	5130	5452	5454	5143	5012	4968
LRR	3955	3977	3960	3764	3532	3531
CRR	10504	10608	10195	9954	9762	9791
URR	11030	11063	10780	10181	10192	10189
National	68720	68859	67922	66048	65216	65266

Table 4.3 Total number of Children Immunized with Hepatitis B and Pneumococcal from January to December 2009 nationally

	Hep B 1	Hep B 2	Hep B 3	Pneumo 1	Pneumo 2	Pneumo 3
Western	33607	9502	8581	35601	17956	7887
NBWR	4552	1386	1229	3955	2537	1142
NBER	5137	1778	1457	3855	1777	1071
LRR	3934	1210	1059	3531	1983	1029
CRR	10558	3079	2839	8776	4376	1744
URR	11155	3326	2877	9644	6009	2626
National	68943	20281	18042	65362	34638	15499

Table 4.4 Total number of Tetanus Toxoid administered to Ante natal women by the health facilities from January to December 2009 nationally.

	TT 1	TT 2 and plus
Western	10960	25715
NBWR	2122	5130
NBER	1292	4222
LRR	1364	2709
CRR	2814	7362
URR	2462	8440
National	21014	3578

Table 4.5 Total number of Vitamin A administered by the health facilities from January to December 2009 nationally.

		Vitamin A (prevention)	Vitamin A (treatment)
Western Region	6 - 11 months	26388	510
	12 - 60 months	44117	1246
	Breast feeding mothers	27286	136
NBWR	6 - 11 months	4233	23
	12 - 60 months	13258	166
	Breast feeding mothers	3892	61
NBER	6 - 11 months	4839	2
	12 - 60 months	8095	33
	Breast feeding mothers	3412	5
LRR	6 - 11 months	3789	8
	12 - 60 months	32662	42
	Breast feeding mothers	3636	16
CRR	6 - 11 months	6881	172
	12 - 60 months	13765	371
	Breast feeding mothers	6530	169
URR	6 - 11 months	8685	150
	12 - 60 months	16559	195
	Breast feeding mothers	9366	75
National	6 - 11 months	51026	865
	12 - 60 months	95794	2053
	Breast feeding mothers	50486	462

5.0 DELIVERIES

Table 5.1 Total number of Deliveries by the health facilities from January to December 2009.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Total Deliveries	18647	1813	2613	1226	2214	3929	30,442
Deliveries Attended by Midwife	12462	1473	618	913	1212	2618	19,296
Live Births < 2.5 Kg.	2440	140	388	218	493	506	4,185
Live Births > 2.5 Kg.	15021	1359	2081	959	1788	2896	24,104
Fresh Stillbirths	203	33	103	37	46	110	532
Macerated Stillbirths	192	14	93	24	20	703	1,046

79.18% of the total deliveries at the health facilities was Live birth more than 2500 grammes weight, 13.7 % was less than or equal to 2500 grammes, and 3.5 % Macerated Stillbirths.

CRR has the highest percentage of live birth more than 2500 grammes with 80.8%, followed by Western region with 80.6%, NBER with 79.6%, LRR with 78.2%, NBWR with 75.0% and URR with 73.7%.

6.0 Family planning services

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

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

Table 6.1 Total number of Family Planning Services by the Basic health facilities from January to December 2009.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Total women seen	7972	1722	1023	1023	3137	2182	17,059
Total men seen	2383	298	333	884	794	993	5,685
counselled only	2113	491	333	232	838	306	4,313
Neogynon	106	113	0	6	44	21	290
Microgynon	2230	181	178	148	685	334	3,756
Depo	3863	549	481	475	1034	686	7,088
Condom	2495	269	616	2060	1522	1090	8,052
Foam	33	103	17	89	69	10	321
IUCD	89	81	42	6	70	14	302
VSC	31	17	0	0	0	0	48
Total New Acceptors	2083	1105	1522	803	3178	2129	10,820

7.0 REFERRAL

Table 7.1 Total number of Referrals reported by the Basic health facilities from January to December 2009.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Severe Malaria < 5yrs	320	60	102	44	468	38	1,032
Severe Pneumonia < 5 years	146	39	207	147	143	134	816
Skin Disorders <5 Years	181	14	16	100	520	5	836
Severe Malnutrition + Anaemia <5	41	68	19	36	24	20	208
Low weight + Anaemia <5	36	23	14	12	26	9	120
Anaemia <5	114	25	47	27	19	41	273
Severe Malnutrition <5	27	53	33	58	17	19	207
Diarrhoea < 5	6	13	1	0	242	3	265
Severe Persistent diarrhoea <5	12	3	17	6	72	1	111
Diarrhoea with blood (Dysentery) <5	42	5	5	27	24	14	117
Anaemia > 5 years	146	5	58	51	493	77	830
severe Malaria > 5 yrs	255	207	36	34	17	51	600
Diarrhoea with blood (Dysentery) >5	35	2	11	44	303	0	395
Skin Disorders > 5 Years	20	8	18	69	208	5	328
Severe pneumonia > 5 years	43	28	22	47	27	7	174
Severe Malaria in Pregnancy	59	25	12	8	4	36	144
PIH/ Pre Eclampsia	148	34	51	40	24	28	325
Eclampsia	108	8	22	4	19	32	193
Anaemia in pregnancy	84	8	52	56	15	1	216
Differentially Able in under fives	6	12	2	0	227	14	261
Differentially Able in Over fives	11	5	0	6	11	19	52
Hypertension	196	323	51	1283	53	21	1,927
Diabetes	66	46	4	108	5	8	237
Renal Failure	15	1	3	6	8	4	37
Cardiac disorder	21	3	10	6	9	19	68
Liver/ Hepatic Disorder	8	6	0	9	4	4	31
Cardiac disorder	7	15	6	3	19	19	69
Cancer	11	7	2	5	7	6	38
Asthma	91	30	33	59	101	13	327
RTA	335	11	23	31	41	29	470
Other Injuries	201	15	56	104	42	17	435
Ingestion of harmful substances	7	2	8	3	7	4	31
Fracture	61	26	8	7	18	23	143
Drowned	5	2	0	0	8	1	16
Dog Bites	17	5	4	11	12	9	58
Snake Bites	21	8	18	8	16	5	76
Other Bites	8	3	1	5	36	6	59

8.0 PUBLIC HEALTH SERVICES

Table 8.1 Total number of Inspections by the health facilities from January to December 2009

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Food handling and service establishments	6316	361	151	239	480	583	8,130
Entertainment establishments	134	16	7	18	19	36	230
Residences	2987	72	189	45	230	207	3,730
Health and other Institutions	180	34	39	41	46	27	367
Hotels and boarding houses	56	19	8	1	18	7	109
Public conveniences	147	6	6	11	19	69	258
Building plans inspected	9	14	1	1	85	5	115
Others	95	20	7	24	199	27	372

Table 8.2 Total number of Meat Inspection by the Basic health facilities from January to December 2009.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Number of animals slaughtered	2881	285	130	3636	1733	657	9,322
Number of carcasses inspected	2444	285	127	3621	1668	408	8,553
Number of carcasses passed	2178	279	120	2769	1660	451	7,457

Table 8.3 Total number of Complaints by the Basic health facilities from January to December 2009

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Infestations	452	21	4	1	8	2	488
Animals	105	2	2	4	9	41	163
Solid refuse	718	19	8	21	27	85	878
Liquid refuse	2042	33	14	4	21	144	2,258
Food and/or water	231	25	12	14	32	78	392
Air pollution	23	2	0	0	1	0	26
Other	11	19	1	5	1	38	75

Table 8.4 Total number of Notices Served by the Basic health facilities from January to December 2009

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Served	1138	77	14	30	49	142	1,450
Complied with	919	62	13	30	42	112	1,178
Court cases	1	2	0	0	1	0	4
Number upheld	23	0	0	0	1	1	25

9.0 REGISTRATIO OF BIRTHS

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

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

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

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

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

Table 9.1 Total number of Birth Registration by the Basic health facilities from January to December 2009 nationally.

		Gambian parents			Non Gambian parents			Births out side Gambia		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Western	Early registration ≤1 year	3012	2769	5781	283	267	550	9	15	24
	Late registration 1 - 5 years	2996	2724	5720	185	191	376	12	15	27
	Late registration over 5 years	4595	3800	8395	98	158	256	8	8	16
NBWR	Early registration ≤1 year	578	525	1103	25	22	47	1	0	1
	Late registration 1 - 5 years	490	435	925	15	16	31	0	0	0
	Late registration over 5 years	1031	833	1864	11	13	24	1	0	1
NBER	Early registration ≤1 year	881	748	1629	8	10	18	0	0	0
	Late registration 1 - 5 years	487	443	930	11	12	23	0	1	1
	Late registration over 5 years	1015	895	1910	46	22	68	3	8	11
LRR	Early registration ≤1 year	571	505	1076	14	12	26	31	7	38
	Late registration 1 - 5 years	389	371	760	8	7	15	16	2	18
	Late registration over 5 years	520	376	896	15	12	27	16	0	16
CRR	Early registration ≤1 year	570	558	1128	8	3	11	0	0	0
	Late registration 1 - 5 years	476	472	948	5	3	8	0	0	0
	Late registration over 5 years	649	530	1179	6	3	9	0	0	0
URR	Early registration ≤1 year	1713	1459	3172	61	33	94	8	3	11
	Late registration 1 - 5 years	995	810	1805	50	52	102	10	5	15
	Late registration over 5 years	1766	1229	2995	27	20	47	9	10	19
National	Early registration ≤1 year	7325	6564	13889	399	347	746	49	25	74
	Late registration 1 - 5 years	5833	5255	11088	274	281	555	38	23	61
	Late registration over 5 years	9576	7663	17239	203	228	431	37	26	63

10.0 VILLAGE HEALTH SERVICES

The village health service is the lowest level of health care delivery system in the Gambia and consists of 546 villages that are clustered into 70 PHC key villages. Basic services are provided by the Village Health workers (VHW) and Traditional Birth Attendants (TBA). The VHW provides outpatient care, make home visits, provides essential drug supply and conduct health talks. The TBA conducts deliveries, identify and refer at risk mothers. The TBAs and VHWs are supervised by Community Health Nurses who in turn are supervised by the health facilities. The primary level refers all cases to the secondary level for further treatment and management. TBA's and VHW's are identified by the community and trained by the health authorities. They live and work in the community to help their people.

Table 10.1 Total number of Services provided by the Community Health Nurses Village Health Services from January to December 2009 nationally.

	Supervisory Visits	RCH Clinics Attended	At Risk Mothers Visited	At Risk Children Visited	Leprosy/TB Patients Receiving DOTS in Village	Community Meetings Attended
WR	2610	841	340	521	1352	389
NBWR	1402	450	189	271	251	70
NBER	645	288	535	183	183	175
LRR	1801	397	289	284	191	124
CRR	2720	649	201	473	136	224
URR	2691	686	402	729	328	247
National Total	11,869	3,311	1,956	2,461	2,441	1,229

Table 10.2 Total number of Services provided by the Village Health Workers from January to December 2009 nationally.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Patients Treated	29393	13058	12461	7135	24326	24443	110,816
Suspected Measles	10	0	1	2	10	4	27
Fast Breathing	1833	1008	1418	656	3312	3217	11,444
Diarrhoea	3425	1218	1495	786	3282	3660	13,866
Child Malaria	11184	3760	4017	3024	8324	6118	36,427
≤ 5 ISSUED WITH COARTEM	9840	2193	3689	3064	7500	2689	28,975
Pregnant Women with Malaria	823	889	117	128	176	720	2,853
Other Adults with Malaria	12040	6455	3882	2248	8026	6337	38,988
Clients given condoms	5203	2065	270	1940	3537	8499	21,514
Home Visits	6297	2747	3457	2119	3212	5244	23,076
≤ 5 REFERRALS TO HEALTH FACILITY	2071	970		377	2621	2432	8,471
> 5 REFERRALS TO HEALTH FACILITY	1748	757		243	1900	1865	6,513
DEATHS ≤ 5 YEARS OF AGE	99	99		25	90	183	496
DEATHS > 5 YEARS OF AGE	304	199		128	212	409	1,252

Table 10.3 Total number of Services provided by the Traditional Birth Attendant from January to December 2009 nationally.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Antenatal Women Visited	5744	2195	3465	2717	4662	7783	26,566
Live Births Attended	3793	1056	1359	1228	2382	4282	14,100
Other Live Births in Village	1143	218	664	593	651	1337	4,606
Stillbirths Attended	28	2140	14	10	61	419	2,672
Other Stillbirths in Village	18	16	28	39	35	99	235
Maternal Deaths	8	2	5	3	8	9	35
Infant Deaths	17	104	26	58	103	310	618
Postnatal Visits Made	20877	8860	12854	10121	17051	35800	105,563
Neonatal Conjunctivitis	123	59	3	6	70	159	420
Neonatal Tetanus	1	49	1	1	14	20	86
Motivations Given	1751	489	354	376	563	1395	4,928
Referrals for Family Planning	677	549	310	75	254	734	2,599
Clients Given Pills	839	344	170	91	1088	1072	3,604
Cycles of Pills Issued	2339	721	312	121	1300	1536	6,329
Referrals to Health Centre	921	360	708	197	589	1264	4,039

At the Village health services, 75.4% of the total live births were conducted by the traditional birth attendant while 24.6% by other relatives in the village. URR has the highest percentage of birth at the VHS conducted by TBA with 22.9%, western region 20.3%, CRR 12.7%, NBER 7.3%, LRR 6.6% and NBWR 5.6%

11.0 INTERMITTENT PREVENTIVE TREATMENT

Table 11.1 Total number of Pregnant Women who received Intermittent Preventive Treatment from January to December 2009 Nationally

	Western	NBWR	NBER	LRR	CRR	URR	National Total
1ST DOSE	27333	3775	5298	2818	10005	9857	59086
2ND DOSE	18224	2733	4021	1779	8047	7585	42389

78.3% of the total new ante natal mothers that registered in 2009 had received the first does of IPT as compared to 56.1% of mothers that received the second dose of IPT.

NBER has the highest percentage of new ante natal mothers registered who had second dose of IPT with 73.1%, CRR with 70.5%, URR with 62.8%, NBWR with 57.7%, western region with 48.8% and LRR with 40.3%

12.0 LONG LASTING INSECTICIDE TREATED NETS

Table 12.1 Total number of People who received Long Lasting Insecticide Treated Nets from January to December 2009 Nationally

	Western	NBWR	NBER	LRR	CRR	URR	National Total
ANTE NATAL MOTHERS	9002	3862	5427	2546	2699	1844	25380
LESS THAN OR EQUAL TO 5 YEARS OLD	18637	9315	9987	3868	3970	1511	47288
DIFFERENTIALLY ABLE	5	666	3550	342	201	0	4764
OTHERS	193	3164	1779	153	20	568	5877

13.0 CLINIC SCHEDULE

In the Gambia Reproductive and Child Health (RCH) services have been integrated and decentralized to provide access to the communities especially the under fives and pregnant mothers. During the course of the month, RCH teams across the country operates in 48 base clinic sites and treks to 232 RCH sites/ villages once or more to provide ante natal, post natal, infant welfare, immunizations, growth monitoring, treatment, screening, registration of births, and other services to the community.

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

Table 13.1 Total number of Clinic Scheduled from January to December 2009 Nationally

CLINICS SCHEDULED	Western	NBWR	NBER	LRR	CRR	URR	National Total
Total clinics scheduled	3373	1047	480	476	124 8	930	7554
Clinics held	3152	1026	480	418	123 1	895	7202
Clinics cancelled	221	21	0	58	17	35	352
Because of holiday	168	20	0	58	16	32	294
Because of vehicle unavailability	47	1	0	0	0	2	50
Because of fuel unavailability	0	0	0	8	1	1	10
Because of human resource	6	0	0	0	0	0	6

In 2009, 7554 RCH clinics were scheduled across the country. Out of this 95.34% of the total clinic scheduled was held as compared to 4.65 % cancellation nationally.

NBER had the highest percentage of RCH clinic held with 100%, followed by CRR with 98.6%, NBWR with 98.0%, URR with 96.2%, western region with 93.4% and LRR with 87.8%.

83.5% of the total clinic cancellation was due to public holidays, 14.2% due to vehicle unavailability, 0.6% due to fuel unavailability and 1.7% due to human resource unavailability..

14.0 Tuberculosis and LEPROSY

Table 14.1 Total number of TB case notification all forms from January to December 2009 nationally

	Smear positive	Smear negative	Extra pulmonary	Relapses	Failure	Return after default
WR	916	851	109	11	8	6
NBWR	22	7	0	0	0	1
NBER	80	51	2	4	2	4
LRR	32	77	1	1	0	0
CRR	40	28	3	0	0	0
URR	66	126	1	0	0	0
TOTAL	1156	1140	116	16	10	11

Table 14.2 Out come of TB treatment from January to December 2009 nationally

	Cured	Complete treatment	Died	Failure	Default	Transferred
WR	697	157	94	9	7	36
NBWR	17	12	1	0	0	3
NBER	18	10	6	1	2	4
LRR	23	6	2	1	0	1
CRR	22	4	3	0	0	2
URR	44	20	6	1	0	2
TOTAL	821	209	112	12	9	48

Table 14.3 Total number of Leprosy PM cases reported from January to December 2009 nationally

	New	Relapses	Transfer in	Re start	Treatment completed	Died	Transferred out	Treatment not completed
WR								
NBWR	4	0	0	0	3	0	1	2
NBER	0	0	1	0	0	0	0	0
LRR	0	0	0	0	0	0	0	0
CRR	1	0	0	0	0	0	0	0
URR	0	0	0	0	0	0	0	0
TOTAL	2	0	0	0	1	0	0	0

Table 14.4 Total number of Leprosy MB cases reported from January to December 2009 nationally

	New	Relapses	Transfer in	Re start	Treatment completed	Died	Transferred out	Treatment not completed
WR	24	0	0	0	8	0	1	21
NBWR	0	0	1	0	0	0	0	0
NBER	0	0	0	0	0	0	0	0
LRR	1	0	0	0	0	0	0	0
CRR	0	0	0	0	0	0	0	1
URR	2	0	0	0	1	0	0	0
TOTAL	27	0	1	0	9	0	1	22

15. 0 Completeness of returns

Table 15.1 completion rate of monthly returns submitted by health facilities from January to December 2009 nationally

Region	No of Health facilities reporting	No of returns expected per health facility	Expected no of returns during the year	no of returns not received	Actual no of returns received during the year	Per cent of completion Rate
URR	14	12	168	0	168	100
CRR	14	12	168	5	158	96.93252
LRR	9	12	108	0	108	100
NBER	13	12	156	0	156	100
NBWR	9	12	108	1	107	99.07407
WESTERN	41	12	492	35	457	92.88618
Total	100		1200	41	1154	96.16667

16.0 Socio Demographic and Economic Indicators

16.1 Socio Demographic Indicators

NO	INDICATOR	Value
1	Infant Mortality Rate	75/1000 Live Births (census 2003)
2	Under Five Mortality Rate	99/ 1000 Live Births (Census 2003)
3	Maternal Mortality Rate	730/100000 Live Births (MMS 2001)
4	Crude Death Rate	9 per 1000 (Census 2003)
5	Life Expectancy at Birth	64 years (Census 2003)
6	Total Fertility Rate	5.35 births per women (Census 2003)
7	Population Density	127 person /Sq.KM (Census 2003)
8	Annual Population Growth Rate	2.77% (Census 2003)
9	Crude Birth Rate	46 per 1000 population (Census 2003)
10	Total Projected Population – 2009	1, 673, 603 (Census, 2003)
11	Total Projected Male Population – 2009	826, 787 (Census, 2003)
12	Total Projected Female Population – 2009	846, 816 (Census, 2003)
13	Percentage of Females age 15 – 49 years in the women population	49.61 (Census, 2003 projected)
14	Number of women 15 – 49 years – 2009	420, 106 (census, 2003 projected)
15	Proportion of 1 year old Children immunized against BCG	94 % (EPI Data 2009)
16	Proportion of 1 year old Children immunized against PENTA 3	98 % (EPI Data 2009)
17	Proportion of 1 year old Children immunized against Pneumococcal	NA
18	Proportion of 1 year old Children immunized against Polio 3	97 % (EPI Data 2009)
19	Proportion of 1 year old Children fully immunized against Measles	96 % (EPI Data 2009)
20	Proportion of 1 year old Children fully immunized against Yellow Fever	96 % (EPI Data 2009)
21	Utilisation rate of Public health Facilities OPD only	68.33 % . (HMIS Data 2009)
22	Percentage of RCH clinics cancelled in 2009	4.65 % (HMIS Data 2009)
23	Number of new ANC registration in 2009	75,509 (HMIS Data 2009)
28	Percentage of women 15 – 49 years that were pregnant	17.97 % (HMIS Data 2008)
29	Percentage of ANC first attendance under 15 years of age	3.93 % (HMIS Data 2009)
30	Percentage of Pregnant mothers that received the second dose of IPT	56.1% (HMIS Data 2009)
31	Contraceptive Prevalence Rate	17.5 % (MMS 2001)
32	Anaemia in Pregnant women	2.15 % (HMIS Data 2009)
33	Anaemia in under fives	0.55 % (HMIS Data 2009)
34	Percentage of OPD due to malaria	41.92% (HMIS Data 2009)
35	Prevalent of Malaria	32.46 % (HMIS Data 2009)
36	Percentage of Referrals due to severe malaria	14. % (HMIS Data 2009)
37	TB Notification Rate	88/100000 (LTBP Data, 2007)
38	Proportion of smear positive cases in all notified cases 2007	64 % (LTBP Data, 2007)
39	HIV Prevalence Rate	1.40 % (NSS Data 2008)

16.2 Indicators measuring health system performance

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

Source: HMIS Data 2010

16.3 Indicators measuring health system performance

	Health Facilities	value
1	Number of Public Health Facilities at Tertiary level	6 (HMIS Data 2010)
2	Number of Public Health Facilities at Secondary level	43 (HMIS Data 2010)
3	Number of Primary Health Care (PHC) Villages	546 (HMIS Data 2010)
4	Number of PHC key Villages	70 (HMIS Data 2010)
6	Number of Village OPD Clinics	23 (HMIS Data 2010)
7	Number of Community Owned / Managed Clinics	18 (HMIS Data 2010)
8	Number of NGO Health Facilities and Clinics	22 (HMIS Data 2010)
9	Number of Private health facilities	19 (HMIS Data 2010)
10	RCH Clinic sites	280 (HMIS Data 2010)

Source: HMIS Data 2010