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Significant improvement in Data quality during quarter1, 2016

In recent years the production of quality data has featured prominently in international and regional forum. The production of reliable, consistent and accurate data is critical for measuring the performance of health systems. The evaluation of public health information systems in third world countries have revealed incompleteness and untimeliness of reporting as one of the major problems. Access

Confirmed uncomplicated Malaria Cases

In Quarter 1 (Q1) 2016, the number of patients diagnosed with confirmed uncomplicated malaria was nineteen thousand,

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to quality data is important for the improvement and increased efficiency in health care.

Data audit exercise at Bansang hospital



four hundred and twenty five. 68.2% of the confirmed uncomplicated malaria cases were diagnosed with RDT, male representing 35.7% and female 32%. 52.3% of pregnant

Introduction

This edition of the HMIS bulletin covers the first three months of 2016. The health data is generated from health facilities throughout the country i.e. monthly returns from public, NGO as well as private health facilities and PHC Villages.

In The Gambia, routine health data is collected from the service delivery points using registers. At the end of each month, health workers and data entry clerks in the health facilities collates the data into the monthly health facility returns which are submitted to the regional health directorates. The monthly summaries are later inputted into the DHIS 2 database by the data manager at the regional level.

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women with uncomplicated malaria were confirmed using RDT. 31.8% of all uncomplicated malaria were laboratory confirmed.

Table 1: Number (Percentage) of Uncomplicated Malaria Cases Reported in Q1, 2016

	Uncomplicated Lab Confirmed		Uncomplicated RDT Confirmed	
	Male	Female	Male	Female
<5years (n=3405)	843(52.3)	770(47.7)	952(53.1)	840(46.9)
≥5 years(n=15756)	2084(47)	2352(53)	5987(52.9)	5333(47.1)
Pregnant Women (n=264)	-	126(47.7)	-	138(52.3)
Total Confirmed (n=19425)	2927(n=15.7)	3248(n=16.7)	6939(n=35.7)	6311(n=32.5)

Source: HMIS, 2016

Outpatient Service

From January to March 2016, three hundred and twenty-eight thousand, and six-five OPD visits was registered. See table 2 below. Most of the OPD visits

Region	< 5	5-14 years	>14 years
CRR (n=52,904)	19714(37.3)	8445(16.0)	24745(46.8)
LRR (n=18556)	5486(29.6)	3413(18.39)	9657(52.0)
NBER n=21577)	7239(33.5)	3539(16.4)	10799(50.1)
NBWR(n=15930)	4806(30.2)	2289(14.4)	8835(55.4)
URR (n=46762)	17106(36.6)	8118(17.4)	21538(46.)
WHR1(n=103789)	24627(23.7)	21848(21.1)	57314(55.2)
WHR2 (n=68547)	19309(28.2)	14554(21.2)	34684(50.6)
National(n=328065)	98287(30.)	62,206(19.)	167572(51.0)

were people aged 14 years and above 51%. Children five years to fourteen years accounted for 19% and children Under-five 30%. In terms of regional variation however, in CRR 37% of all OPD visits were children under five, followed by URR 36.6% respectively.

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Methodology

The data audit exercise was conducted in CRR, LRR, NBER, NBWR, WHR1, WHR2 and URR from the 11 to 20 April 2016 and covered the period January to March 2016. The audit exercise was under taken by the HMIS team. Two different data checklist were developed by the team for the exercise. The first checklist collects information on the list

Confirmed Severe Malaria Cases

Eight hundred and ninety-one cases of confirmed severe malaria was reported. Out of which two hundred and nine were children under five years

of the health facilities and PHC village reporting from January to March 2016. The second was used to extract selected indicators on child health, general population, maternal

health and deaths from the monthly returns sent to the RHT by the health facilities and compared with what has been inputted into the DHS 2 data base by the data manager at the RHT.

Findings

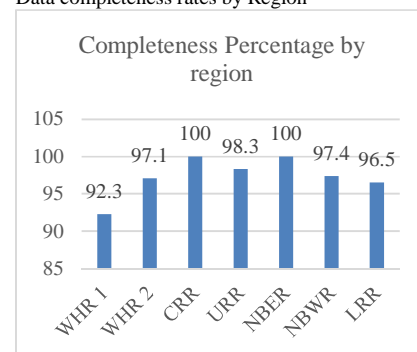
In Western region 1, seventy eight monthly health facility returns were expected from the health facilities. However, seventy two returns were received representing 92.3 % completeness. In Western region 2, one hundred and two monthly health facility returns were expected from the health facilities. Ninety nine returns were actually received representing 97.1 % completeness. In URR fifty seven monthly health facility returns were expected and fifty six returns were actually received representing 98.3% completeness. In CRR seventy two monthly health facility

of age, two hundred and one patients were five years and above. 63.7% of severe malaria in five years and above were lab confirmed cases.

returns were expected from the health facilities.

Seventy two returns were actually received by the regional health directorate representing 100 % completeness. In NBWR thirty nine monthly health facility returns were expected from the health facilities. However, thirty eight returns were actually received by the regional health directorate representing 97.4 % completeness. In NBER thirty nine monthly health facility returns were expected from the health facilities. Thirty nine returns were actually received by the regional health directorate representing 100 % completeness. In LRR fifty seven monthly health facility returns were expected from the health facilities. Fifty five returns were actually received by the regional health directorate representing 96.5 % completeness.

Data completeness rates by Region



Seventy-one cases of severe malaria in pregnancy were reported.

Ante Natal Care Services

From January to March 2016, twenty-eight thousand, six hundred and seventy-two women visited the Antenatal Care Services. 85% of the ANC visits were pregnant women aged twenty years and above whilst pregnant women aged under twenty years constituted 15%. In terms of regional variation, WHR2 registered more pregnant

women (65%) aged twenty years and above followed by LRR (55.6%); NBER (52.6%); WHR 1 and URR (44.9) each respectively, Whilst CRR (37.9%) and NBWR (27.1%). 12.3% of pregnant women registered in the first trimester of pregnancy. In URR 23% registered ante natal women were First Trimester booking. Nationally 24.5% of registered

pregnant women completed three other scheduled visits. CRR has the highest percentage 31.5% of pregnant women who completed three other ANC visit followed by WHR1 30.5%. Two thousand nine hundred and seventy-two women completed three postnatal visits.

Table 3: Number (percentage) of New ANC visits by pregnant women during Q1, 2016

Region	First Attendance <20 years	First Attendance ≥ 20 years	ANC first Trimester visit
CRR (n=2492)	465(18.7)	2027(81.3)	752(30.2)
LRR (n=712)	133(18.7)	579(81.3)	93(13.1)
NBER (n=928)	115(12.4)	813(87.6)	32(3.4)
NBWR (n=985)	200(20.3)	785(79.7)	329(33.4)
URR (n=2357)	335(14.2)	2022(85.8)	1042(44.2)
WHR1 (n=5271)	747 (14.2)	4524(85.8)	981(18.6)
WHR2 (n=2395)	273(11.4)	2122(88.6)	298(12.4)
National (N=15140)	2268(15.0)	12872(85.0)	3527(23.3)

Source: HMIS 2016

RCH Clinics

The total clinic scheduled from January to March 2016 was one thousand seven hundred and thirty-three. Majority of the clinics were successfully held (n=1718) representing 99.1%. Nationally 15 clinic sessions were cancelled.

Table 5: Number (percentage) of RCH Clinic Held; Q1 2016

	Clinic Scheduled	Clinic Held	Clinic Cancelled	Percentage held
CRR	286	286	0	100
LRR	148	148	0	100
NBER	137	137	0	100
NBWR	172	172	0	100
URR	287	283	4	98.6
WHR1	468	461	7	98.5
WHR2	235	231	4	98.3
National	1733	1718	15	99.1

was twelve thousand and

Intermittent Preventive Therapy

For Malaria prevention in pregnancy, IPT through the DOT strategy continue to flourish in public, private, NGO as well as community health facilities in the Gambia. Table 4 shows the number (percentage) of women who received IPT from January to March 2016. A total of Twenty-four thousand, nine hundred and twelve pregnant women received IPT. Of which 52% received IPT1 and 48% received IPT2.

Table 4: Number (percentage) of women who received IPT

during Q1 2016	IPT1	IPT2
CRR (n= 3787)	2059(54.4)	1728(45.6)
LRR(n=1184)	645(54.5)	539(45.5)
NBER (n=1779)	908(51.0)	871(49.0)
NBWR (n=1747)	831(47.6)	916(52.4)*
URR (n=3392)	1796(52.9)	1596(47.1)
WHR1 (n=8618)	4564(53.0)	4054(47.0)
WHR2 (n=4405)	2163(49.1)	2242(50.9)*
National (n= 24912)	12,966(52.0)	11946(48.0)

*IPT 2 is more than IPT1

Deliveries at the health facilities

The total number of deliveries conducted at health facilities

was twenty-seven. Most of the women (94.4%) had normal delivery, followed by Caesarian Section (2.9%), Breech (1.6%) and vacuum delivery (0.7%). Other unspecified types of

delivery consist of 0.5% nationally. WHR1 registered

the highest (n=4694) number of institutional deliveries, followed

(5.8%) of women performed Caesarean Sections from the total delivery (n=809) in that region.

Table 6 : Number (percentage) of Delivery types Registered at Facility in Q1; 2016

	Normal Deliveries	Breech	Vacuum Delivery	C/S	Other Delivery
CRR (n=1424)	1305(91.6)	35(2.5)	18(1.3)	37(2.6)	29(2.0)
LRR (n=521)	503(96.5)	9(1.7)	3(0.6)	1(0.2)	5(1.0)
NBER (n=809)	741(91.6)	13(1.6)	1(0.1)	47(5.8)	7(0.9)
NBWR (n=871)	847(97.2)	19(2.2)	4(0.5)	0	1(0.1)
URR (1262)	1213(96.1)	21(1.7)	10(1.0)	16(1.3)	2(0.2)
WHR1 (n=4694)	4406(93.9)	81(1.7)	29(0.6)	172(3.7)	6(0.1)
WHR2 (n=2511)	2341(93.2)	61(2.4)	24(1.0)	74(2.9)	11(0.4)
NATIONAL (n=12027)	11356(94.4)	194(1.6)	89(0.7)	347(2.9)	61(0.5)

For delivery outcome, eleven thousand eight hundred and seventy-three had live birth. 86.8% of the live birth delivery outcome were >2.5kg. LRR has the highest percentage (92.8%) of live birth >2.5kg; followed by CRR (88.7%); and WHR2 (86.3%). For live birth <2.5 kg, NBER has the highest (22.8%) percentage followed by URR 16.4% and NBWR (14.8%).

by WHR2 (n=2511); and CRR (n=1424). In NBER forty eight **Fresh Still Births**

Table 7 : Number (percentage) of Live Birth Deliveries Reported in Q1; 2016

REGION	Live birth < 2.5 kg	Live birth >2.5 kg
CRR (n=1411)	159(11.3)	1252(88.7)
LRR (n=479)	34(7.1)	445(92.8)
NBER (n=742)	169(22.8)	573(77.2)
NBWR (n=896)	133(14.8)	763(85.2)
URR (n=1217)	200(16.4)	1017(83.6)
WHR1 (n=4713)	544(11.5)	4169(88.5)
WHR2 (n=2415)	331(13.7)	2084(86.3)
National (n=11873)	1570(13.2)	10303(86.8)

From January to March 2016, two hundred and nine cases of fresh still birth were reported nationally. Majority of the cases reported were Fresh Still Birth ≥ 2.5 kg. In LRR all the Fresh still birth (n=3) cases were less than 2.5 kg.

Macerated Still Birth
Nationally from January to March 2016, two hundred and twenty-Five cases of macerated still birth cases were reported and majority of them (62%) were less than 2.5 kg. LRR has the highest (80%) cases of Macerated still birth followed by CRR (77.4%); NBER (68.8%); WHR2 (68.4).

The total number of maternal deaths recorded during the period was 14 deaths. Six maternal deaths were recorded in CRR, followed by NBWR with 4, LRR 2 and 1 in NBER and WHR1 respectively. Twenty three cases of infant deaths were recorded whereas 83 neonatal deaths occurred in the health facilities.

IMNCI Cases

For childhood disease conditions reported in Q1, 2016, Diarrhoea accounts for 56%, pneumonia 30.2%, and anaemia 13.2%. Neonatal syphilis under-fives was 0.2%. Five thousand, six hundred and twenty-two cases of diarrhoea were reported in WHR1 accounting for 64% of all the causes of IMNCI. URR is the second most prevalence region for IMNCI diarrheal disease

Maternal, Infant and Child Death at Health Facility
cases seen representing 58.8% of the total four disease conditions seen at OPD. Pneumonia cases was highest in NBWR accounting for 51% of the four IMNCI disease condition reported in that region. LRR was the second region where pneumonia account for most of the IMNCI OPD visits, followed by NBER 41.1 and URR 34.5 of the four causes of INMCI OPD visit respectively. Five thousand, four hundred and two anaemia cases were reported in Q1. Neonatal syphilis under five disease condition was mainly seen in WHR2 (N=46) and NBER (N=32) accounting for 0.5% and 1.0 % respectively for the total IMNCI major disease burden in those region.

IMNCI Admissions

One thousand, four hundred and sixteen cases of IMNCI severe disease conditions was reported.

Table 8 : Number (percentage) Maternal, infant and Neonatal Death at Facility Reported in Q1; 2016

REGION	Maternal Deaths at Facility	Infant Deaths at Facility	Neonatal Deaths At Facility
CRR(n=27)	6 (22.2)	5(18.5)	16(59.3)
LRR(n=6)	2(33.3)	0	4(66.7)
NBER(n=18)	1(5.6)	3(16.7)	14(77.8)
NBWR(n=6)	4(66.7)	1(16.7)	1(16.7)
URR(n=0)	0	0	0
WHR1(n=95)	1(1.1)	13(13.8)	81(85.3)
WHR2(n=34)	0	1(2.9)	33(97.1)
National (n=186)	14(7.5)	23(12.4)	83(44.6)

70% of all the admission was due to severe Pneumonia; followed by severe anaemia 17.5% and diarrhoea with dehydration 12.5%. More than half of all the causes of deaths under IMNCI was

Table 9 : Number (percentage) Top IMNCI Disease Conditions Reported in Q1; 2016

	Diarrhoea Cases	Pneumonia cases	Neonatal Syphilis <5	Anaemia Cases
CRR (n=7300)	4198(57.5)	2449(33.5)	0	653(8.9)
LRR (n=2557)	1130(44.2)	1074(42.0)	0	353(13.8)
NBER (n=3294)	1514(46.0)	1353(41.1)	32(1.0)	395(12.0)
NBWR (n=2537)	1125(44.3)	1293(51.0)	0	119(4.7)
URR (n=8089)	4754(58.8)	2788(34.5)	0	547(6.8)
WHR1 (n=8711)	5622(64.5)	935(10.7)	46(0.5)	2108(24.2)
WHR2 (n=8431)	4558(54.1)	2645(31.4)	1(0.01)	1227(14.5)
NATIONAL (n=40919)	22901(56.0)	12537(30.6)	79(0.2)	5402 (13.2)

NON-COMMUNICABLE DISEASES

Hypertension (n=14,567) and Diabetes (n=2,788) were the main causes of NCDs reported in the first quarter 2016. In the case of hypertension regionally WHR1 has the highest (22.87%) cases; then CRR 17.97%; WHR2 17.66% and the lowest was recorded by NBWR, 3.66%. For diabetes also WHR1 has the highest 54.88%; CRR 12.20%, WHR2 9.04% whilst NBER 4.91% recorded the lowest cases. Nationally, female were more diagnosed with, Hypertension (68.90%) and Diabetes (64.5%) than males 31.1% and 35.5% respectively and the trend is the same throughout the regions. In NBWR however 51.7% of males were diagnosed with diabetes. Hypertension and diabetes cases recorded by SJH, and RVTH were not included as access to data from those facilities remain a major challenge throughout Q1 of 2016

Deliveries by TBAs

Overall, two thousand six hundred and seventy-eight deliveries were conducted by TBAs. Most of the deliveries (n=1365) 51% were male whilst 49% were female and higher

Table 10 : Number (percentage) Top Four IMNCI Disease Admission Reported in Q1; 2016

	Severe Pneumonia	Anaemia	Diarrhoea with dehydration	Neonatal Syphilis
CRR (n=410)	251(61.2)	106(25.8)	53(12.9)	0
LRR (n=63)	42(66.7)	10(15.9)	11(17.5)	0
NBER (n=159)	106(66.7)	36(22.6)	17(10.7)	0
NBWR (n=26)	18(69.2)	1 (3.5)	7(26.9)	0
URR (n=360)	304(84.4)	44(12.2)	12(3.3)	0
WHR1 (n=277)	210(75.8)	33(11.91)	34(12.3)	0
WHR2 (n=104)	60 (57.7)	18(17.3)	26(25)	0
NATIONAL (n=1416)	991(70.)	248(17.5)	177(12.5)	0

due to severe pneumonia followed by anaemia and diarrhoea. In NBWR 50% of all death under IMNCI was severe pneumonia and diarrhoea with dehydration. And in URR 80% of all deaths was due to severe pneumonia

Table 11. Number of Hypertension and Diabetes cases reported

Regions	Hypertension		Diabetes	
	Male	Female	Male	Female
CRR	865(33.1)	1 752(66.9)	145(42.6)	195(57.4)
LRR	534(35.6)	996(66.4)	67(45.3)	81(54.7)
NBER	414(31.0)	923(69)	65(47.4)	72(52.6)
NBWR	302(32.6)	625(67.4)	104(51.7)	97(48.3)
URR	693(30.8)	1 558(69.2)	73(40.6)	107(59.4)
WHR1	923(27.7)	2 409(72.3)	447(29.2)	1 083(70.8)
WHR2	796(30.9)	1 777(69.1)	89(35.3)	163(65.7)
National	4 527(31.1)	10 040(68.9)	990(35.5)	1 798(64.5)

in URR (55%); NBER (54.9%) respectively. Female delivery was higher in LRR 56.9% followed by WHR1 (51.2) and WHR2 (51.1) respectively. In NBWR, male delivery was 50%.

VHS Disease Conditions

Uncomplicated malaria was higher in NBER (56%). Diarrhoeas (80.4%), pneumonia (11%) and uncomplicated malaria (8.6%) were the leading causes of diseases reported at village service level. In LRR, 94.7% of all the disease conditions reported was due to diarrhoea followed by URR (87.3%), CRR (77.8%) and NBWR (75.6%).

Coartem Consumption by the VHS. The total number of patients issued with coartem by Village Health Workers were four hundred and nine. Coartem 24 (40.8%) was the highest issued followed by Coartem 6 (22.8%) and Coartem 18 (21.3%). In CRR 51% of all the coartem consumed at village health service was coartem 24 whilst in URR 30.7% of all the coartem consumed was coartem 6.