

AFPRC GENERAL HOSPITAL 2013 REPORT: A TREND ANALYSIS



“Consolidating on the Gains Registered and Making up for the Challenges in Tertiary Health Care Service Management & Delivery”

AFPRC General Hospital
P.O. Box 6077
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North Bank Region
The Gambia

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FORWARD

On behalf of the Hospital Management Board, the great people of the North Bank Region and on my own behalf let me first register our profound gratitude to His Excellency the **President of the republic of The Gambia - Sheikh Professor Alh. Dr. Yahya A J J Jammeh**, who in the first place conceived this magnificent project and whose government mobilized the resources to built this hospital which have and continue to impact positively on the lives of many people far and wide. The AFPRC General Hospital, the first among many built after the July 22nd revolution in 1994, is strategically located serving at least three regions and more than one country. Given its consistent and enviable performance over the years continue to attract many patients including those beyond its immediate catchment area. This is a prove to the testimony that “people go to where they are cared”. With this, the people of The Gambia and in particularly those of the North Bank Region are most grateful to the His Excellency the President and his government.

This 2013 report of the AFPRC General Hospital provides a detailed account of activities of the hospital for the mentioned year. It further attempts to provide a trend analysis of certain key service areas with the aim to demonstrate the increasing utilization and performance of the hospital in its primary functions. I therefore invite all and sundry to read this comprehensive report of the AFPRC General Hospital for the year 2013.

Lamin S.I. Jammeh
GOVERNOR NBR
CHAIRMAN, HOSPITAL MANAGEMENT BOARD

ACKNOWLEDGEMENTS

On behalf of the Senior Management Team, Staff, patients and on my own behalf, I would like to thank the Hospital Management Board and the people of North Bank Region for their support. To the staff of the hospital, their commitment and dedication demonstrated is the engine that made the preparation of this report possible.

The data contained herein could not have been without the demonstrated commitment of the hospital staff who are at all times endeavor to record management transactions of patients. The staff are cognizant of the adage "*What is not recorded is not counted*" which have motivated them all to be doing what they have already done. Through their different heads of units/departments, I register my appreciation. The spirit behind the preparation of this comprehensive report is "team work" where every member is valued and cherished.

To the government of The Gambia under the distinguish leadership of **His Excellency the President of the republic of The Gambia - Sheikh Professor Alh. Dr. Yahya A J J Jammeh**, I express on behalf of the entire staff of this great hospital our profound appreciation and gratefulness to him and his government for the assured funding towards the effective and efficient operation of the hospital.

Dr. Mamady Cham (PhD)
CHIEF EXECUTIVE OFFICER

SUMMARY

During the year 2013 a total of 29,709 OPD cases were recorded. Of that 62.5% (18,566) were people 15 years or older. OPD attendance was noted to have increased progressively between 2011 and 2013. An increase of 3.3% was noted from 2012 to 2013. Road Traffic Accident victims were frequent to the hospital with 37 individual road traffic accident events recorded in 2013 involving an overall total of 57 patients. Of those patients all except 8 were successfully managed at the hospital.

As a referral hospital, a total of 1,118 In-Referrals were recorded in 2013 (293 maternity, 820 OPD and 5 others) i.e. 9 less than in 2012. Out-Referrals was 334 in 2013, 61 higher than in 2012. Worthy to mention is that all "Emergency Referrals" in 2013 like in 2012 were accorded ambulance services free of cost.

Overall Inpatients in 2013 was 2,659 with the Pediatric Ward accounted for the highest proportion of admissions – 39.8%. Noted is that 76.4% of inpatients were successfully managed. However, the hospital recorded an overall mortality of 9.4%. Overall the most common conditions for admission were non-communicable diseases, lower respiratory infections, obstetric complications to name but a few. Total admissions over the years have progressively declined.

Overall the number of surgeries performed in the hospital have rocketed in recent years with an increase from 313 (2012) to 412 (2013) i.e. an increase of 28.4%. Importantly, the number of cesarean sections increased by 40.5% between 2011(111) to 156 (2013). Equally, eye operations have increased.

Institutional deliveries in 2013 was 1,703 of which 90.5% were live births. For 82.6% of the babies, the birth weight was within normal range. 38 of the births in 2013 were multiple. Sadly the hospital recorded a total of 15 maternal deaths in 2013.

For other services including dental, eye and X-Ray significant progress was recorded. While dental OPD attendance reduced by 38% between 2012 and 2013, uptake for refractive services increased by 998%. Importantly, in the same corresponding period, uptake for eye glasses increased by 18-fold (from 31 [2012] to 567 [2013]).

Laboratory services continue to be provided 24/7 and in 2013 an overall total of 55,574 tests were recorded of which the majority was blood related tests. Overall malaria positivity test result has declined considerably suggesting a massive reduction in malaria cases seen in the hospital. Overall positivity using microscopy was 12.5% (2012) compared to 8.4% (2013).

With regards to finances, revenue generated from user-fees was D379,764.00 compared to D250,939.00 in 2012. In terms of subvention received, of the approved D12,764,968.00 for PE and D9,000,000.00 for OC, actual receipt was D10,277,115.00 and D8,500,000.00 for PE and OC respectively.

Many donations from individuals, institutions and agencies were received in 2013 as support towards the effective and efficient operations of the hospital. The Board, Management and Staff are indebted and are most grateful to all of them.

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1. INTRODUCTION

The Armed Forces Provisional Ruling Council (AFPRC) General Hospital, located in the Farafenni Town of the North Bank Region, is the “first health facility among many” constructed after the 22nd July, 1994 revolution. The hospital started operation in 1999, however, was officially inaugurated by His Excellency, the President of the republic of The Gambia – **Sheikh Professor Alh. Dr. Yahya A J J Jammeh** – on the 21st January 2003.

The hospital aims at contributing to the attainment of the Ministry of Health and Social Welfare’s Vision - *“To provide quality and affordable health services for all by 2020”* and Mission - *“To promote and protect the health of the population through equitable provision of quality health care”*.

The primary roles and functions of the hospital are:

- a) To provide high quality tertiary medical care services including curative and rehabilitative that would enhance socio-economic growth and development;
- b) To serve as a referral centre to peripheral health facilities located within the North Bank Region (NBR) and beyond;
- c) To serve as a training and learning centre for health care professionals including nurses, doctors and other health care professionals and institutions;
- d) To serve as a public health research centre, undertake and/or participate in public health research for improved health outcomes for the population.

This report attempts to outline the services and activities of the hospital for the period 1st January 2013 – 31st December 2013. The specific objectives are:

- a) To outline the management and administrative structures of the hospital;
- b) To describe the types of clinical services offered in the hospital;
- c) To detail the 2013 service delivery statistics with comparative analysis from the year 2012;
- d) To chart out initiatives/interventions implemented during the period under review;
- e) To enlist attainments registered and challenges encountered during the year 2013;
- f) To enlist recommendations towards better health outcomes.

1.1 Organization, Management & Administration

The hospital is headed by the Chief Executive Officer (CEO) who is responsible for the overall day-to-day management of the hospital. The CEO works closely with the established hospital structures for the effective and efficient operation of the hospital and for which it has been established. To that end, the CEO work with/through the following established structures:

- a) Hospital Management Board: Appointed by the Minister responsible for Health through by an Act of Parliament, the board formulates policies for the efficient operations of the hospital for which it is established and administers the affairs of the hospital for which it is established (REF: Medical Services Act 1990).

In 2013, the Board convened five (5) regular meetings (30/01/13; 02/02/13; 11/05/13; 31/08/13 and 09/11/13).

- b) Senior Management Team (SMT): Comprises of Heads of Departments/Units within the hospital. It is chaired by the CEO. The SMT meets at least once every month. The SMT is the second highest decision-making body in the hospital. Its main responsibility is to ensure that high quality tertiary health care services is delivered in the hospital at all times. The SMT convened seven (7) meetings in 2013 (30/01/13; 27/02/13; 17/04/13; 23/05/13; 28/08/13; 08/10/13 and 28/11/13). A core SMT also exist compose of CEO, Administrator, Accountant and Principal Nursing Officer.
- c) Clinical Division Committee: This comprises of all heads of clinical wards/units i.e. units that directly provide clinical services. This committee meets at least once every two months with the aim to enhance effective and efficient clinical service delivery in all clinical units within the hospital. Chaired by the Principal Nursing Officer, this committee meets a week before the SMT meet so that decisions taken by the former can filter to the latter. The clinical division convened eight (8) regular meetings in 2013 (11/04/13; 28/05/13; 04/06/13; 02/08/13; 31/08/13; 04/09/13; 28/09/13 and 29/10/13).
- d) Procurement Committee: Comprising of the two heads of department (Principal Accountant and Administrator), principal stores officer and CEO who is the chair. The committee among other things ensures that the procurement processes are consistent with established national guidelines and protocols with the aim to attain “Value for Money” in the procurement of goods and services for the hospital.
- e) Blood Bank Committee: Tasked with the responsibility of mobilizing transfusion blood availability within the hospital towards prompt response to emergencies. The committee comprise of key unit heads of the hospital with membership also includes community members with demonstrated active roles and interest. The committee conducts community outreach bleeding sessions to harvest blood from voluntary donors. In 2013, the committee harvested a total of 124 units blood (see section on blood transfusion for details).
- f) Donation and Auction Committee: Charged with the responsibility of the coordination of all donation and auction activities within the hospital. The committee is responsible for all the formalities leading to the conduct of actual auction and ensuring that the proceeds are banked as required. For the period under review no auction was done in the hospital. However, some donations were received as detailed at section on donations.
- g) Social Committee: Considering the important role staff welfare play in overall staff performance, the hospital management constituted this committee with the aim to coordinate all social functions including the organization of hospital parties. The conduct of the annual service delivery statistics and staff parties were effectively coordinated by this committee for the past two years.

- h) Infection Control Committee: Cognizant of the risk of infection in health care institutions, an Infection Control committee has been set-up within the hospital in an effort to ensure adherence to infection control protocols and guidelines. Though in its infant stage the committee is developing a local infection control guidelines and protocol for the hospital. The committee consists of clinical staff including nurses, doctors and other para-professional staff.
- i) Therapeutic Committee: In an effort to strengthen the quality of clinical services particularly drug prescription within the hospital a therapeutic committee has been set up to direct patient management and drug prescription. The committee comprise of medical doctors, midwives, nurses and pharmacy staff.

1.2 Hospital Department

The hospital is departmentalized into three, namely Administration, Accounts and Clinical Departments.

Administration: Consist of the Secretarial, Maintenance Units, Security, Domestic (cooks and Tailors), and Generator Operators. The division is headed by the Hospital Administrator.

Accounts: The units under this department are the general accounts and Drug Revolving Fund units. Headed by a Principal Accountant the department has a delegated responsibility of all accounts and accounting matters of the hospital.

Clinical: Consist of all units and sub-units directly providing clinical services. It includes the Nursing and medical divisions, Laboratory, admission wards, X-Ray, Physiotherapy and Pharmacy units. The technical head of the division is a medical doctor while the administrative head is the Principal Nursing Officer.

Under the clinical division are different service delivery and clinical units as shown in Table 1. Table 2 outlines the bed capacity by admission ward within the hospital.

Table 1: Service Areas by Clinical Department

Clinical Department	Service Areas		
	General OPD	In-patients Service	Special Clinic
Internal Medicine	Yes	Yes	Yes
Obstetrics & Gynecology	Yes	Yes	Yes
Pediatrics	Yes	Yes	Yes
Ophthalmic	Yes	Yes	Yes
Surgery	Yes	Yes	Yes
Emergency Medicine	Yes	Yes	Yes

Table 2 : Bed Capacity

Clinical Department	Available Beds
Medical Ward	23
Maternity Ward	19
Pediatrics Ward	26
Ophthalmic Ward	10
Surgical Ward	14
Accident & Emergency Ward	5
Chest Ward	20
Operating Theatre	3
TOTAL	120

1.3 Human Resources

The hospital is comprised of a multi-disciplinary team of health professionals and support staff including medical doctors (all Cubans); Nurses and Midwives; laboratory and pharmacy staff and other Para-professional health workers and support staff. Table 3 shows the staffing pattern of the hospital. Worthy to note that of the 327 overall staff, 46.2% are in the clinical department. There is no much difference in sex ratio among the staff of the hospital as the proportion of males to females is 49.2% and 50.8% respectively.

Table 3: Staffing of the Hospital

DEPARTMENT/UNIT	SEX		TOTAL
	Male	Female	
<i>Clinical</i>			
Medical Doctors ¹	9	4	13
Registered Nurses	7	2	9
Enrolled Nurses	9	6	15
Certified Midwives	1	1	2
Enrolled Midwives	4	5	9
Nurse Attendants	17	64	81
Laboratory Personnel	6	6	12
Radiography Personnel	5	1	6
Physiotherapy Personnel	1	1	2
Pharmacy Staff	6	5	11
Dental Staff	1	3	4
<i>Administrative</i>			
Administration	6	5	11
Accounts	7	8	15
Security Personnel	15	1	16
Drivers	7	0	7
Medical Records	6	4	10
Stores Personnel	4	0	4
Watchmen	2	0	2
<i>Domestic</i>			
Orderlies	23	34	57
Laundresses	0	10	10
Cooks	0	6	6
Refuse Collectors	5	0	5
Tailors	4	0	4
<i>Maintenance</i>			
Generator Operators	6	0	6
Maintenance Personnel	10	0	10
TOTAL	161	166	327
<i>Proportion</i>	<i>49.2</i>	<i>50.8</i>	<i>100.0</i>

¹All are Cuban Doctors;

2. HEALTH SERVICE DELIVERY STATISTICS

This section attempts to provide an analytical data of the 2013 service delivery statistics of all units and service delivery areas within the hospital.

2.1 Out-Patients Department

Serving as the first point of call for patients to the hospital, the Out Patients Department (OPD), is operational 24/7. During the year 2013, a total of 29,709 patients were attended to. Of those 3.8% (1,116), 4.2% (1,260), 29.5% (8,767) and 62.5% (18,566) were individuals 0 – 1 year old; 2 – 4 years old; 5 – 14 years old and 15 years and older respectively (table 4). An increase of 3.4% in OPD attendance was registered between 2012 and 2013. Figure 1 highlights the trend in OPD attendance from 2011 to 2013.

Table 4 : 2012 Out-patients Attendances

MONTH	AGE - GROUP				TOTAL
	0 - 1 yr	2 - 4 yr	5 - 14 yr	> 15 yr	
January	130	57	213	114	514
February	70	68	516	1287	1941
March	98	103	473	1033	1707
April	46	42	420	1334	1842
May	71	38	548	1664	2321
June	78	128	894	1324	2424
July	94	162	958	1778	2992
August	135	139	759	1659	2692
September	205	260	1178	2118	3761
October	74	109	1115	2137	3435
November	66	91	889	2135	3181
December	49	63	804	1983	2899
TOTAL	1116	1260	8767	18566	29709

Figure 1: 2012 Out-Patients Attendances (Trend)

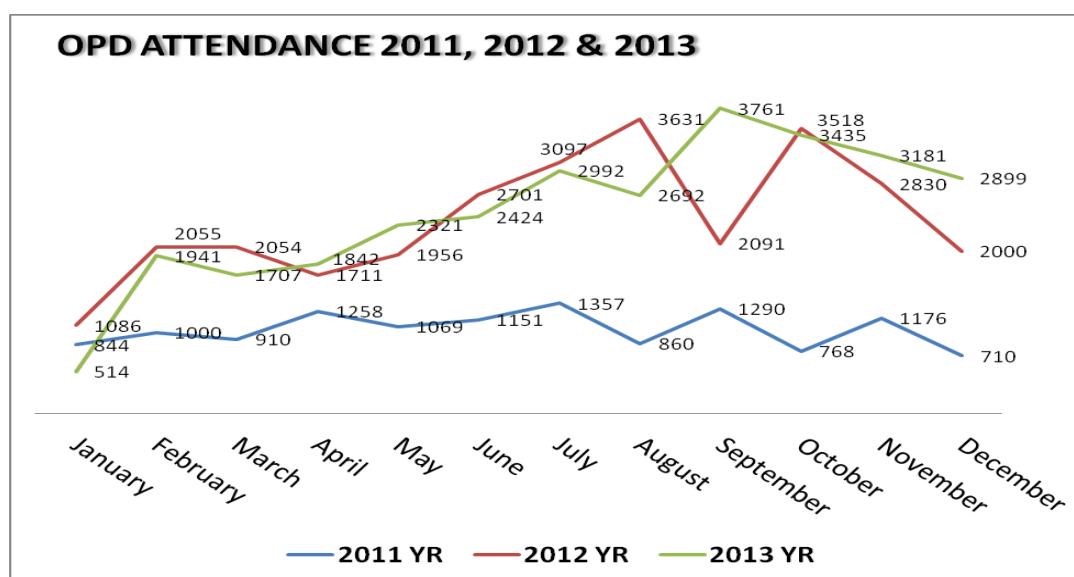


Figure 2: OPD Attendance 2011, 2012 & 2013

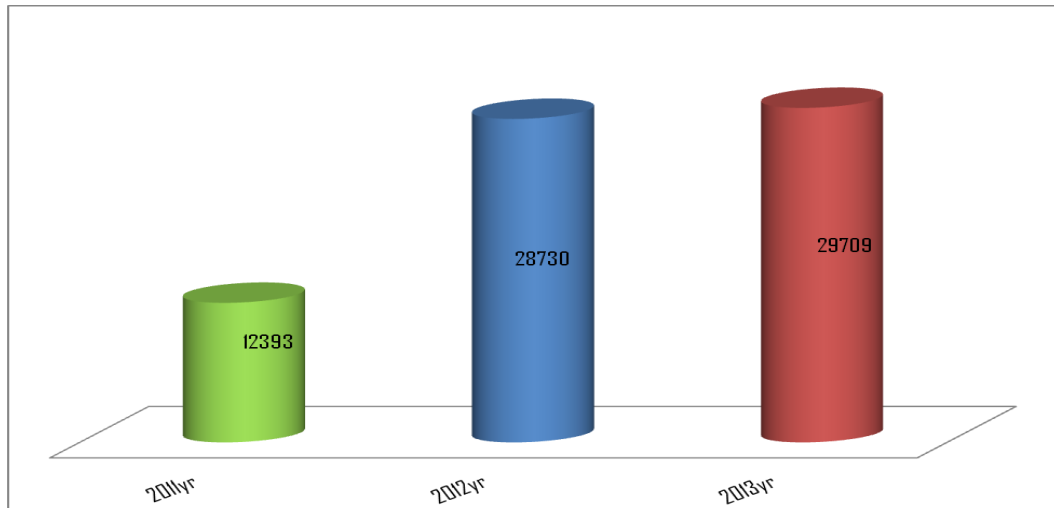


Figure 2 compares the overall OPD attendance for 2011, 2012 and 2013.

Key Points to Note

- With an overall total OPD clinic attendance of 29,709 in 2013, the average monthly and daily clinic attendance was 2,476 and 83 patients respectively;
- The majority (62.5%) of OPD attendants were people 15 years and above. This is because children under-five should ideally report to routine reproductive health clinics delivered by health centers at base or outreach clinics;
- The peak OPD attendance was in the month of August while the lowest was in the month of January in 2013;
- A cumulative increase of 139.5% in OPD attendance was recorded between 2011 and 2013.

2.2 Road Traffic Accidents

Road Traffic Accidents (RTA) is an important health event as often victims need “emergency” medical Attention. Good road network is sadly associated with frequent accidents not because of the road but as a result of over-speeding. Given the excellent road networks available in The Gambia particularly in the NBR, the hospital is frequently a recipient of RTA victims and as such keep records of those events with the view to influence policy and decision-making.

During the year 2013 a total of 37 separate RTA events whose victims reported at the hospital was recorded. In total 57 persons were involved in the accidents. Of the 57 individuals, 7% (4) people died and another 4 people sustained fracture of some sort. Four of the 57 patients were referred out to EFSTH for further management.

RTA victims with fractures (orthopedic) often need long term treatment and management which poses a tough challenge to the patient, the health system and nation in general.

Table 5: 2013 Road Traffic Accident Events

Accident #	Date	# of People Involved	Rx & Discharged	Death	Referred Out
1	20/02/13	1			1
2	24/02/13	8	7		1
3	01/04/13	2	2		
4	11/04/13	1	1		
5	17/04/13	1	1		
6	19/04/13	1			1
7	02/05/13	1	1		
8	06/05/13	1	1		
9	09/05/13	1	1		
10	10/05/13	1	1		
11	12/05/13	1	1		
12	19/05/13	1	1		
13	01/06/13	1	1		
14	11/06/13	1	1		
15	20/06/13	1	1		
16	07/07/13	2	2		
17	08/07/13	1	1		
18	18/07/13	1	1		
19	23/07/13	2	2		
20	28/07/13	1	1		
21	16/08/13	2	2		
22	25/08/13	3	2	1	
23	01/09/13	1	1		
24	02/09/13	2	2		
25	14/09/13	1	1		
26	29/09/13	1		1	
27	06/10/13	1	1		
28	17/10/13	1	1		
29	06/11/13	2	1	1	
30	13/11/13	1	1		
31	15/11/13	1		1	
32	16/11/13	1	1		
33	21/11/13	2	2		
34	26/11/13	2	2		
35	27/11/13	1			1
36	21/12/13	1	1		
37	22/12/13	2	2		
TOTAL		57	49	4	4

RX = Treatment

2.2 Referrals

Referrals constitute patients formally sent by one facility to another for better management. Often, the principle in referral is that a patient is sent to a higher level facility or where the patient's condition is manageable.

2.2.1 In-Referrals

In-Referrals are those patients received by this hospital sent in from other health facilities. As the only hospital in the North Bank Region (NBR) and owing to its proximity and coupled with the river crossing points, this hospital serve as a referral centre to many health facilities including those in the NBR, Lower River Region (LRR), and part of Central River Region (CRR).

During the year 2013, a total of 1,118 patients were referred to the AFPRC General Hospital, of which 73.8% (825) were directed to the OPD and 26.2% (293) were maternity cases (i.e. pregnancy and/or childbirth related complications). For the OPD referrals the peripheral health facilities that sent referrals most were Soma Major Health Centre, Farafenni Clinic, Kaur and Illiassa Health Centers accounted for 19%, 15.6%, 12.7% and 10.7% respectively (Table 6).

Table 6 : 2012 OPD In-Referrals

MONTH	HEALTH FACILITY														TOTAL
	K'wan	S'kene	N/Sanjai	F/RCH	Kaur	Chamen	Illiassa	N/ Kunda	Soma	S/Kunda	Essau	Kuntaya	Njaw	Others	
Jan	4	6	2	19	11	2	2	3	15	0	0	0	0	0	64
Feb	3	1	5	20	11	1	8	2	25	3	0	0	0	10	89
Mar	7	3	5	9	6	2	5	4	21	5	0	0	0	0	67
Apr	4	2	6	8	13	4	4	2	11	7	1	0	1	11	74
May	5	3	4	10	8	1	4	4	21	0	0	0	2	4	66
Jun	6	3	8	9	11	1	8	4	12	0	0	0	2	8	72
Jul	6	1	6	10	7	2	10	2	18	3	0	0	0	2	67
Aug	2	2	10	9	11	4	5	2	18	2	0	0	0	0	65
Sep	5	2	5	8	7	3	9	2	14	3	0	3	1	8	70
Oct	2	1	12	6	11	5	7	4	7	3	0	0	1	6	65
Nov	5	3	4	7	15	1	9	2	11	0	0	0	0	0	57
Dec	2	5	11	11	7	0	4	2	11	4	0	0	0	7	64
TOTAL:	51	32	78	126	118	26	75	33	184	30	1	3	7	56	820
%	6.2	3.9	9.5	15.4	14.4	3.2	9.1	4.0	22.4	3.7	0.1	0.4	0.9	6.8	100.0

K'wan = Kerewan; S'Kene = Salikene; N/Sanjai = Ngayen Sanjal; N/Kunda = Njaba Kunda; S/Kunda = Sara Kunda

For the received maternity referrals in 2013, the facilities that sent in the most were again Soma, Kaur, Illiassa and Farafenni Clinic accounted for 20.5%; 12.9%, 10.2% and 9.7% of the referrals respectively (table 7).

Table 7: 2013 Maternity In-Referrals

MONTH	HEALTH FACILITY														TOTAL
	K'wan	S/kene	N/Sanjal	F/RCH	Kaur	Chamen	Illiassa	N/Kunda	Soma	S/Kunda	Essau	Kuntaya	Njaw	PHC	
Jan	4	1	1	0	1	0	2	0	2	1	0	0	0	0	12
Feb	0	0	0	3	2	0	6	2	6	0	1	0	0	0	20
Mar	4	1	3	1	2	1	3	0	5	1	0	0	0	1	22
Apr	1	2	2	3	9	2	0	0	5	3	1	0	1	0	29
May	0	0	2	3	6	0	1	1	8	0	0	0	2	1	24
Jun	0	1	3	0	6	0	4	0	4	0	0	0	1	2	21
Jul	0	1	2	1	4	1	5	1	6	0	1	0	1	1	24
Aug	0	0	2	4	6	1	3	1	6	0	3	0	2	1	29
Sep	2	3	2	1	12	3	4	2	5	1	2	1	0	0	38
Oct	2	2	1	1	7	0	4	1	2	3	0	1	0	0	24
Nov	1	1	4	2	5	2	2	1	0	1	3	0	2	4	28
Dec	0	3	4	3	3	0	3	0	0	2	3	1	0	0	22
TOTAL:	14	15	26	22	63	10	37	9	49	12	14	3	9	10	293
<i>%</i>	<i>4.8</i>	<i>5.1</i>	<i>8.9</i>	<i>7.5</i>	<i>21.5</i>	<i>3.4</i>	<i>12.6</i>	<i>3.1</i>	<i>16.7</i>	<i>4.1</i>	<i>4.8</i>	<i>1.0</i>	<i>3.1</i>	<i>3.4</i>	100.0

Figure 3 depicts trend of OPD and Maternity In-referrals in 2013 while figure 4 the total In-referrals for 2011, 2012 and 2013.

Figure 3: 2013 Maternity and OPD In-Referrals Comparison

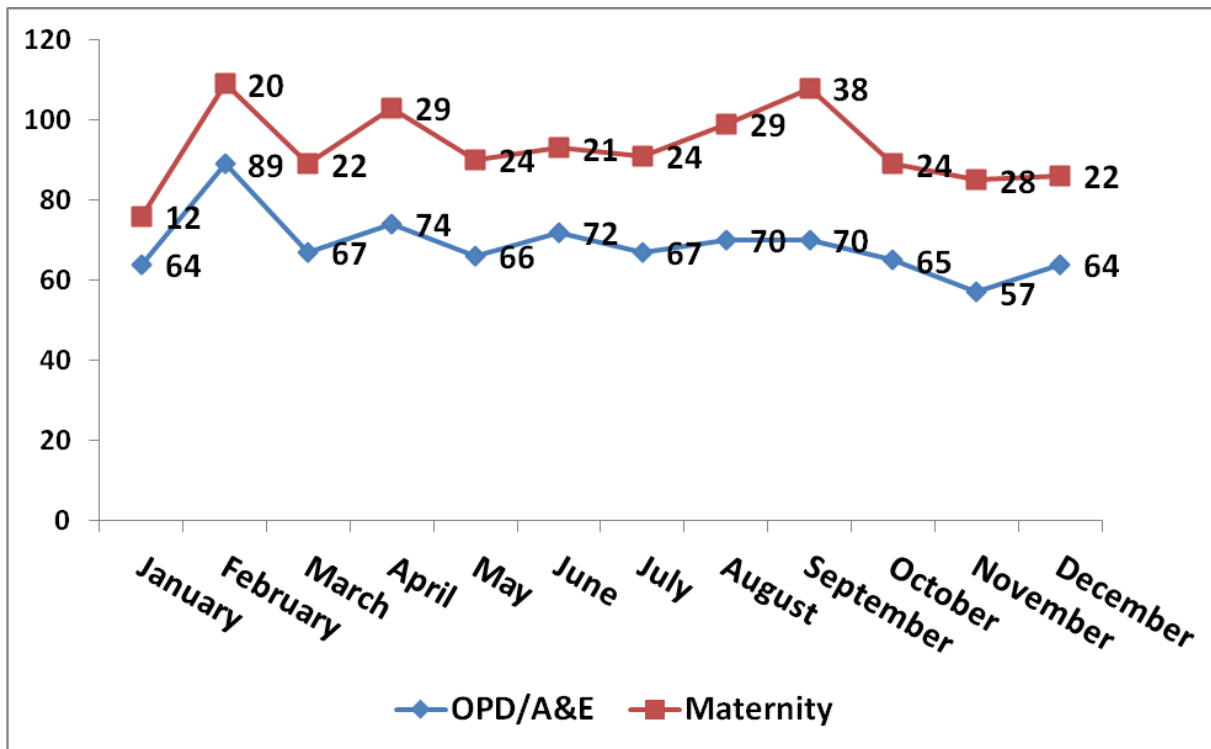
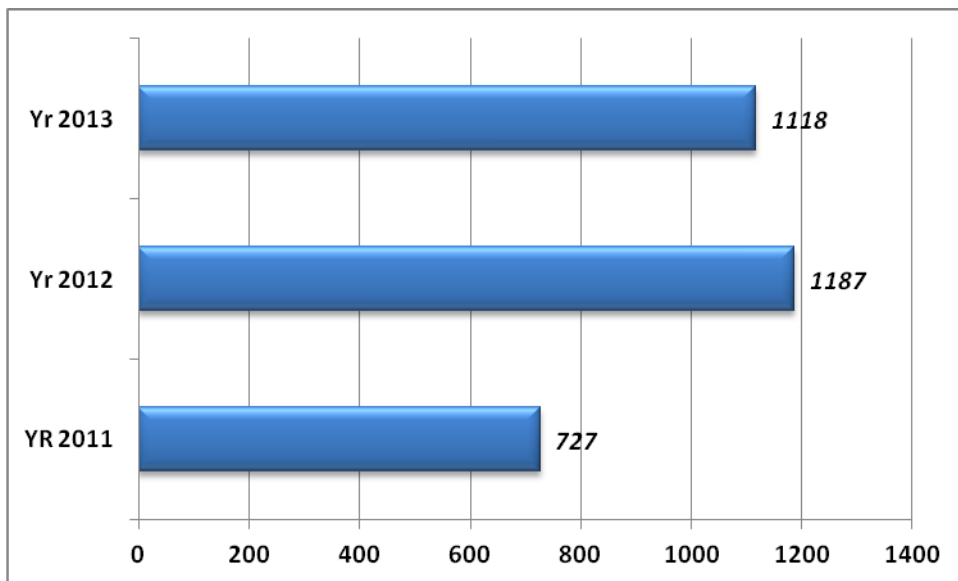


Figure 4: In-Referrals 2011 - 2013 (Comparison)



Key Point to Note

- a) Between 2011 and 2013 the In-Referrals to the hospital increased from 727 (2011) to 1,118 (2013) i.e. a percentage increase of 53.8%;

2.2.2 Out-Referrals

Out-referrals are those patients sent out by this hospital to another for further management. During the year 2013 a total of 334 patients were referred out from the hospital to the Edward Francis Small Teaching Hospital (EFSTH). Of those out-referrals, 71.6% (239) were emergency cases. Of the total Out-Referrals 72.2% (241) including all emergency cases were provided free ambulance services. The Accident and Emergency Unit effected the highest Out-Referrals, accounted for 37.7% (126), then Pediatrics 16.5% (55) followed by Maternity Ward 12% (table 8).

Table 8: 2013 Out-Referrals

MONTH	REFERRAL OUT							TOTAL	EMERGENCY REFERRALS	AMBULANCE USE
	CONDITIONS & DEPARTMENT									
	Surg	Med	Paed	Mat	OPD/A&E	EYE	Others			
Jan	0	3	3	6	9	1	0	22	20	20
Feb	2	1	6	4	16	5	34	68	29	28
Mar	3	3	5	6	14	3	0	34	22	24
Apr	0	1	4	5	5	1	0	16	15	15
May	2	4	8	1	8	1	0	24	18	17
Jun	0	0	5	1	9	0	1	16	14	15
Jul	3	2	1	5	14	2	1	28	25	24
Aug	2	1	4	5	10	6	0	28	21	21
Sep	1	0	4	2	13	7	0	27	17	17
Oct	0	3	5	2	12	3	0	25	23	23
Nov	0	2	6	3	8	4	0	23	18	20
Dec	1	3	4	0	8	6	1	23	17	17
TOTAL	14	23	55	40	126	39	37	334	239	241
%	<i>4.2</i>	<i>6.9</i>	<i>16.5</i>	<i>12.0</i>	<i>37.7</i>	<i>11.7</i>	<i>11.1</i>	<i>100.0</i>	<i>71.6</i>	<i>72.2</i>

Figure 5 highlights the trend in out-referrals while figure 6 ambulance usage as against emergency referrals. The highest number of out-referrals was in the month of February (68) as in figure 5.

Figure 5: 2013 Out-Referrals (Trend)

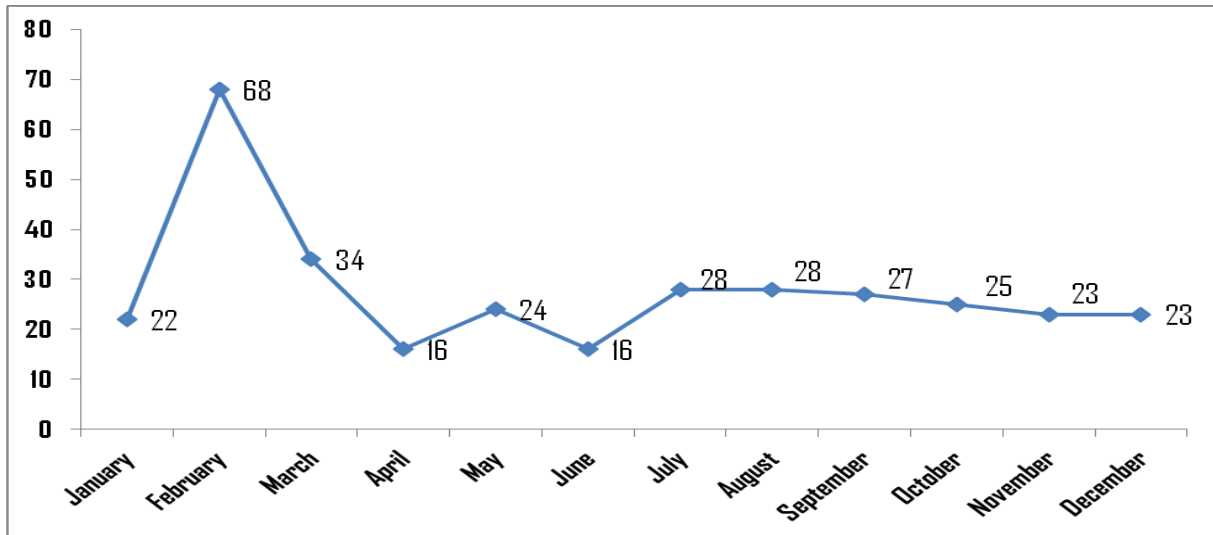


Figure 6: Out-Referrals & Ambulance Use 2013

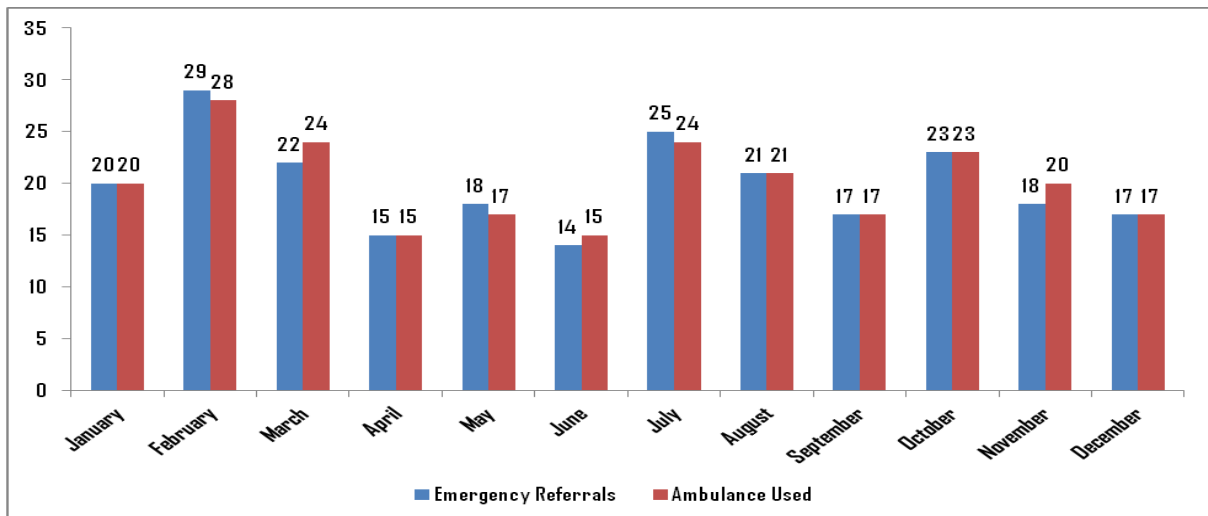
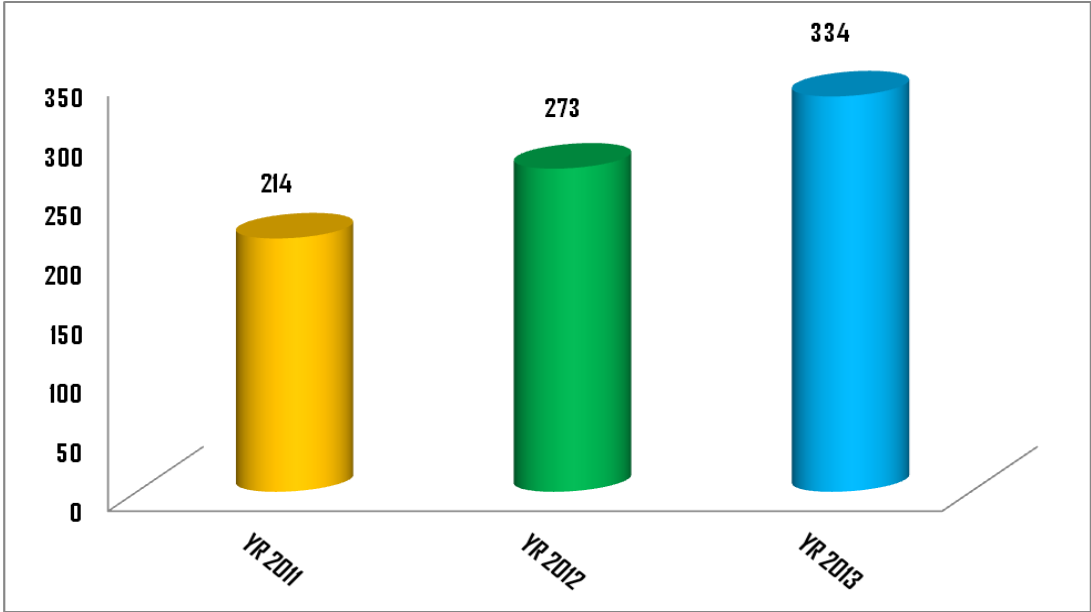


Figure 7 provides a comparison of total out-referrals between 2011 and 2013.

Figure 7: Out-Referrals 2011 – 2013 (Comparison)



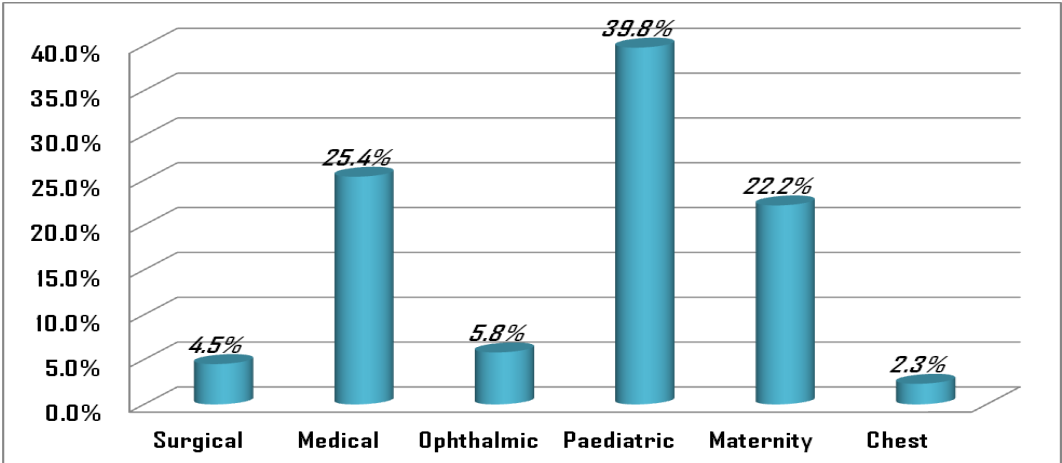
Key Points to Note

- a) On average 28 referral-outs were effected every month in 2013 compared to 23 in 2012;
- b) Total Out-referrals increased by 22% between 2012 and 2013 but from 214 (2011) to 334 (2013) i.e. an increase of 56.1%;
- c) All emergency referrals were provided free ambulance services.

2.3 In-Patients

In 2013 a total of 2,659 admissions were recorded at the hospital of which 39.8% (1,059) were at the children’s wing; 25.4% (675) at the medical ward; 22.2% (589) as maternity cases. The chest and surgical wards recorded 5.8% (155) and 4.5% (120) of admissions respectively (figure 8).

Figure 8: In-Patients By Ward - Proportion



In 2013, 76.4% (2,031) of the patients admitted were effectively managed and discharged home alive and 6.1% (161) transferred-out to EFSTH for further management. The overall recorded deaths was 9.4% (250) for the year 2013. However, a negligible proportion, 0.6% (16) absconded (0.8%) or opted for alternative treatment (1.2%) – (table 9).

Table 9: 2012 In-Patients by Ward

WARD/UNIT	ADM	DISCH	T/OUT	DEATHS	ABSCOUNDS	DAMA
Surgical	120	71	15	7	0	4
Medical	675	448	23	95	4	14
Ophthalmic	155	154	31	0	0	0
Paediatrics	1059	770	55	130	12	10
Maternity	589	533	37	15	0	5
Chest	61	55	0	3	0	0
TOTAL	2659	2031	161	250	16	33
%		<i>76.4</i>	<i>6.1</i>	<i>9.4</i>	<i>0.8</i>	<i>1.2</i>

Adm = Admissions; Disch = Discharges; T/Out = Transfer out; DAMA = Discharge Against Medical Advice.

Figure 9 shows the trend in admissions. The highest number of admission was in the month of September (284) while the lowest was in January (187). The average monthly admission in 2013 was 222 patients compared to 276 in 2012.

Figure 9: Monthly Ward Admissions 2013

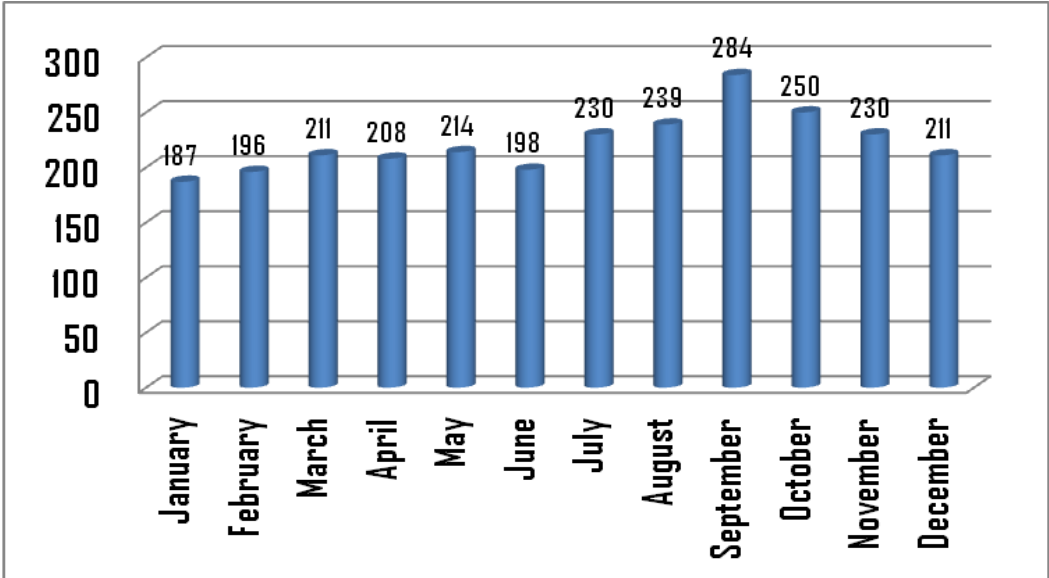


Figure 10 shows the management outcomes of admissions by ward/unit in 2013. The Ophthalmic (Eye), Maternity and Chest wards attained $\geq 90\%$ success rate in 2013.

Figure 10: Successfully Managed of Patients by Ward 2013

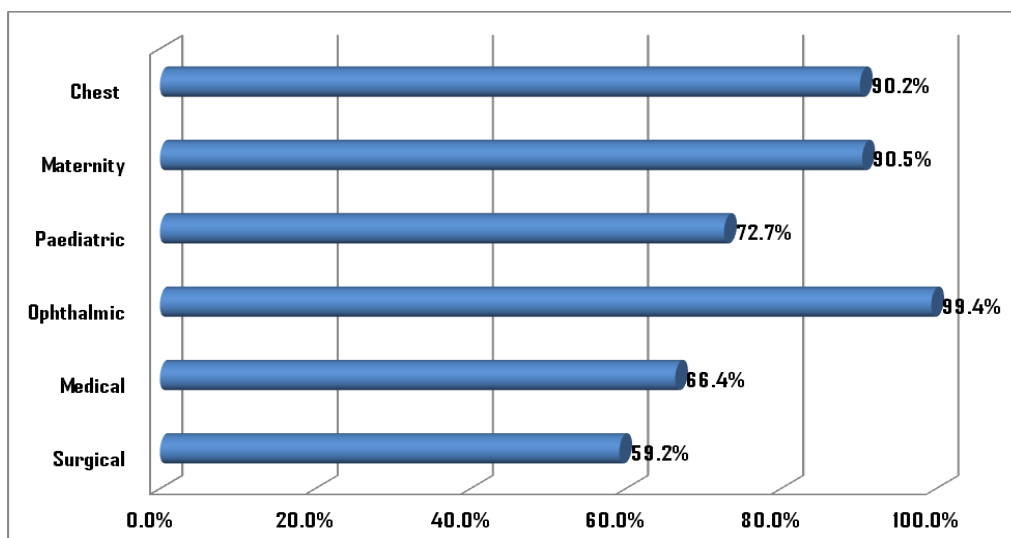
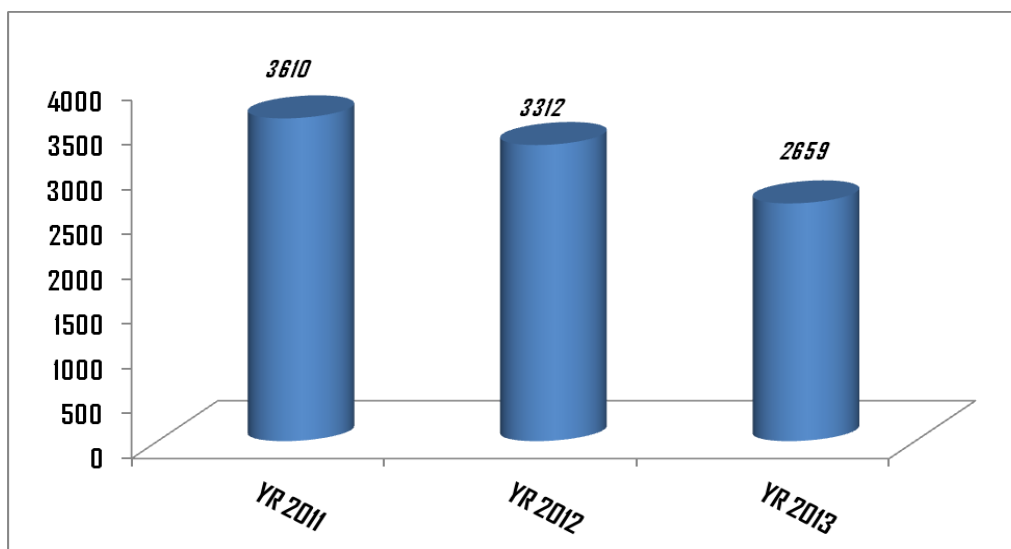


Figure 11 provides a comparison on admissions between 2011 and 2013.

Figure 11: Admissions 2011 - 2013 (Comparison)



Assessing the conditions of patients admitted by ward in 2013, the following were noted:

Medical ward: The five most common conditions for admission were pneumonia (27.6%), Hypertension (18.5%), Diabetes (11.3%), Heart Conditions (9.6%) and Cardio-Vascular Accident (9.1%). This highlights the heavy burden and growing threat of non-communicable diseases poses. It accounted for 48.5% of all admissions at the medical ward.

Pediatric (Children's) Ward: The five most common conditions for admission were Pneumonia (22.2%), Anemia (9.8%), Neonatal Sepsis (8.6%), Malaria (8.8%) and Malnutrition (8.2%).

Maternity Ward: The most common condition for admissions was severe anemia i.e. hemoglobin level below 7 g/dl (18.4%), Pregnancy Induced Hypertension (16.9%), Bleeding during pregnancy (11.2%) and obstructed labor (8.3%).

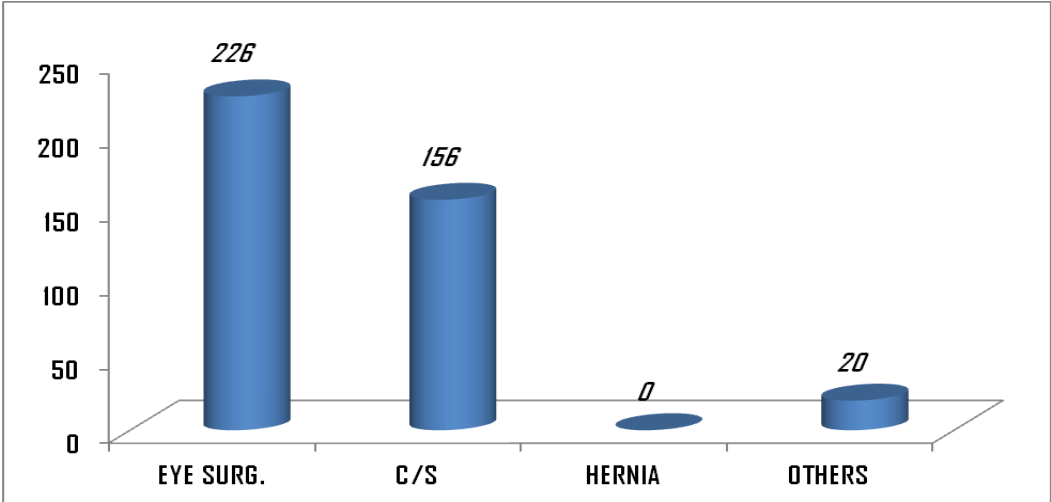
Key Points to Note

- a) The number of overall admissions has reduced from 3312 (2012) to 2659 (2013) i.e. reduced by 19.7%;
- b) 76.4% of the patients admitted in 2013 were successfully managed;
- c) The common conditions for admission in 2013 were Pneumonia, Non-Communicable diseases (hypertension, diabetes, heart conditions etc), severe anemia to name but a few;
- d) Pediatrics, Medical and Maternity wards accounted for the highest number of admissions in 2013.

2.4 Surgical Operations

In 2013 a total of 402 surgical operations were performed. Of those 56.2% (226), 38.8% (156) and 5% (20) were eye, caesarean section (C/S) and other operations respectively (figure 12). No Hernia operations were performed in 2013 as there is no general surgeon in this hospital. Moreover, there was no Operation Hernia mission in 2013 and no general surgeon in the hospital.

Figure 12: Surgical Operations by Type in 2013



The surgical operations performed can be categorized into general and eye. Of the 176 general surgeries performed, 88.6% and 11.4% were caesarean section and other gynae related operations respectively. With regards to the 226 eye surgeries 74.8%, 19%, 6.2% were for cataract, lid and pterygium excision respectively.

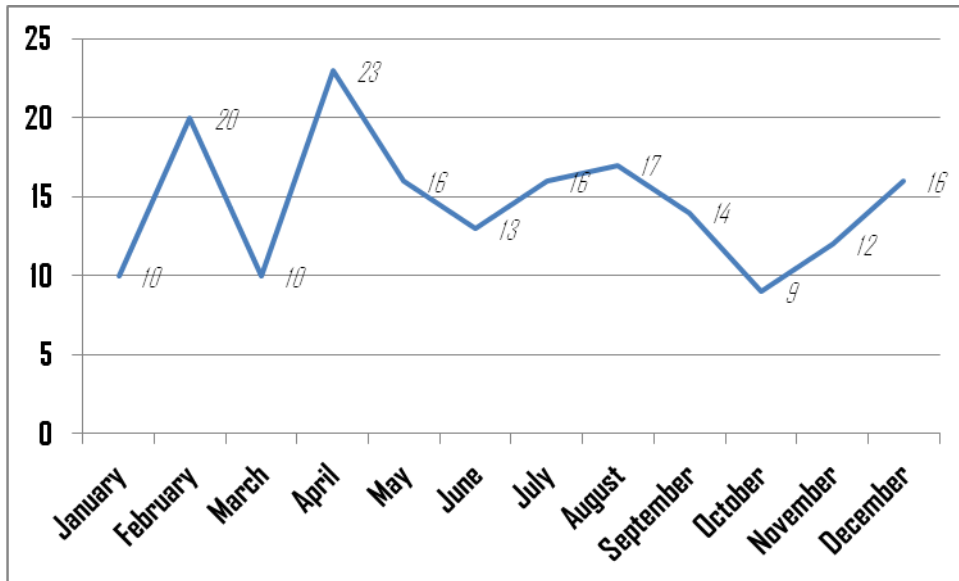
Table 10 shows the general surgeries performed. Of those 90.9% (160) were emergencies, 97.2% (171) were major surgeries. 88.6% (1560) of the general operations were cesarean section.

Table 10: General Surgical Operations in 2013

MONTH	TOTAL	URGENCY		CATEGORY					CLASSIFICATION					
		Elective	Emergency	Major	Minor	C/S	BTL	Ectopic	Abd. Hyst	Ovarian T	Molar Preg	Hernia	Fistula	Others
January	10	0	10	9	1	9	0	1	0	0	0	0	0	0
February	20	0	20	20	0	19	0	1	0	0	0	0	0	0
March	10	1	9	10	0	9	1	0	0	0	0	0	0	0
April	23	2	21	23	0	21	0	0	2	0	0	0	0	0
May	16	1	15	16	0	14	1	1	0	0	0	0	0	0
June	13	3	10	11	2	10	0	1	0	0	2	0	0	0
July	16	3	13	16	0	13	2	0	0	0	1	0	0	0
August	17	1	16	16	1	15	0	0	0	0	0	0	0	2
September	14	3	11	13	1	12	0	0	0	1	0	0	0	0
October	9	1	8	9	0	8	0	0	0	0	0	0	0	1
November	12	0	12	12	0	11	0	0	1	0	0	0	0	0
December	16	1	15	16	0	15	0	0	1	0	0	0	0	0
TOTAL	176	16	160	171	5	156	4	4	4	1	3	0	0	3
%		9.1	90.9	97.2	2.8	88.6	2.3	2.3	2.3	0.6	1.7	0.0	0.0	1.8

C/S = Caesarean Section; BTL = Bilateral Tubal Ligation; Abd. Hyst. = abdominal Hysterectomy; Ovarian T. = Ovarian Tumor

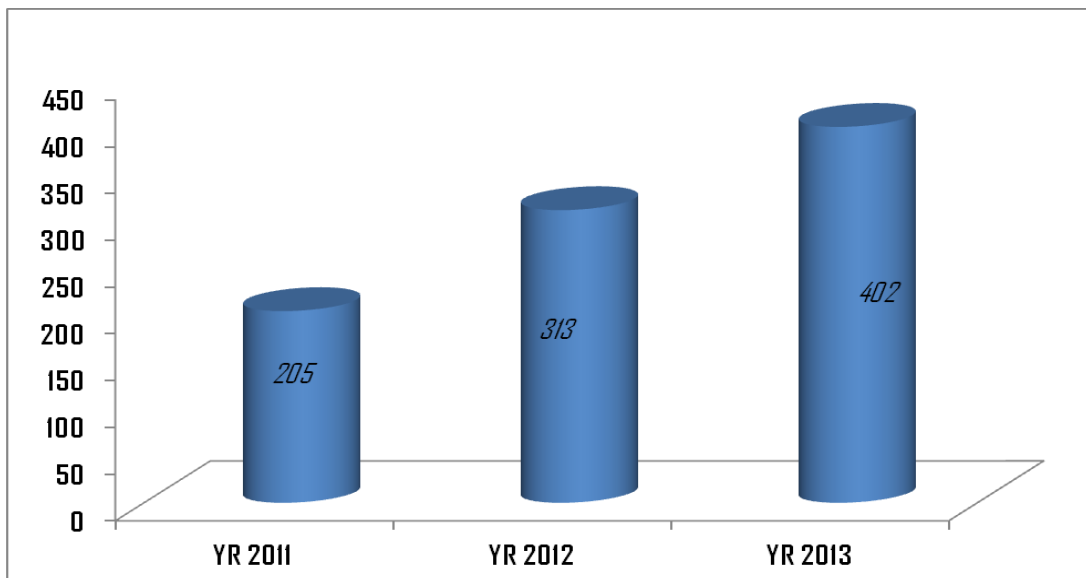
Figure 13: 2013 General Surgeries (Trend)



The trend on general surgical operations in 2013 is depicted in figure 13.

Between the year 2011 and 2013 noted is a progressive increase in the number of surgical operations performed in the hospital (figure 14).

Figure 14: Surgical Operations 2011 - 2013 (Comparison)



Key Points to Note

- a) General surgical operations increased by 96% i.e. from 205 (2011) to 402 (2013);
 - The number of Eye operations increased from 183 (2012) to 226 (2013) i.e. an increase of 81%. However, general surgeries reduced from 313 (2012) to 176 (2013) i.e. a reduction of 56%.
- b) The number of caesarean sections increased from 111 (2011) to 156 (2013) i.e. an increase of 40.5%.

2.5 Maternity Care

2.5.1 Deliveries

A total of 1703 babies were delivered in the hospital in 2013. In the same year 38 sets of multiple births including a set of triplets were delivered (table 11) implying that 4.5% of babies were from multiple pregnancies.

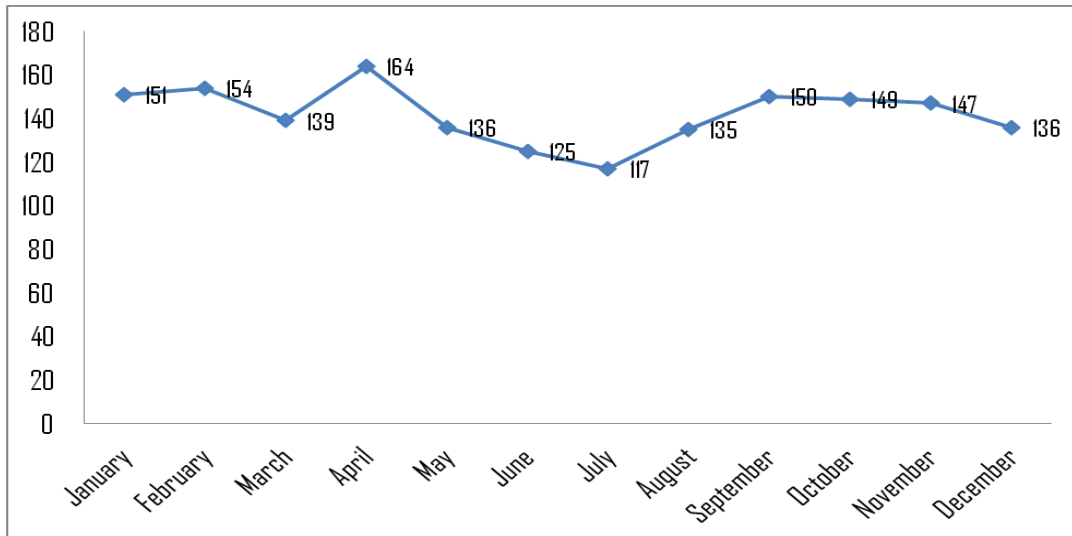
Table 11: Institutional Deliveries in 2013

MONTH	TOTAL DEL	TWINS SETS	OUTCOME			BIRTH WEIGHT (Kg)				DELIVERY ATTENDANT				
			LB	FSB	MSB	<1.5	1.5 - <2.5	≥2.5	Not Weigh	Doctor	Midwife	G/Nurse	Nurse Att	BBA
January	151	2	135	7	9	6	14	130	1	8	73	2	57	11
February	154	3	144	3	7	5	17	131	1	19	73	0	49	13
March	139	5	124	8	7	4	15	120	0	10	89	0	38	2
April	164	5	151	4	9	6	16	140	2	25	97	0	38	4
May	136	2	118	8	10	5	15	115	1	21	75	0	28	12
June	125	3	114	3	8	6	13	106	0	19	80	0	21	5
July	117	4	110	5	2	2	18	95	2	11	78	0	23	5
August	135	3	119	11	5	9	18	107	1	17	88	0	24	6
September	150	5	131	12	7	11	28	111	0	9	95	0	40	6
October	149	2	133	8	8	5	19	123	2	8	105	0	26	10
November	147	2	137	5	5	6	20	121	0	9	81	10	38	9
December	136	2	126	4	6	7	20	108	1	13	46	40	30	7
TOTAL	1703	38	1542	78	83	72	213	1407	11	169	980	52	412	90

LB = Live birth; FSB = Fresh Still Birth; MSB = Macerated Still Birth; G/Nurse = General Nurse; Nurse Att. = Nurse Attendant; BBA = Birth Before Arrival; C/S = Caesarean Section.

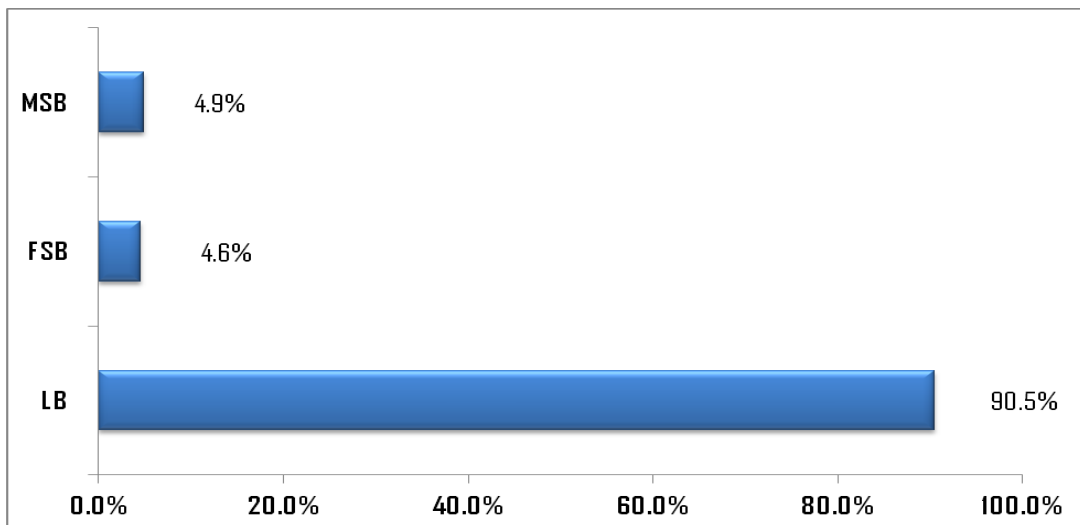
Figure 15 highlights the trend in deliveries by month. The lowest number of deliveries recorded was in June (118) while the highest was in September (203). The average monthly deliveries was 163.

Figure 15: 2013 Deliveries (Trend)



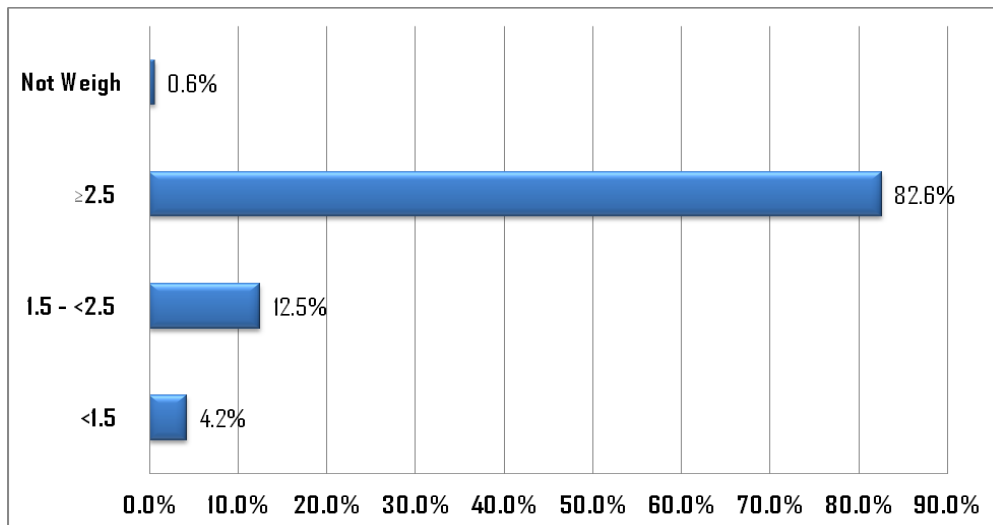
On delivery outcomes, 90.5% (1542) of all births were alive. Stillbirths (i.e. those not born alive) was 9.5% (161) of which fresh stillbirths was 4.6% (78) of babies (figure 11).

Figure 16: Birth Outcomes of Deliveries in 2013



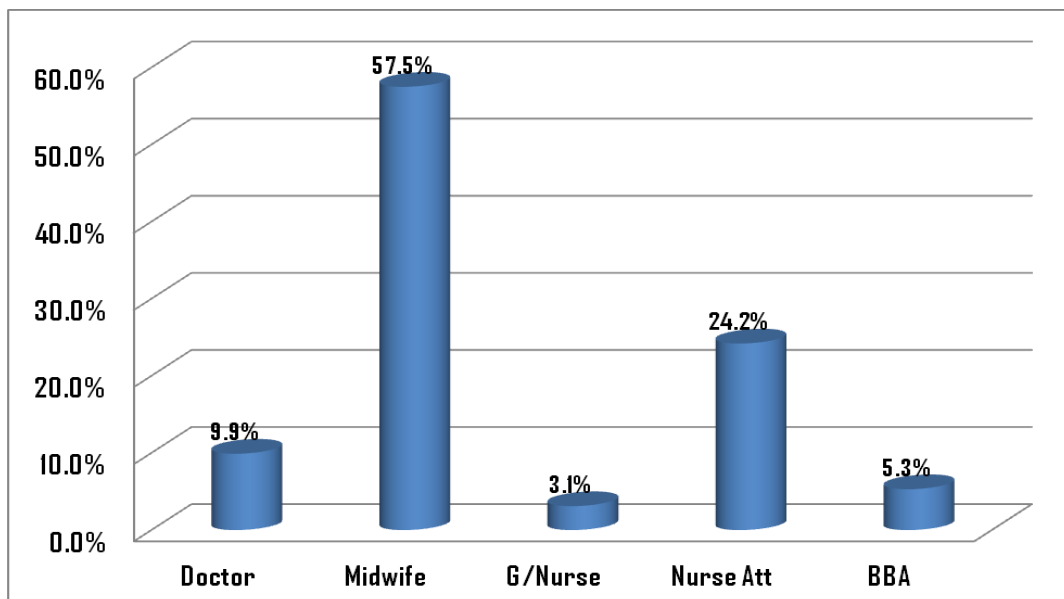
Birth weight of babies delivered indicated that 82.6% (1407) were within normal range (≥ 2.5 kilogram's), 12.5% (213) were low-birth-weight babies (i.e. between 1.5 and <2.5 kilogram's), and 0.6% (11) were in the category of very low-birth-weight babies (weights were below 1.5 kilogram's (figure 17).

Figure 17: Birth Weight of 2013 Deliveries



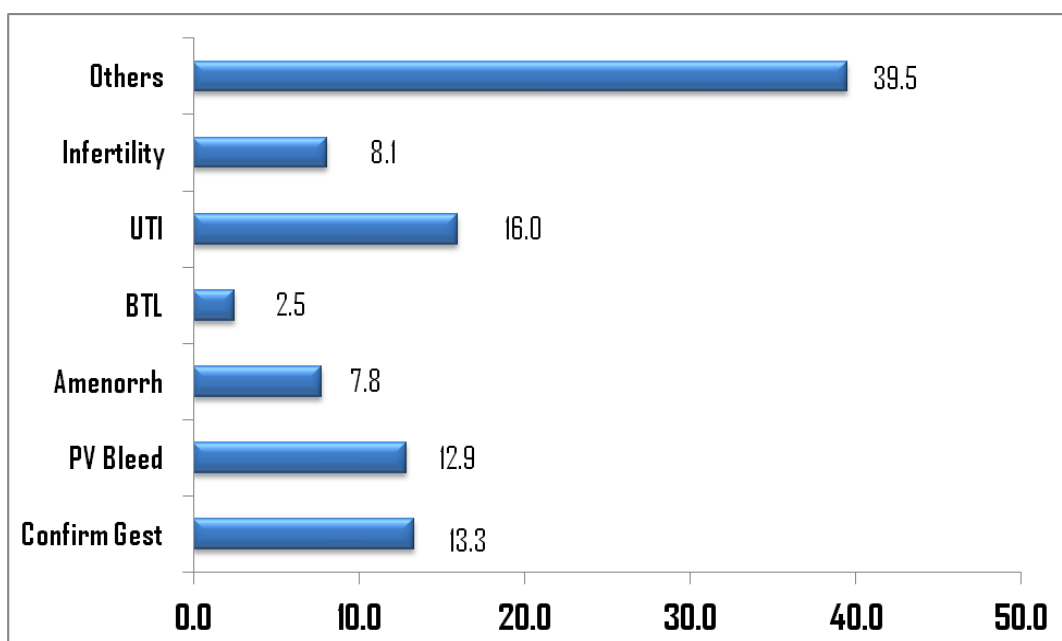
2013 deliveries by attendant indicated that 9.9% (169) of all births were by a medical doctor, 57.5% (980) by a midwife, 3.1% (52) by a trained nurse and 24.2% (412) by a nurse attendant. This gives a skilled birth attendant rate 70.5%. Birth before Arrival was 5.3% (90) of all deliveries (figure 18).

Figure 18: 2013 Deliveries By Delivery Attendant



At the maternity unit established in 2013 is a daily obstetrics and gynecology OPD clinic to attend to referrals needing expert care. During the year 2013, of the 683 patients seen at the clinic the most common conditions were: urinary tract infection (UTI) 16% (109), to confirm pregnancy 13.3% (91), uterine bleeding 12.9% (88) and infertility 8.1% (55) – figure 19.

Figure 19: Obstetrics & Gynecology OPD Clinic Attendance 2013



2.5.2 Maternal Deaths

In 2013, fifteen (15) maternal deaths were recorded (includes those that died in the hospital and those brought in dead) and in the same corresponding period a total of 1542 live births were recorded giving an institutional maternal mortality ratio of 973 per 100,000 live births.

Table 12 highlights the 2013 medical causes of the recorded maternal deaths.

Table 12: Medical causes of 2013 Maternal Deaths

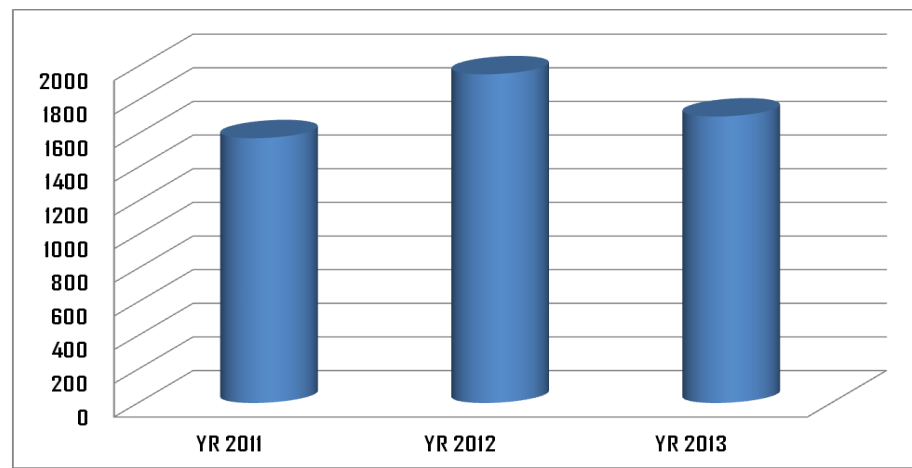
MEDICAL CAUSES	N (%)
Haemorrhage (Heavy Bleeding)	10 (66.7)
Severe Anemia (HB < 7 g/dl)	3 (20)
Eclampsia (High BP & Fitting)	1 (6.7)
Pneumonia	1 (6.7)
TOTAL	15 (100)

Of the 2013 maternal deaths, 12 (80%) occurred shortly after delivery.

Table 13: Maternal Deaths 2011 – 2013

VARIABLE	YR 2011	YR 2012	YR 2013
Maternal Deaths	16	15	15
Live Births	1387	1793	1542
Maternal Mortality Ratio	1154	837	973

Figure 20: Institutional Deliveries 2011, 2012 & 2013 Compared



Key Points to Note

- a) Between 2011 and 2013, the number of institutional deliveries in this hospital increased by 8.2%;
- b) Equally and importantly, the number of multiple births increased with a delivery of a set of triplets in 2013 (all live births);
- c) Live births proportion was good, above 90% as in 2012. However, stillbirth rate continue to be a challenge estimated at 9.5% overall;
- d) The proportion of Low birth weight babies was 16.7% in 2013 compared to 19.1% in 2012. This uncovers among other things challenges in maternal nutrition;
- e) The hospital’s maternal mortality ratio reduced by 37.9% between 2011 and 2012 but increased in 2013 mainly because of reduction in overall number of institutional deliveries
- f) In 2013, the skilled birth attendant rate was 70.5%.

2.6 Dental & Eye Health Services

2.6.1 Dental Services

Dental services in this hospital are limited due to staffing and equipment challenges. The services provided are mainly extraction and management of minor ailments of the teeth. In 2013 a total of 1594 dental cases were seen of which 53.4% (851) were dental abscesses, 39.5% (630) was toothache, 6.7% (107) gingivitis (inflammation of the gums) and 0.4% (6) as oral thrust.

Trend analysis indicates an average monthly dental clinic attendance of 133 (range between 88 and 161) (figure 21). Figure 22 provides a comparison on overall dental OPD cases between 2011 and 2013.

Figure 21: Dental OPD Clinic Attendance & Extractions

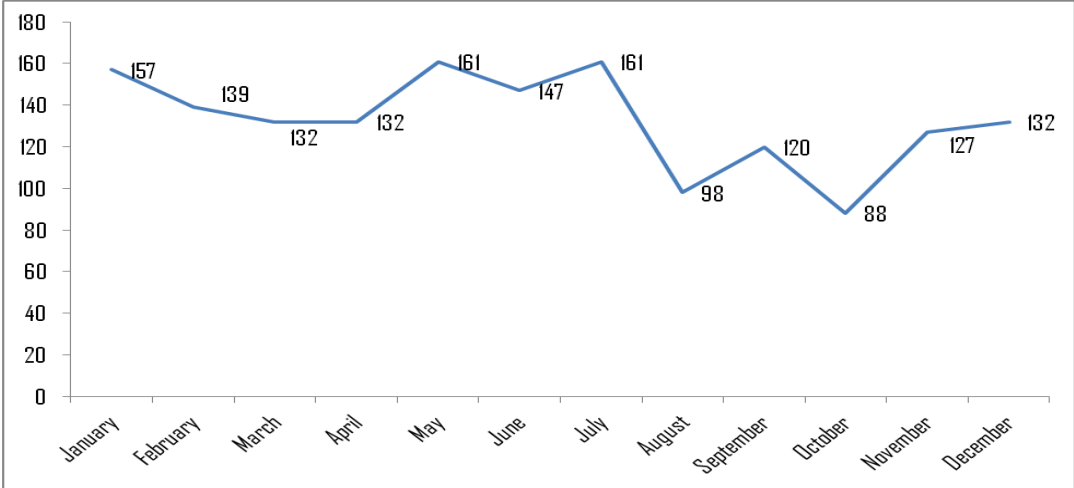
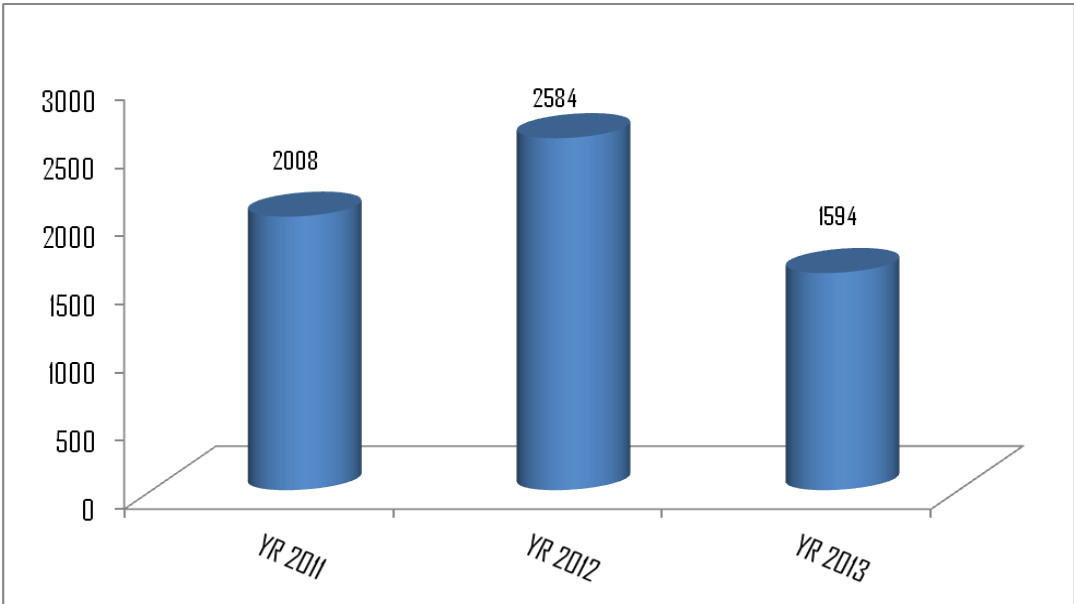


Figure 22: Dental OPD Attendance 2011, 2012, & 2013



2.6.2 Eye Health Services

Eye health services is provided on both out and in-patient basis with a state of the art refraction services available since April 2013.

For OPD Eye services in 2013, a total of 4770 cases were seen. Of those, 19.% (939) were bacterial conjunctivitis, 17% (811) cataract, 7.4% (352) vernal conjunctivitis, and 3.4% (162) was glaucoma (table 14).

For optical services and refraction in particular, a total of 1662 patients underwent refraction (children 264 and adults 1398). Of those who are refracted, 68.9% (1145) received prescription for glasses (children 92 and adults 1053). Furthermore, of those with prescription for a pair of glasses 48.1% (551) bought a pair of glasses.

Table 14: 2013 Eye Unit OPD Cases

	Cataract	Conjunct	Trachoma	Glaucoma	Ophth. Neo	Verna Conjunct	Others	TOTAL
Jan	46	98	1	5	0	4	182	336
Feb	43	120	0	8	0	11	189	371
Mar	26	50	2	15	1	15	315	424
Apr	35	40	1	29	1	28	298	432
May	89	35	4	24	0	65	450	667
Jun	81	88	0	19	0	40	361	589
Jul	55	67	0	9	0	6	43	180
Aug	83	69	3	11	0	51	93	310
Sep	89	96	6	18	0	3	182	394
Oct	32	43	0	10	0	7	207	299
Nov	136	128	1	0	0	97	10	372
Dec	96	105	2	14	0	25	154	396
TOTAL	811	939	20	162	2	352	2484	4770

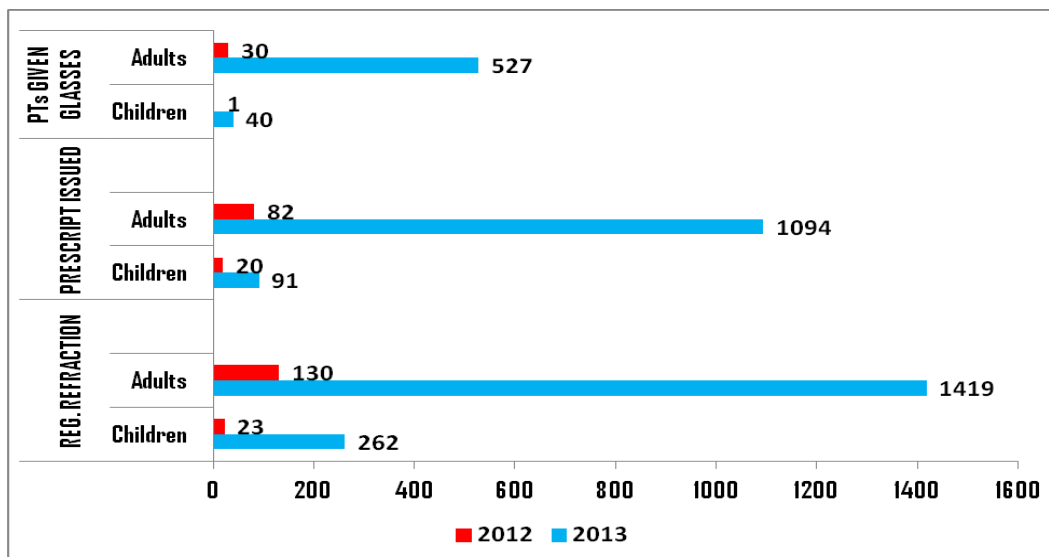
On Eye Surgeries, a total of 226 were performed. 74.8% (169) were for cataract, 19% (43) Trabut and 6.2% (14) was for pterygium excision. On cataract operations, like in 2012, 56.2% (95) were on females and 74.4% (32) of the Trabut operations were again on women (table 15).

Table 15: 2013 Refractive Services

MONTH	REG. REFRACTION		TOTAL	PRESCRIPT ISSUED		TOTAL	Got GLASSES		TOTAL
	Children	Adults		Children	Adults		Children	Adults	
January	1	15	16	1	15	16	0	6	6
February	3	12	15	3	6	9	0	4	4
March	1	7	8	1	5	6	0	3	3
April	16	86	102	15	86	101	6	66	72
May	25	185	210	20	175	195	5	99	104
June	11	141	152	7	124	131	4	76	80
July	50	194	244	11	123	134	4	52	56
August	9	149	158	3	126	129	0	49	49
September	22	152	174	4	122	126	2	48	50
October	29	113	142	8	77	85	4	30	34
November	27	124	151	9	82	91	6	21	27
December	70	220	290	10	112	122	9	57	66
TOTAL	264	1398	1662	92	1053	1145	40	511	551

On refractive services significant progress has been registered upon the inauguration of the One Sight project piloted in this hospital. Within eight months of implementation not only have refractive services improved but prescription and uptake for glasses increased by 999% and 1729% respectively (figure 23). For that reason the project is now rollout to SZRECC in Kanifing, Bansang Hospital and Brikama Major Health Centre.

Figure 23: Refractive Services 2012 and 2014 Compared



Key Points to Note

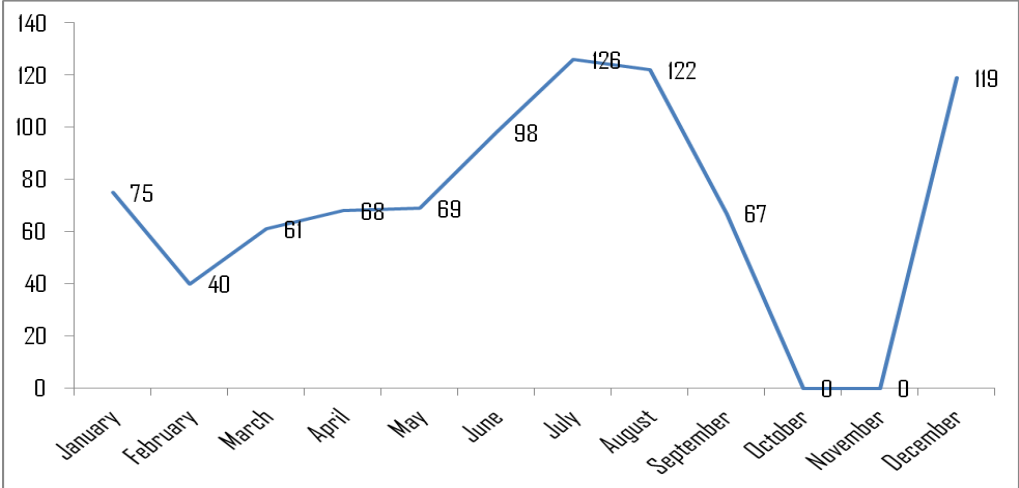
- a) Dental OPD attendance reduced by 38.3% between 2012 and 2013;
 - a. The proportion per dental condition remains the same as in 2012 even with reduction in the number of patients seen;
- b) A cumulative reduction by 20.6% in dental patients noted for the period 2011 to 2013;
- c) The uptake for refractive services increased by 999% (from 153 to 1681) between 2012 and 2013 (figure);

- d) Uptake for glasses increased by 18-fold between 2012 and 2013 (i.e. from 31 to 567)
- figure.

2.7 X-Ray Services

Due to staffing and equipment challenges limited X-Ray services and imaging are offered in the hospital. Figure 24 depicts the number of X-Ray investigation for the year 2013. The average monthly attendance was 95 (range between 61 and 140). No X-Ray services for the months of October and November due to faulty machine.

Figure 24: X-Ray Services 2013



An audit of the 2013 X-Ray investigations revealed that of the 845 shots only 48.1% (408) paid the user-fees while the rest are in the exemption category. Furthermore, 29.3% (248) of cases seen were children (table 16).

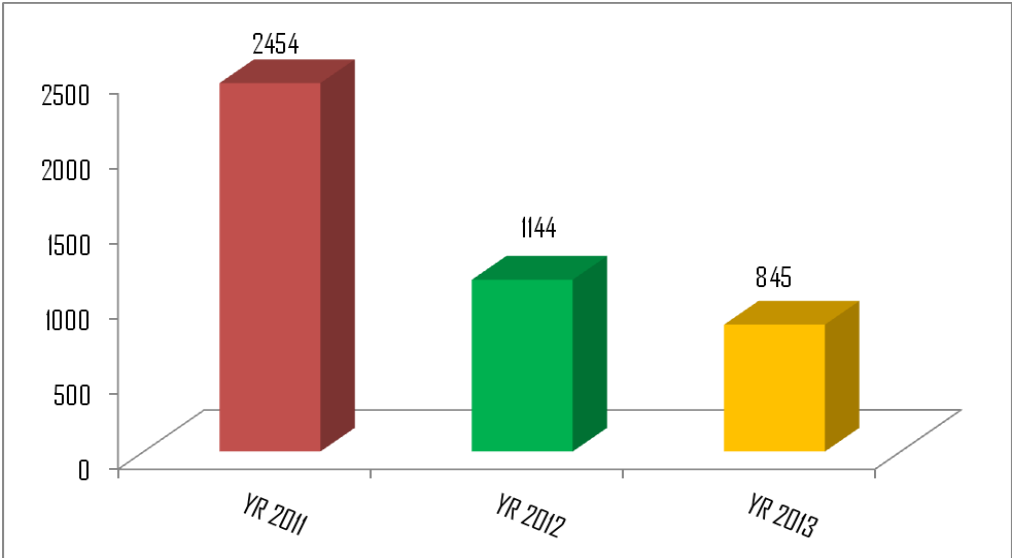
Table 16: X-Ray Examinations 2013

MONTH	EXAMINATIONS								TOTAL
	PAID	EXEMPTED							
		Adult	Child	TB Cases	HIV Cases	Security	Staff	Disabled	
January	47	18	0	3	4	2	0	1	75
February	25	9	0	2	3	1	0	0	40
March	41	16	0	1	2	0	0	1	61
April	42	19	0	1	3	2	0	1	68
May	40	20	0	4	2	2	0	1	69
June	40	22	6	14	3	11	1	1	98
July	42	43	4	13	9	8	3	4	126
August	41	43	6	15	7	5	2	3	122
September	20	31	3	7	2	2	0	2	67
October	0	0	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0	0	0
December	70	27	8	8	5	0	0	1	119
TOTAL	408	248	27	68	40	33	6	15	845
%	48.3	29.3	3.2	8.0	4.7	3.9	0.7	1.8	100.0

TB Cases = Tuberculosis Cases; RTA = Road Traffic Accidents

Figure 25 outlines the X-Ray screenings performed in 2011, 2012 and 2013.

Figure 25: X-Ray Services 2011 - 2013 (Comparison)



Key Points to Note

- a) A cumulative reduction of 65.6% in X-Ray services registered between 2011 and 2013;
- b) Only 48.3% of X-Ray service beneficiaries in 2013 paid as the rest were in the exemption category.
- c) No X-Ray investigations were performed in the months of October and November 2012 as the only machine was faulty.

2.8 Laboratory Services

In 2013, a total of 55,574 documented laboratory investigations were performed in the hospital. Table 17 details the tests performed.

Table 17: 2012 Laboratory Investigations

TEST	N	%
Blood Film (>5 yr)	2979	5.4
Blood Film (< 5 yr)	579	1.0
Rapid Diagnostic Test (>5 yr)	1431	2.6
Rapid Diagnostic Test (<5 yr)	7439	13.4
HIV Screening	457	0.8
Blood Grouping	3421	6.2
Cross-Matching	777	1.4
Sickle Cell Test (>5 yr)	502	0.9
Sickle Cell Test (<5 yr)	29	0.1
White Blood Count (>5 yr)	215	0.4
White Blood Count (<5 yr)	114	0.2
Hemoglobin Est. (Pregnant Women)	4915	8.8
Hemoglobin Est. (General)	26658	48.0
VDRL Screening (General)	339	0.6
VDRL Screening (Pregnant Women)	2223	4.0
Sputum Test for Tuberculosis	243	0.4
Stool Analysis	268	0.5
Urine Analysis	2122	3.8
Hepatitis Screening	863	1.6
TOTAL	55574	100.0

2.8.1 Malaria Screening

There are two malaria screening approaches microscopy - Blood Film (BF) and Rapid Diagnosis Test (RDT), the former as the gold standard.

In 2013, a total of 6,103 BF tests were performed of which 80.1% (4,888) were individuals above 5 years of age while the rest were children 5 years old or less. Of the overall BF tests performed 8.4% (513) were found to be positive. Gender wise 10.3% (261) of males and 7.1% (252) of females tested positive. However, stark variance exists between age-groups. Positivity test results was 4.7% (30) among male children 5 years or less compared to 12.1% (231) among male children above 5 years. The same pattern was noted for females as it was 5.2% (30) were found positive among females 5 years or less as against 7.5% (222), highlighting consistent higher positivity test results in individuals above 5 years. Table 18 details all findings.

Table 18: 2013 Malaria Screening – Blood Film

AGE	MALE		TOTAL TESTED	FEMALE		TOTAL TESTED	G/TOTAL TESTED	G/TOTAL POSITIVE (%)
	Negative	Positive (%)		Negative	Positive (%)			
>5 Yrs	1679	231 (12.1)	1909	2757	222 (7.5)	2979	4888	453 (9.3)
<5 Yrs	606	30 (4.7)	636	549	30 (5.2)	579	1215	60 (4.9)
TOTAL	2284	261 (10.3)	2545	3306	252 (7.1)	3558	6103	513 (8.4)

Using RDT screening approach, an overall total of 15,347 tests were performed. Of those RDT tests performed 9.8% (1510) were found to be positive. Significant difference was noted between sex. Positivity test results was more common among those above 5 years than those below as evidenced in table 19. However, positivity test results was the same among females for both test approaches estimated at 8%.

Table 19: 2013 Malaria Screening – Rapid Diagnostic Test

AGE	MALE		TOTAL TESTED	FEMALE		TOTAL TESTED	G/TOTAL TESTED	G/TOTAL POSITIVE (%)
	Negative	Positive (%)		Negative	Positive (%)			
>5 Yrs	1471	142 (8.8)	1613	1317	114 (8)	1431	3044	256 (8.4)
<5 Yrs	4206	658 (13.5)	4864	6843	596 (8)	7439	12303	1254 (10.2)
TOTAL	5677	800 (8.4)	6477	8160	710 (8)	8870	15347	1510 (9.8)

Table 20 provides a snapshot of malaria screening test for 2012 and 2013.

Table 20: Malaria Screenings 2012 & 2013 Compared

Test Type	2012		2013	
	Tests Done	Positives	Tests Done	Positives
BF	4289	537 (12.5%)	6103	513 (8.4%)
RDT	13908	1051 (7.6%)	15347	1510 (9.8%)

2.8.2 HIV Screening

Pregnant Women

Overall 1736 pregnant women were voluntarily screened in the quest to prevent Mother-To-Child-Transmission (MTCT) as per national protocol. Of those 0.6% (11) tested positive (table 21). Noted also is that overall, the proportion of pregnant women with positive HIV test results have reduced from 1.5% (2012) to 0.6% (2013) - table 22.

Table 21: 2013 HIV Screening among Pregnant Women

MONTH	TEST RESULTS		TOTAL TESTED
	Negative	Positive	
January	144	1	145
February	113	1	114
March	154	1	155
April	113	1	114
May	156	1	157
June	202	2	204
July	195	1	196
August	97	1	98
September	186	1	187
October	95	1	96
November	117	0	117
December	153	0	153
TOTAL	1725	11	1736

Table 22: HIV Screening (Pregnant Women) 2012 & 2013 Compared

2012		2013	
Tests Done	Positives	Tests Done	Positives
1235	19 (1.5%)	1736	11 (0.6%)

General Patients

Of the 457 patients counseled, consented and tested, overall positivity rate was 23.2% (106). Positivity test results for adult male, adult female, male children and female children was 23.3%, 23.5%, 19% and 22.2% respectively (table 23). The proportion of HIV positive tests among the general population increased from 19.4% (2012) to 23.2% (2013) – table 24.

Table 23: HIV Screening Tests (General) in 2013

MONTH	MALE		TOTAL TESTED	FEMALE		TOTAL TESTED	MALE (Children)		TOTAL TESTED	FEMALE (Children)		TOTAL TESTED	G/TOTAL TESTED	G/TOTAL POSITIVE
	Negative	Positive		Negative	Positive		Negative	Positive		Negative	Positive			
January	5	3	8	10	6	16	0	0	0	1	0	1	25	9
February	10	4	14	7	1	8	0	0	0	0	1	1	23	6
March	14	5	19	23	2	25	0	0	0	2	0	2	46	7
April	4	4	8	8	5	13	1	1	2	3	0	3	26	10
May	11	5	16	18	7	25	2	0	2	0	0	0	43	12
June	11	5	16	18	7	25	2	0	2	0	0	0	43	12
July	12	1	13	12	7	19	2	0	2	0	0	0	34	8
August	13	8	21	17	6	23	4	0	4	0	0	0	48	14
September	14	0	14	24	5	29	2	1	3	0	0	0	46	6
October	16	1	17	7	4	11	2	0	2	0	0	0	30	5
November	6	1	7	15	6	21	1	2	3	1	1	2	33	10
December	19	4	23	33	3	36	3	0	1	0	0	0	60	7
TOTAL	135	41	176	192	59	251	19	4	21	7	2	9	457	106

Table 24: HIV Screening (General) 2012 & 2013 Compared

2012		2013	
Tests Done	Positives	Tests Done	Positives
527	102 (19.4%)	457	106 (23.2%)

2.8.3 Screening for Sexually Transmissible Infection

Screening for sexually transmitted infection is a routine for targeted patients including pregnant women in an effort to prevent and control its spread. Of the 2223 pregnant women that underwent VDRL test in 2013, only 0.8% (18) was found to be reactive (table 25).

For the 339 non-pregnant women and men screened, 5.6% (19), test results was reactive. Females were found to be more likely to have reactive test than men – 6.6% compared to 3.9% (table 27).

Table 25: VDRL Screening (Pregnant Women)

MONTH	FEMALE		TOTAL TESTED
	Non-React	Reactive	
January*	0	0	0
February	37	1	38
March	76	0	76
April	205	1	206
May	238	2	240
June	175	0	175
July	246	0	246
August	148	0	148
September	295	3	298
October	211	6	217
November	308	4	312
December	266	1	267
TOTAL	2,205	18	2,223

*No Reagents for the test

Table 26: VDRL Screening (Pregnant Women) 2012 & 2013 (Compared)

2012		2013	
Tests Done	Positive	Tests Done	Positive
1521	8 (0.5%)	2223	18 (0.8%)

Though the actual number of individual VDRL screening performed increased significantly from 1521 (2012) to 2223 (2013); the reactive test results was negligible – under 1% in both 2012 and 2013 (table 26).

Table 27: VDRL Screenings (Men & Non-Pregnant Women)

MONTH	MALE		TOTAL	FEMALE		TOTAL	G/TOTAL	G/TOTAL
	Non-React.	Reactive	TESTED	Non-React.	Reactive	TESTED	TESTED	REACTIVE
January	2	1	3	19	0	19	22	1
February	10	0	10	13	2	15	25	2
March	8	2	10	20	2	22	32	4
April	10	0	10	18	2	20	30	2
May	15	0	15	35	2	37	52	2
June	7	0	7	14	2	16	23	2
July	13	0	13	16	0	16	29	0
August	16	1	17	13	1	14	31	2
September	21	0	21	17	0	17	38	0
October	5	0	5	11	0	11	16	0
November	10	1	11	14	1	15	26	2
December	6	0	6	7	2	9	15	2
TOTAL	123	5	128	197	14	211	339	19

*No reagents for the test

2.8.4 Blood Transfusion

Blood transfusion is a life saving health service intervention, thus, blood is a critical health system commodity. Often patients needing surgery, victims of road traffic accidents and most particularly pregnant and women giving birth often need urgent blood transfusion. Thus, consistent availability of transfusion blood in a health care institution particularly in a referral hospital like ours cannot be over emphasized.

Table 28: 2013 Blood Transfusions by Ward

MONTH	MEDICAL WARD		TOTAL	PAED. WARD		TOTAL	OPERATING THEATRE		TOTAL	A & E WARD		TOTAL	MATERNITY	TOTAL
	Male	Female		Male	Female		Male	Female		Male	Female			
January	1	5	6	2	0	2	0	2	2	1	0	1	38	49
February	2	11	13	5	3	8	0	21	21	2	3	5	25	72
March	1	7	8	6	3	9	0	6	6	1	0	1	48	72
April	0	9	9	4	2	6	0	3	3	1	0	1	37	56
May	1	9	10	4	2	6	0	11	11	1	0	1	33	61
June	5	8	13	4	1	5	0	15	15	1	1	2	27	62
July	2	4	6	5	3	8	0	8	8	0	0	0	35	57
August	4	3	7	3	3	6	0	8	8	0	1	1	40	62
September	2	4	6	7	4	11	0	10	10	1	0	1	58	86
October	3	5	8	16	1	17	0	1	1	1	0	1	35	62
November	2	8	10	5	12	17	0	5	5	1	0	1	24	57
December	7	5	12	12	5	17	0	15	15	2	4	6	31	81
TOTAL	30	78	108	73	39	112	0	105	105	12	9	21	431	777
%			13.9			14.4			13.5			2.7	55.5	100.0

During the year 2013, a total of 777 transfusions were performed of which 13.9%, 14.4%, 13.5%, 2.7% and 55.5% occurred at the medical, children, operating theatre, Emergency and maternity wards respectively (table 28). The maternity ward by far performed the highest number of blood transfusion. This emphasized the importance of blood in maternity care.

It is also worth explaining how transfusion blood were acquired in 2013 before the actual transfusion. In total 803 pints of transfusion blood was harvested. Of that 68.1% (547) were from relative donor and 31.9% (256) from voluntary blood donors. On average every month the hospital received 46 relative and 21 voluntary donors. 99.6% of our transfusion blood donors in 2013 were males (table 29).

Table 29: 2013 Blood Donors by Category

MONTH	DONOR CATEGORY					G/TOTAL	
	RELATIVE		TOTAL	VOLUNTARY			TOTAL
	Male	Female		Male	Female		
January	33	0	33	19	0	19	52
February	38	0	38	22	0	22	60
March	49	0	49	26	0	26	75
April	40	0	40	10	0	10	50
May	51	1	52	31	0	31	83
June	38	0	38	35	0	35	73
July	38	0	38	8	0	8	46
August	46	0	46	35	0	35	81
September	62	0	62	22	0	22	84
October	44	0	44	9	0	9	53
November	41	0	41	20	1	21	62
December	65	1	66	18	0	18	84
TOTAL	545	2	547	255	1	256	803

Table 30: Blood Donors 2012 & 2013 (Compared)

Donor Type	2012	2013
Relative	603 (64.4%)	547 (68.1%)
Voluntary	333 (35.6%)	256 (31.9%)

In comparing 2012 and 2013 transfusion blood donors noted was that the majority of donors were relative donors in both years with just one-third as voluntary donors. This poses as a tough challenge as it is not sustainable approach to ensuring consistent availability of transfusion blood (table 30).

Blood Mobilization Activities

During the year 2013, the hospital's Blood Bank Committee conducted a series of outreach blood harvesting exercises in an effort to mobilize blood for the hospital. In total 142 pints of transfusion blood was harvested within communities of the NBR (table 31).

Table 31: 2013 Blood Harvesting Exercise

MONTH	COMMUNITY	BLOOD UNITS OBTAINED
Jan	Kossi Village - NBR	20
Feb	Njaba Kunda - NBR	10
Mar	Farafenni Immigration Office	8
May	Arash Village	18
May	May Day Sports - NBR	8
Jun	Medina - NBR	4
Jun	Ngayen Sanjal - NBR	13
Jun	Wharf Town - NBR	7
Aug	Njaba Kunda - NBR	24
Aug	Farafenni Scouts	19
Nov	Farafenni	11
TOTAL		142

Table 32: Hemoglobin Results of 4915 Pregnant Women

MONTH	HAEMOGLOBIN LEVEL (g/dl)				TOTAL
	<4	4 - 6.9	7 - 10.9	11 ≥	
January	2	3	313	90	408
February	2	8	302	106	418
March	3	9	259	136	407
April	0	2	309	72	383
May	2	2	261	88	353
June	0	9	255	129	393
July	0	4	282	94	380
August	2	7	284	43	336
September	0	7	414	103	524
October	0	2	287	107	396
November	0	2	322	113	437
December	0	6	286	188	480
TOTAL	11	61	3574	1269	4915

To understand the high proportion of transfusion among pregnant or recently pregnant women we explored the prevalence of anemia among a cohort of pregnant women visiting the hospital. Table 32 outlines the hemoglobin level estimation among pregnant women referred to the hospital for routine screening test. A total of 4,915 pregnant women were tested. Of those 72.7% (3574) were "Moderately Anemic", 1.2% (61) were with "Severe Anemia" and 0.2% (11) were "Very Severely Anemic" as per World Health

Organization established standard. As per national guidelines and standards, 1.4% (72) hemoglobin level was below 7 g/dl thus, needed blood transfusion.

Key Points to Note

- a) Hemoglobin estimations accounted for 56.8% of all laboratory tests in 2013;
- b) Malaria positivity test was more common using RDT method (9.8%) overall than using the microscopy - BF (8.4%);
- c) As in 2012 the highest transfusion rate was at the maternity ward. This uncovers the increasing burden of anemia among pregnant women;
- d) The active blood harvesting approach adopted by the hospital management in 2013 has started to pay dividend as 17.7% of transfusion blood in 2013 was acquired through that. That facilitated prompt, effective and efficient response to emergencies with positive outcomes obtained.

3. FINANCIAL MATTERS

This chapter will covers financial matters of the hospital including subventions received (Personnel Emoluments [PE], Other Charges [OC] and development), revenue generated from user-fees and expenditures incurred during the year 2013.

3.1 User-Fees

It should be recall that in 1988 the government of The Gambia introduced a highly subsidized user-fees for health services utilization called Drug Revolving Fund (DRF) scheme with the aim to mobilize resources towards The Gambia's public health system financing. During the year 2013 an overall revenue collection of Three Hundred and seventy-nine Thousand, seven hundred and sixty-four Dalasis (D379,764.00) was made at the hospital i.e. 51% increase from 2012. Table 33 shows the monthly collections while Figure 26 trend in monthly collections in 2013.

Table 33: DRF Collections 2013

MONTH	AMOUNT IN DALASIS
January	27,246.50
February	26,359.00
March	23,445.00
April	27,411.00
May	40,077.50
June	28,245.00
July	38,859.00
August	37,055.50
September	32,462.00
October	31,550.00
November	31,530.00
December	35,513.50
TOTAL	379,764.00

Figure 26: DRF Collections 2013 (Trend)

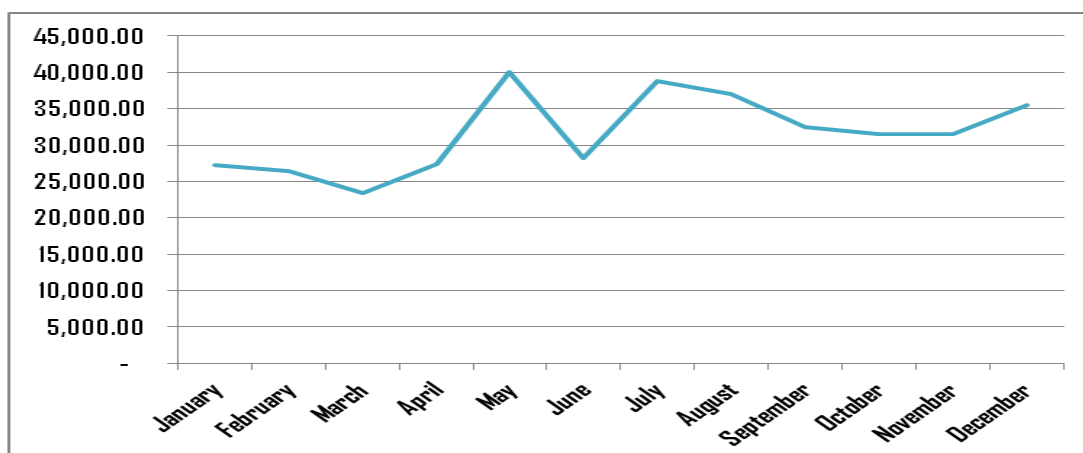


Figure 27 depicts the trend in revenue collected in 2011 to 2013 while figure 28 comparison of overall collection for the same period.

Figure 27: DRF Collections 2011, 2012 & 2013 Compared (Trend)

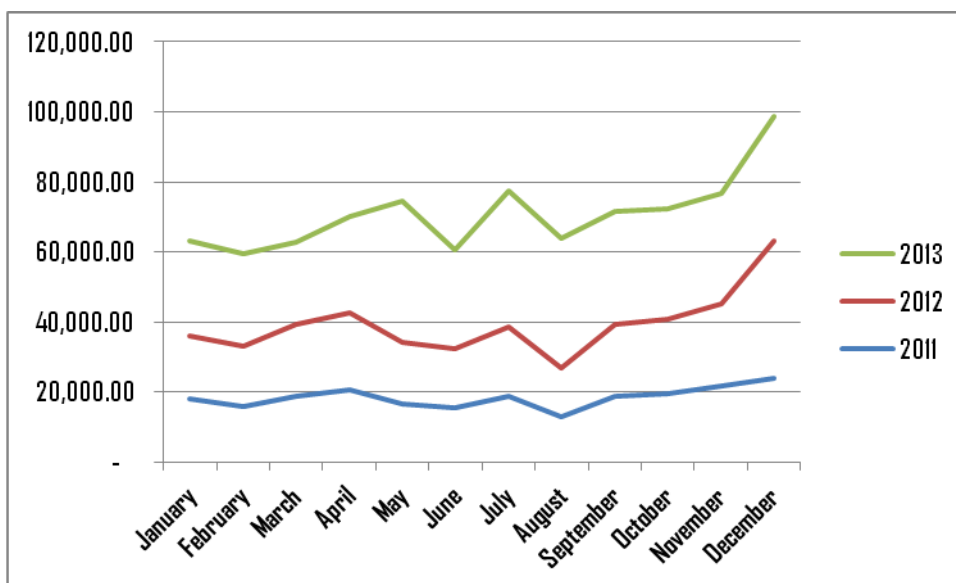
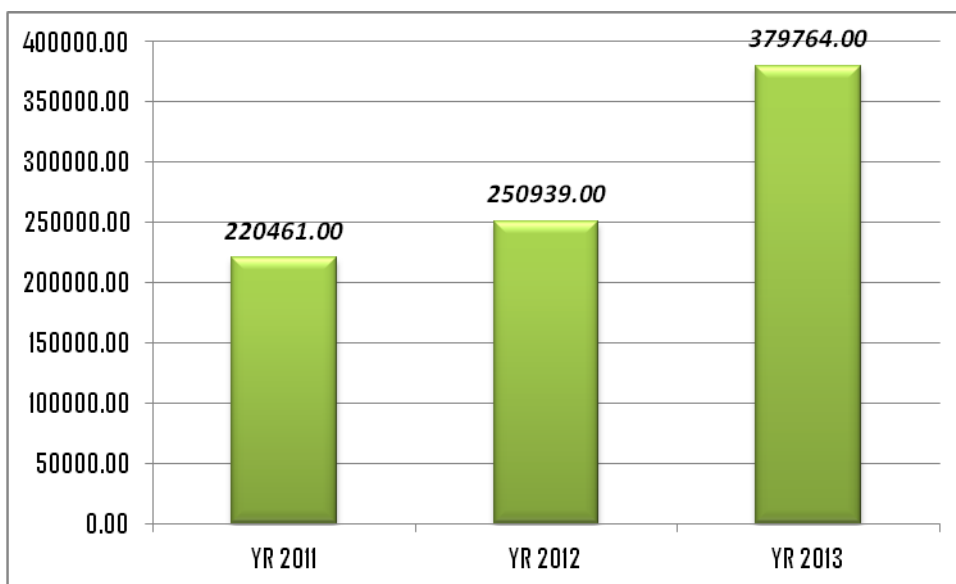


Figure 28: DRF Collections 2011, 2012 & 2013 Compared



3.2 Subventions

As a public health care institution providing essential health care services to the general public, this public hospital like many others is mainly funded by the government through monthly subventions. To that end the hospital receives three categories of subventions (Personnel Emoluments [PE]; Other Charges [OC] and Development. For the year 2013, the approved PE budget (salaries, wages and allowances) was Twelve Million seven hundred and sixty-four thousand nine hundred and sixty-eight Dalasis (D12,764,968.00). However, the total amount received for PE was Ten Million two hundred and seventy-seven one hundred and fifteen Dalasis and eighty-six Bututs (D10,277,115.86) indicating a shortfall of Two Million four hundred and eighty-seven Thousand and eight hundred seventy-one Dalasis (D2,487,871.00) i.e. equivalent to 19.5% of the approved. As for OC, the approved was Nine Million Dalasis for the year

2013, however, the total amount accessed was Eight Million and five hundred Thousand Dalasis indicating a shortfall of five hundred thousand Dalasis (D500,000.00) i.e. 5.6% of the approved. For the 2013 Development Funds the approved sum of Two Hundred and fifty thousand Dalasis was received. Table 34 details the transactions for the year 2013.

Table 34: 2013 Subventions Summary

MONTH	PE		OC		DEVELOPMENT	
	Approved	Received	Approved	Received	Approved	Received
Jan	1,063,747.30	810,711.07	750,000.00	600,000.00	250,000.00	
Feb	1,063,747.30	803,280.93	750,000.00	600,000.00		
Mar	1,063,747.30	853,280.93	750,000.00	600,000.00		
Apr	1,063,747.30	803,280.93	750,000.00	700,000.00		
May	1,063,747.30	803,281.00	750,000.00	750,000.00		
Jun	1,063,747.30	803,281.00	750,000.00	750,000.00		
Jul	1,063,747.30	900,000.00	750,000.00	750,000.00		250,000.00
Aug	1,063,747.30	900,000.00	750,000.00	750,000.00		
Sep	1,063,747.30	900,000.00	750,000.00	750,000.00		
Oct	1,063,747.30	900,000.00	750,000.00	750,000.00		
Nov	1,063,747.30	900,000.00	750,000.00	750,000.00		
Dec	1,063,747.30	900,000.00	750,000.00	750,000.00		
TOTAL	12,764,967.60	10,277,115.86	9,000,000.00	8,500,000.00	250,000.00	250,000.00

Expenditures

In terms of expenditures on subventions received table 35 provide a details account. However, worthy to note is that 54.8% (D10,614,187.67) was spent on personnel (salaries, wages and allowances); 10.3% (D2,001,881.00) on hospital maintenance; 9.5% (D1,835,875.00) on Office expenses including patients' recording tools; 6.2% (D1,198,707.55) on fuel; 5.9% (D1,131,750.00) on in-patients' feeding and 5.7% (D1,098,866.70) on rent and accommodation for staff.

As at 1st January 2013 the hospital's bank balance was for the first time in many years in the positive of D34,877.16. This momentum was maintained throughout the year guided by the principle of purchasing goods and services base on "ability to pay". After meeting all our financing obligation the application of stringent measures, thus, by 31st December 2013 the hospital bank balance was D839,659.18 (table 35).

Table 35: 2013 Revenues & Expenditures (Subventions)

ROW	SUBVENTION	31/12/12	MONTHS 2013												G/TOTAL
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
	REVENUE														
1	PE & DC		600000.00	2274460.60	1515591.45	1563224.69	754826.29	2385030.00	1932640.50	1678793.50	1683837.87	2233104.63	1682612.03	1846484.29	20,185,483.01
	EXPENDITURES														
2	Salaries		674229.40	701370.43	684913.68	686702.66	685620.38	690831.59	749353.10	762373.12	752184.98	1222038.69	784834.20	780546.70	9,174,998.93
3	Allowances		62088.00	50353.00	38953.00	45722.00	66255.00	48950.00	49250.00	67920.00	40300.00	49050.00	65603.00	81800.00	666,244.00
4	Wages		67545.48	58871.08	65949.64	63690.12	69540.83	61448.71	74067.04	49264.16	74161.24	132526.64	25158.80	30722.00	772,945.74
5	Travelling Expenses		3800.00	5000.00	1800.00	0.00	12000.00	0.00	5000.00	5000.00	4400.00	5000.00	9400.00	5000.00	56,400.00
6	Telecomm. Expenses		14000.00	19000.00	29000.00	29000.00	29000.00	29000.00	29000.00	0.00	24000.00	52000.00	49900.00	23500.00	327,400.00
7	Rent & Furniture		83666.70	58000.00	81100.00	94200.00	81500.00	71000.00	87500.00	23000.00	100500.00	106000.00	103450.00	208950.00	1,098,866.70
8	Support to TACS		5500.00	4500.00	9400.00	9400.00	9400.00	9400.00	9400.00	11400.00	12400.00	10400.00	10400.00	10400.00	112,000.00
9	Uniforms		37500.00	17440.00	0.00	0.00	0.00	5250.00	0.00	0.00	0.00	0.00	0.00	0.00	60,190.00
10	Drugs & Dressings		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95300.00	19000.00	0.00	0.00	114,300.00
11	Misc. Office Expenses		127000.00	249225.00	155250.00	102700.00	191375.00	199000.00	72900.00	92000.00	109000.00	287750.00	45000.00	204675.00	1,835,875.00
12	Other Medical Stores		30000.00	35400.00	41500.00	40800.00	42300.00	57200.00	0.00	59000.00	68600.00	0.00	0.00	80650.00	455,450.00
13	Patient Food		96250.00	78150.00	84850.00	98900.00	30000.00	179700.00	0.00	60000.00	128900.00	199200.00	0.00	175800.00	1,31,750.00
14	Oper. & Maint. Of Veh.(Fuel)		64920.00	68880.00	89756.00	88530.00	108553.00	86646.00	91333.75	10000.00	107570.00	241734.00	129618.00	11166.80	1,198,707.55
15	Oper. & Maint. Of Veh.(Maint)		35922.50	15850.00	12765.00	5500.00	37900.00	35205.00	8140.00	0.00	30351.00	69770.25	4761.00	3507.00	259,671.75
16	Maint. Of Generators		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	Maint. Of Hospital		121250.00	89525.00	180181.00	98075.00	145590.00	92620.00	166415.00	20410.00	168940.00	158025.00	363625.00	397225.00	2,001,881.00
18	Maint. Of Equipment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	Bank Charges		2746.54	6624.54	10936.29	6724.24	7113.32	5239.04	6425.55	6254.06	3077.68	9707.34	5995.04	8299.52	79,143.16
20	TOTAL EXPENDITURE	34877.16	1426418.62	1458189.05	1486354.61	1369944.02	1516147.53	1571490.34	1348784.44	1166621.34	1719684.90	2562201.92	1597745.04	2122242.02	19,345,823.83
21	BANK BALANCE		-791541.46	24730.09	53966.93	247247.60	-514073.64	299466.02	883322.08	1395494.24	1359647.21	1030549.92	1115416.91	839659.18	

Key Points to Note

- a) DRF revenue collection increased by 51.3% from D250,939.00 (2012) to D379,764.00 (2013);
- b) DRF revenue spent only on drugs and medical supplies and nothing else;
- c) Under-subventions to the hospital persisted as in previous years. The PE subvention was short by D2,487,871.00 while the OC was also short by D500,000.00;
- d) With prudent financial management, salaries were always paid not later than the 21st of the every month throughout in 2013. This served as a great motivation to our staff which also have a rippled effect on their performance.

4. DONATIONS

Like in 2012, in 2013 the hospital received gifts and/or donations from individuals, institutions to compliment the efforts of government towards the improvement of the health of the population. Donations/gifts received at the hospital are first documented at the stores before issue to the final user. This approach in our opinion is the right thing to do as it promotes accountability and transparency. Table 36 outlined the donations received from individuals, groups and institutions in 2013.

Table 36: Donations 2013

Date	Donor	Items	Rationale
03/01/13	Department of Social Welfare	30 New Wheel Chairs.	To enhance mobility of patients with difficulties.
03/01/13	National AIDS Secretariat	3 Used Filing Cabinets	For filing purposes.
07/02/13	Office of The President	15 Cartons of Sacrificial Meat	Towards hospital's inpatient feeding.
20/02/13	Hon. Balla Garba-Jahumpa	4 HP LaserJet Printers	Enhance ICT facilities in the hospital.
27/02/13	Catholic Relief Services	150 Bed nets	For Inpatients use.
26/03/13	Farafenni Marathon Committee	12 Plastic Buckets 17 Soft Brooms	As support hospital.
18/04/13	Soma Major Health centre	50 Ampoules of Oxytocin	Support to hospital.
18/04/13	Social Security & Housing Finance Cooperation	5 x 50 kg of Coos	Support towards inpatients feeding.
22/04/13	Banjul Pharmacy	200 Bottles of Metochlopramide syrup & 30 Tins X 1000 tablets Folic Acid	Support to the hospital.
14/05/13	Modou Jobe - Farafenni	75 Tins x 1000 Tablets each of Multivitamin	Support to Hospital.
25/06/13	Jammeh Foundation for Peace	Assorted medicaments	Support to hospital.
10/06/13	H. E. The President - Sheikh Prof. Alh. Dr. Yahya A J J Jammeh	D50,000.00	To the staff of the hospital in appreciation of our efforts.
17/07/13	Kerewan Health Centre	180 packets of 100 mg Hydrochlorothiazide tablets	Support to hospital
24/07/13	Office of the Governor - NBR	6 bags X 25 kg of Sugar	President's annual Ramadan gift.
21/11/13	Trust Bank Gambia	Assorted materials worth D110,200.00	Annual support to their adopted ward - Maternity Wing.
21/11/13	Taiwanese Visiting Doctors	5 Used bed sheets	Support to hospital.
26/11/13	Maha Diab	3 Wiper Blades 2 Moping Towels	Support to hospital.
11/12/13	NaNA	Assorted Supplementary Feeds to Malnourished children	Support to hospital.
20/12/13	Hon. Lamin Jammeh of Illiassa Constituency	Assorted clothing for children	Towards child health.
	Arafang Jerreh Jadama -	Pumpkins, water melon	Towards inpatients feeding

Jumansarr		
2nd Infantry Battalion	Regularly provide firewood, transfusion blood, clean the hospital and other support.	Towards effective tertiary health care service delivery.

5. INTERVENTIONS

As the disease burden and panorama of a country or community changes health care needs also change warranting a dynamic health care system to effectively and efficiently respond to the needs of the population health facilities. Aware of this, the hospital has and continue to initiate and introduce interventions that in our opinion would facilitate the attainment of our goal and mission.

During the year 2013 the hospital management undertook the following interventions as detailed below.

5.1 *Human Resources for Health Management*

Even with the most sophisticated health equipment and facilities without Human Resources for Health (HRH) they would be dysfunctional as it is HR that operate such equipments. Aware of the critical role HR play in the delivery of health services, management has over the years put HRH a top priority and has introduced a system of staff motivation with the aim to enhance performance and better outcomes for patients. Among the measures taken relating to HR are:

- a) Salaries, wages and allowances paid out not later than the 21st day of the month. Throughout in 2013 this target was met. Unlike their counterparts in the urban areas staff in rural settings often do not have the opportunity to engage in part-time jobs, thus, rely mainly on their salaries;
- b) A mechanism of rewarding deserving staff has been introduced. For example, staff were facilitated to go for higher professional training both within and out of the country. Performing staff promoted as well;
- c) All professional staff are housed at the cost of the hospital. Furthermore, heads of department/units are each accorded additional amenities including furniture, refrigerator, fan to name but a few;
- d) Utility bills including water and electricity of our professional staff is borne by the hospital;
- e) An equal-opportunity recruitment system has been introduced were each applicant go through a process including interview before a panel should the applicant meet the minimum requirements;
- f) For proper identification all staff are provided with their cadre's standard uniforms.

These interventions are received well by staff and has been a talking point among health professionals in the country. Thus, the hospital attracted more trained health workers.

5.2 *Clinical Care Services*

Given that it is the primary function of the hospital, continuous quality improvement in clinical services takes precedence over any other issues. Thus, instituted are:

- a) 24 hours coverage of the hospital by medical doctors;
- b) Equally, the laboratory is operational 24/7 were all emergencies get services;
- c) Only medical doctors can admit and/or discharge a patient. Importantly, ward rounds of inpatients assured Mondays – Fridays. We can proudly say that all our inpatients receive the attention and services of a medical doctor;

- d) Consultant clinics for pediatrics, Obstetrics and internal medicine has been instituted and are operating satisfactorily;
- e) Even were drugs and other medical supplies are not available at the Central medical Stores in Banjul, the hospital management procure them. Thus, inpatients are relief of being ask to buy drugs while on admission;
- f) The Duty-Room is covered 24/7 to ensure staff are on duty and working as expected and to address issues as the arise without delay;
- g) Doctors hold morning meetings daily (Monday – Fridays) to discuss clinical matters for improved patient care and management.

These interventions and initiatives have contributed greatly to the improved quality of care in this hospitals as alluded to by the general public and visitors to the hospital.

5.3 Records Management

Access to and availability of reliable data is key to planning and decision-making more so in a health care delivery system. Aware of this fact, management has over the years put in a mechanism to ensure availability of reliable data as well as to use data to promote transparency and accountability in all undertakings. To that end:

- a) The culture of documentation of every transaction within the hospital has been instill in all staff. These documentations span on all aspect of clinical care and patient management, procurement of goods and services, financial, supplies (essential drugs and other supplies) to name but a few;
- b) Monthly computation of the service delivery statistics and financial transaction summaries are done at the end of every month;
- c) The 2012 and 2013 service delivery statistics has been presented in a public forum attended by members of the communities, our partners and important dignitaries.

As a result of these interventions, our decisions in the management of the hospital is purely guided by reliable data. It is no doubt that because of our competence in this area we have for the first time prepared annual reports of the hospital for year 2012 and 2013.

5.4 Maintenance of Structure and Equipments

A conducive working environment enhances better performance of staff which often leads to better outcomes for patients. Likewise, a functional bio-medical equipment is what is needed in the delivery of effective and efficient health care services. Cognizant of these the hospital management attached great importance to them. Preventive maintenance is the strategy adopted in the upkeep of structures and equipment in our quest to prevent interruption of services and ensure safety of staff and patients at all times. For example, for all sensitive biomedical equipments a stabilizer is provided, with periodic maintenance of equipment by a biomedical engineer instituted.

Routine maintenance of structures is a regular undertaking. Thus, leaking water pipes and/or electrical problems are prevented. To enhance work environment, air conditioners, fans, refrigerators, electrical kettles has been installed/supplies in almost all units/wards/departments within the hospital.

5.5 Supplies Management

In accordance with established standards and guidelines, supplies are managed accordingly. For example, all procured/donated supplies are received by the main stores and documented accordingly before issue. Issue of supplies must be authorized by management. For fixed assets upon issue is inventoried as well.

Inpatient food supplies has been procured on bi-monthly basis throughout in 2013. This is more efficient compared to the monthly adopted in previous years. Instead of daily issues to cooks, a weekly supply has been introduced in 2013 to enable preparation of the three square meals to inpatients and their escorts.

5.6 Essential Drugs & Medical Supplies Management

Like for the general supplies, all drugs and medical supplies received/bought by the hospital are tallied in standard cards. Furthermore, there is a computerized backup. However, drugs or medical supplies can only be issued upon request on a standard requisition book which is endorsed by management.

5.7 Maternal Deaths Review/Audits

Aware of the benefits of MDR/A in the reduction of maternal deaths, it is carried out every quarter. In our review meetings all health facilities referring to our hospital are invited to attend as well all stakeholders. This approach has helped greatly in our efforts to reduce maternal deaths and to better respond emergencies including obstetrics. Now we have observed improvement in in-referrals and consistent availability of transfusion blood in the hospital.

5.8 Other Activities

In addition to our primary and routine duties the hospital staff and management embarked on some other important activities including:

5.8.1 Farming

Going by the slogan “Grow what you eat and Eat what you grow”, and considering the huge sums of money spent on inpatient feeding, the hospital management took it upon itself to embark on farming activities. To that end in 2013 two coos farms was initiated and it is gratifying to report that 5.5 X 50 kilograms was harvested and used towards feeding our patients admitted.

5.8.2 Extra-Curricula Activities

As the saying goes “All work no play make Jack a dull boy” management do endorse and organize other activities for staff in an effort to promote and enhance mental health. It is in that regard in 2013 the hospital was involved in the following activities:

Football: Had played two football matches (home and away) against Bansang Hospital. This initiative was noted to enhance ties among staff of the two institutions. Additionally, took part in the local “Football Nawettan” held in Farafenni.

May Day Sports: The hospital participated fully in the regional May Day Sports” celebrated in the form of match pass, symposium and track and field events. For the match pass the hospital was rated as the most smartly dressed; the Chief Executive Officer of the hospital was the guest speaker for the symposium on the theme “Sports for Health”. Worthy to mentioned is that the hospital took second at the sports.

5.8.3 Setsetal

Even before the pronouncement of the national monthly clean-up exercise, it has been a tradition in this hospital for the orderlies to voluntarily carryout clean-up exercise every Saturday. In addition, for every national clean-up day all hospital staff converge to carryout general cleaning of the hospital. This have contributed greatly to the overall cleanliness of the hospital and ranked by many of our visitors as the cleanest health facility in the country. This has been attested to on many occasions including on GRTS BANTABA program with District Chiefs. Rewardingly, the then Minister of Environment and Speaker of the National Assembly to name but a few commended the hospital for its cleanliness.

5.8.4 Exchange and Working Visit

Given our consistent and progressive performance over the years which is known to many genuine and lucid people, the hospital management host the Senior Management Team and Sponsors of Bansang Hospital. The aim of this visit was for the latter to be exposed to the management system in this hospital with the intention to adopt the best practices. This has accorded them with a wealth of knowledge on how to manage better.

5.8.5 Staff Party

After every long hard work rest and enjoyment is warranted. With the adage “Hard work pays” on the 10th June 2013 on day one of Dialogue with the Peoples Tour”, His Excellency The President of The Republic gave the hospital staff the sum of fifty Thousand Dalasis which the staff used to organised a general staff party preceded by presentation of the hospital’s 2012 Service Delivery statistics to the general public and her partners.

6. CHALLENGES & CONCLUSION

6.1 Challenges

Overall, in 2013 a lot has been achieved. Ranging from coping with the increasing number of patients population attributable mainly to improved quality of services which in effect attract patients. However, some important issues poses as a formidable challenge to the hospital's effective and efficient operations. These includes:

6.1.1 Human Resources

The hospital has for long been operating with less than one-third of the required trained staff. This affect 24/7 clinical service delivery and coverage by trained staff particularly nurses and midwives. For example, in most part of 2013, the maternity unit was operating with only six midwives as against the required more than 18. To make matters worse, trained staff are redeployed out of the hospital by the ministry without replacement thus causing acute shortage of skilled health care personnel in the hospital. Additionally, our staff are not benefitting from the government approved "Special Skills Allowance" for those staff on grade seven and above. This is a disincentive for skilled staff to opt for hospital postings.

6.1.2 Equipment

Availability of biomedical equipment to match the expanding clinical services is also a formidable challenge. As most of the available equipment were installed in 1999, a great number of those have served their useful lifespan warranting replacement. Equally and importantly, for some equipment such as X-Ray machine, anesthetic machine, there is only one of each in the hospital meaning that if there is a breakdown services will be interrupted. With no bio-medical engineer stationed in the hospital, if a machine has a technical fault it times considerable time to be repaired.

6.1.3 Essential Drugs and Other Medical Supplies

Given that the Gambia government is providing virtually free health services to the population is a welcome policy decision. However, during the year under review, assuring consistent availability of drugs and supplies proved to be a formidable challenged. Thus the hospital management spent huge amounts of money from its subvention to procure essential drugs and medical supplies.

6.1.4 Water and Electricity Supply

Given that electricity supply from the national grid is on specific periods and not 24/7, the hospital resort to its backup generator. However, the capacity of the generator cannot power the hospital thus stiff rationing is applied. This hinders service delivery at times. The switching of power from national grid to generator is observed to have effect on equipments causing frequent breakdown.

Importantly, water supply in Farafenni is less than reliable with frequent water shortages experienced. The hospital's overhead water tank is in a poor state warranting a new system to meet the hospital's water supply needs.

6.1.5 Finances

Though throughout the year 2013 the hospital operated without overdraft facility,, however, with the frequent shortfalls in PE and inconsistencies in OC subventions coupled with the never catered for bank charges on accounts, if there is no remedy the hospital may soon go back to the overdraft situation.

6.1.6 Ramp

The hospital is belief to have one of the best designed operating theatre in the country but because of the lack of an access ramp it is not routinely use. Instead, the minor theatre ground floor is being use which is very tide. The need for an access ramp to the theatre upstairs is ever more urgent given the increasing number of surgical operations taking place in the hospital.

6.1.7 Mortuary

It has been an opinion that the deceased in the rural areas often do not stay long before burial. However, the hospital has noted over the years that an increasing trend for the death to be lodge at the hospital mortuary to await for burial. Sadly our mortuary has no refrigerator but air-conditioners. Thus, there is potential need for mortuary refrigerators in the hospital.

6.2 Conclusion

This report is a follow-up to first report in 2012, which we attempted to detailed our services and activities in numbers. The numbers are indeed in relation to human health and diseases and should be viewed in that context. In this current report we have attempted to deduce a trend in our patients load and disease burden with the aim to provide the reader a comprehensive view of what has taken place in terms of tertiary health care delivery in this hospital.

In 2013 the hospital has registered significant achievements in tertiary health care delivery evidenced in the increasing number of patient load coupled with positive outcomes in many facets of patient management as indicated in the report. This measurement of the hospital's performance is possible mainly because data are recorded, analyzed, interpreted and reported. It is for this reason the Board and Management of AFPRC General Hospital took it upon itself to use data to inform actions and decision-making.

Good health is not only a consequence of economic development, but also a driver of it, since healthier people can do more. Good health not only enhances these benefits by improving health but also yield additional economic benefits. It is in that direction that the current management of the AFPRC General Hospital is thinking and doing everything possible to ensure the delivery of quality tertiary health care services at all times.

Pictures

Blood Donors



Board Members' Monitoring



Rehabilitation: Before & after Works



Clinical Services



Welcomings of The President





Service Delivery Statistics Presentation



Clinical Services





