



REPUBLIC OF THE GAMBIA

DEPARTMENT OF STATE FOR HEALTH

NATIONAL REPRODUCTIVE & CHILD HEALTH PROGRAMME

STRATEGIC FRAMEWORK AND PLAN

2007 - 2014

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FOREWORD

The Gambia endorsed the recommendations of the International Conference on Population and Development (ICPD 1994) Programme of Action into a broad-based Reproductive Health Implementation Programme because of the prevailing and unacceptable poor health indicators.

This Policy Document represents a common understanding between the Department of State for Health (DoSH) and its development Partners such as UNFPA, WHO, World Bank, UNICEF as well as several other Stakeholders at grass root community levels.

Cognisant of the need for evidence-based practice, the Policy has been developed by utilizing latest findings from several related baseline surveys with the blend of Stakeholders experiences and contributions during the Policy consultative process at all levels.

In addition a National RH Strategic Plan of Action and Guidelines have also been developed to assist Policy Makers, Directors, Programme Managers and Service Providers at all levels and other Stakeholders to move from Policy into appropriate and concerted action.

Government and Development partners are particularly encouraged to increase political commitment, financial resources and other mobilization efforts and co-ordination for the full implementation of this Policy in fulfilment of the ICPD POA '94 and in attaining the Health related Millennium Development Goals (MDGs) in Africa by 2015.

It is my ardent hope that all actors (Public, Private and NGO Sectors) in the field of reproductive and child health will be guided by this policy as well as the RCH Strategic Plan of Action to positively impact on the sexual and reproductive health and rights of all beneficiaries.

I thank you all.

Dr. Mariatou Jallow

Hon. Secretary of State for Health & Social Welfare

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We express our sincere thanks to WHO for providing the consultant, UNFPA.

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LIST OF ABBREVIATIONS

Acronyms and Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Ante-Natal Care
BCG	-	Bacillus Calmette Guérin
BCC	-	Behavioural Change Communication
BEmOC	-	Basic Emergency Obstetric Care
BHS	-	Basic Health Services
BLSS	-	Basic Life Support Skills
BP&CRP	-	Birth Preparedness and Complication Readiness Plan
CBD	-	Community Based Distributors
CEmOC	-	Comprehensive Emergency Obstetric Care
CIAM	-	Centre for Innovation Against Malaria
DPT	-	Diphtheria, Pertusis & Tetanus
EMCH	-	Emergency Maternal & Child Health
EMNCH	-	Emergency Maternal Newborn & Child Health
EOC	-	Emergency Obstetric Care
EMNOC	-	Emergency Maternal Neonatal Obstetric Care
FGC	-	Female Genital Cutting
GFPA	-	Gambia Family Planning Association
HIV	-	Human Immune-Deficiency Virus
ICPD	-	International Conference on Population and Development
ITN	-	Insecticide Treated Net
IUD	-	Intra-Uterine Device
LSS	-	Life Support Skills
MCH/FP	-	Maternal & Child Health and Family Planning
MDG	-	Millennium Development Goals
MICS	-	Multiple Indicator Cluster Survey
MMR	-	Maternal Mortality Ratio
MRC	-	Medical Research Council
MTCT	-	Mother to Child Transmission of HIV/AIDS
NGO	-	Non-Governmental Organisation
NSS	-	National Sentinel Surveillance
PHC	-	Primary Health Care
RH	-	Reproductive Health

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PLWHA	-	People Living With HIV/AIDS
POA	-	Plan of Action
RCH	-	Reproductive & Child Health
RDC	-	Regional Development Committee
RHT	-	Regional Health Team
RTI	-	Reproductive Track Infection
RVF	-	Recto Vaginal Fistula
RVTH	-	Royal Victoria Teaching Hospital
STI	-	Sexually Transmitted Infection
TBA	-	Traditional Birth Attendant
TFR	-	Total Fertility Rate
UNFPA	-	United Nation Population Fund
VCT	-	Voluntary Counselling and Testing
VVF	-	Vesico Vaginal Fistula
VHS	-	Village Health Services
WHO	-	World Health Organisation

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GAMBIA DEMOGRAPHIC AND HEALTH INDICATORS

Area

Land area in square kilometers	10,680
Length in Kilometers	400

Demographic Indicators

Total population (2003 census) in millions	1.3
2008 population projection in millions	1.62
Percent annual population growth rate	2.7%
Per cent rural population (2003 Census)	60%
Per cent urban population (2003 Census)	40%
Life expectancy at birth in years (2003 Census)	51yrs
Percent of population aged 15 – 24 years (2003 Census)	19%
Percent female aged 15 – 49 years (2003 Census)	22%
Total fertility rate (2003 Census)	5.4
Total Fertility Rate (2001 MMR/CPR Survey)	6.01
Young people aged 12 – 30 years (1993 census)	51%
Young people aged 0-15	45%

Health Indicators

Contraceptive prevalence rate (2001) – Modern Contraceptive only	13.4 %
Adolescent pregnancy rate	14%
Girls married before 18 years	17 %
Crude birth rate per 1000	43.2
Crude death rate per 1,000	9
Antenatal attendance (at least once)	97.8 %
Supervised deliveries	56.8 %

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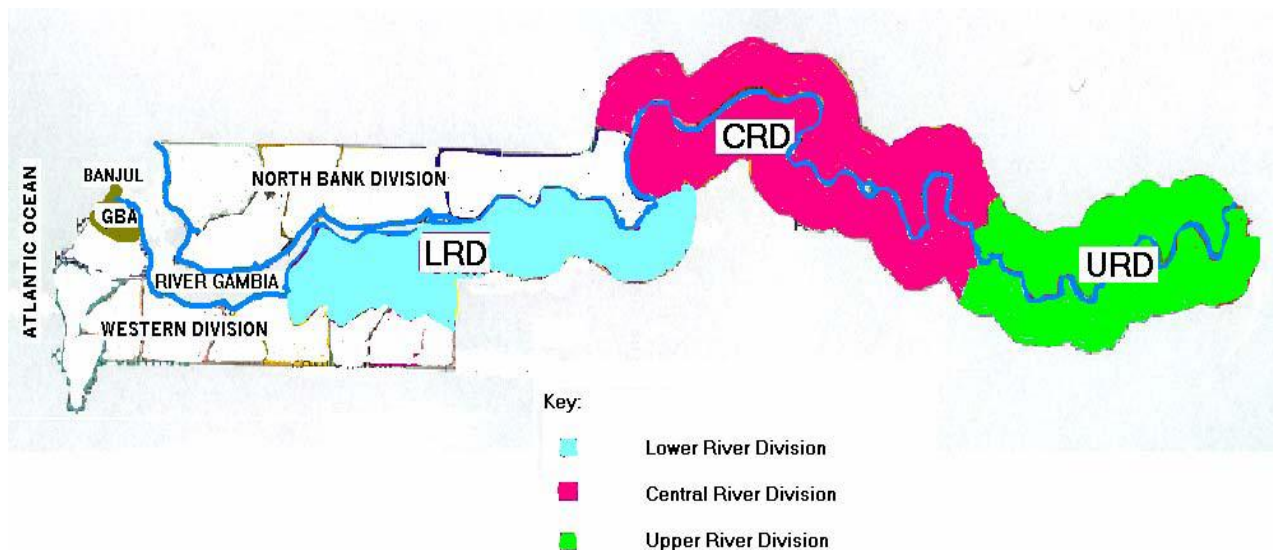
Postnatal care attendance	5%
Maternal mortality ratio per 100,000 live births (MMR/CPR 2001)	730
Perinatal mortality rate per 1,000 live births	54.9
Neonatal Mortality Rate per 1,000 live births	31.2
Percent of births with prenatal care in first trimester (1993)	xx
Access to static health units	85 %
Infant mortality rate per 1,000 live births (2001)	84
Child Mortality Rate per 1,000 live births	56
Under-five mortality rate per 1000 (2006/6)	131
Percentage of children who are wasted (2007)	rainy season - 9.0%
	Dry season - 8.9
Percentage of children who are stunted (2005/6)	13.6%
Children fully immunized (MICSIII)	74.5 %
Percentage of health units offering FP (2000)	90 %
Doctor to patient ratio	1:
Nurse to patient ratio	1:

Literacy

All Adults literacy rate (2003)	52.1%
Male adult literacy rate (2003)	xx %
Female adult literacy rate (2003)	18 %

CHAPTER 1

1.1 COUNTRY PROFILE



The Gambia is located on the West Coast of Africa, bordering the Atlantic Ocean on the west and Senegal on the North, South and East. The total area of the country is 10,680 sq km. The river Gambia runs through the length of the country dividing it into two parts namely the north and south bank. Over the last decade, major improvements have been realized in the area of infrastructure like roads, electricity and water supply system though much needs to be done. In addition, there are several river crossing points with public ferry services but is constrained by limited operational hours.

The population of The Gambia is 1.62 million with an annual growth rate of 2.8%. The Gambia has a population density of 151/square kilometer with 45% living in the rural areas and 55% in the urban areas. Of the 55% living in urban areas, 68% is comprised of people aged 15 – 64 years. Fifty one percent of the populations are women and among these, 23.3% are in the reproductive age group of 15 – 49 years. Life expectancy at birth has improved over the decade from 58 years to 64 years overall. The Crude

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birth and death rates are estimated at 46 and 9 respectively. The population, being 95% Muslim, practice polygamy. In addition, Female Genital Cutting, wife inheritance and early marriage are practiced widely.

The Gambia gained independence in 1965 and ushered into the Second Republic in 1994 following a peaceful takeover. The country is characterized by a multi-party democratic governance and known for its peace and stability.

GDP

Ratio of Doctors to population

Ratio of Nurses to the population

Health budget from govt. to DoSH

Health budget from DoSH to RCH

RCH indicators

1.2 Health Care System

The national health care delivery system of The Gambia is divided into six health Regions: Western Region including the two municipalities, North Bank Region (East and West), Lower River Region, Upper River Region & Central River Region. The Government of The Gambia adopted the PHC approach following the Alma Ata Declaration in 1978. Since then, the maternal and child health services (now the reproductive and child health services) were decentralized through out the six health Regions and delivered through the following three tiers of services:

The primary level: is represented by the village health services and community health activities which serve 400 people and above. The TBA and Village Health Worker supervised by the CHNs/Midwives are the personnel for the primary level. They are identified and selected by the community and trained by DoSH and partners. Primarily, they are mandated to provide preventive services and specifically TBAs takes responsibility for conduct of normal deliveries (gravida 2-4), referrals of pregnant women for antenatal care, obstetric and newborn emergencies, newborn care, postnatal care and family planning services. Whereas VHWs

are mandated to manage minor ailments such as malaria, chest infections, diarrhoea, dressing minor wounds, referrals, FP counseling and distribution of condoms. This level is managed by the Village Development Committee.

Secondary level: refers to the basic health facilities i.e. major and minor health centers. Health services are provided at this level by Doctors, Nurses, Midwives and Public Health Officers among others. A major health center is expected to serve a population of 50,000 people or more. Services provided include among others, maternal, newborn and child health, inpatient admissions, out patient, pharmaceutical, and in a few major health centres, laboratory including blood transfusion and surgical services.

The tertiary level comprises of hospitals mainly, 4 public (1 teaching and 3 general Hospitals), 4 private and 3 NGO hospitals; where reproductive and child health care services are being provided.

1.2. The National Reproductive & Child Health Programme

Several measures were taken in the past to improve and expand maternal and child health care services in the country with a view to reducing maternal and newborn morbidity and mortality, such as:

- The construction and provision of modified horse driven carts with bed and sitting facilities for use as transportation during obstetric emergencies in the event of transport un-availability
- The construction of wooden and fiber made canoes for use as a river ambulances with diesel-driven engines to facilitate obstetrics emergency referrals when public ferries shutdown in the evening.
- The installation of Radio communication networks in the motor ambulances and at referral health facility level to enhance timely arrival of and preparedness for obstetric referrals.

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- The construction of maternity waiting homes at strategically located referral health facilities for the admission and management of pregnant women with obstetric problems prior to and during delivery
- The establishment of a special cadre of nurse midwives trained in obstetric life saving skills and anesthetics, respectively to serve in the major health centers in the rural areas in the provision of obstetric emergency services.

Most of these interventions, though demonstrated some positive results could not be sustained as a result of financial, technical and socioeconomic barriers.

Health Indicators

According to the latest Maternal Mortality survey in 2005, in the Gambia maternal mortality ratio has declined but remained unacceptably high (730/100,000 live births), with unacceptably high 54.9, 31.2, 84, 135, and 56 per thousand live births Perinatal, Neonatal, Infant, Under Five and Child mortality Rates respectively. The total fertility rate in The Gambia is 5.4 with the mean age at first birth 16.5 years nationally and contraceptive Prevalence Rate - 17.5% respectively. Birth at the age 15-19 is 118/1000, skilled attendance at labour in The Gambia is 54% while HIV/AIDS prevalence rate is 1.2%. Physicians to population ratio is 4/100,000.

Evaluation of the availability, utilization and quality of obstetric care services in The Gambia has shown that there are 4 Comprehensive Emergency Obstetric Care and 8 Basic Emergency Obstetric Care delivery institutions available. But it has to be established that this institutions are giving services 24 hours a day 7days a week.

The same survey identified that birth in EMOC facilities in the study ranged from 23.4% to 32.5% which exceeded the 15% minimum in the UN guidelines, while the unmet need for EMOC ranged from 3.5% to 31% where none of the health Regions met the 100% target. C/S rate was also found below the acceptable minimum, ranging from 2.1% to 2.8% with a case fatality rate 5.6% as opposed to the rate of less than 1%.

CHAPTER 2

2.0 INTRODUCTION

The International Conference on Population and Development (ICPD) held in Cairo in 1994 recognised that Reproductive Health (RH) is a critical part of an individual's wellbeing and is central and critical to human development.

This recognition puts individual's health, rights and development at the centre of policies, programmes and implementation plans and emphasises the strategic roles of information, education, community mobilisation and participation, women's empowerment and provision of quality care for all persons, including the poor and the marginalised groups.

Therefore, the ICPD established a paradigm shift from the previous concept of maternal and child healthcare and family planning to a more comprehensive approach of RH and reproductive rights. This is premised on the lifecycle approach in which RH concerns are not limited to women of reproductive age but are extended to include lifetime concerns for both men and women from birth to old age.

Reproductive Health is defined as a *“state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes”* (ICPD 1994). It is implicit in this definition that people have the ability to reproduce, to regulate their fertility and to practise and enjoy sexual relationships. Additionally, women can safely go through pregnancy and childbirth without health hazards. It also implies the empowerment of women and young people in the development and implementation of programmes and services and men assuming greater responsibility for and actively supporting reproductive health.

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Being an integrated approach to health and development needs, RH has component areas which include the following:

- i. Safe Motherhood comprising prenatal care, safe delivery, essential obstetric care, post-partum care, neonatal care and breastfeeding
- ii. Family planning information and services
- iii. Prevention and management of infertility and sexual dysfunction in both men and women
- iv. Prevention and management of complications of abortions
- v. Provision of safe abortion services where the law permits
- vi. Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV infections and acquired immune deficiency syndrome (AIDS)
- vii. Promotion of healthy sexual maturation from pre-adolescence, responsible and safe sex throughout life and gender equality
- viii. Elimination of harmful practices, such as female genital mutilation (FGM), child marriage and domestic and sexual violence against women
- ix. Management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of FGM and reproductive health problems associated with menopause and andropause.

In response to these reproductive health demands, in 2002, the Gambia Government through the Department of State of Health developed a National Reproductive Health Policy that has now been reviewed from 2007-2014. The revised policy builds on the platform of the achievements of the previous policy in the following problem areas:

- a. The unacceptably high levels of maternal and neonatal morbidity and mortality;

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- b. The increasing rate of HIV infection and the prevalence of other STIs;
- c. Increasing high-risk behaviour of adolescents leading to premature sexual encounters, early marriage, unintended pregnancies, unsafe abortions and social consequences, school as school dropout with subsequent negative intergeneration effects;
- d. The persistence of harmful practices, and dangerous family health values and practices;
- e. The serious consequences of domestic violence and sexual abuse against women and the girl-child;
- f. The current fragmentation of reproductive health activities and the limited impact of existing programmes in reducing sexual and reproductive ill-health and improving reproductive health and wellbeing;
- g. The low level of male involvement in reproductive health;
- h. The low level of awareness and utilisation of contraceptives and natural family planning To further the implementation of the programme of action of the International Conference on Population and Development (ICPD), 1994.

2.1 POLICY OBJECTIVES, STRATEGIES, CORE INTERVENTIONS AND EXPECTED OUTCOMES:

These priority components will be addressed under the following objectives and strategies:

SAFE MOTHERHOOD COMPONENT (*i.e. Antenatal, Delivery, Newborn & postpartum care including child health and Post-abortion care*).

OBJECTIVES:

- To provide skilled attendance during pregnancy, delivery, the postpartum and neonatal period, at all levels of the health care delivery system.
- To consolidate and promote infant and child health
- To strengthen the capacity of individuals, families, communities, civil society organizations and government to improve maternal, newborn and child health.

STRATEGIES:

- i. Improving the provision of, and access to quality maternal, newborn and child health care.
- ii. Consolidate, promote and expand child survival interventions.
- iii. Strengthening the referral system for obstetric, newborn and child health emergencies.
- iv. Strengthening regional health planning and management of maternal, newborn & child health services.
- v. Community empowerment particularly women.
- vi. Fostering Partnerships
- vii. Advocating for increase commitment and resources for maternal, newborn and child health
- viii. Promoting household- hospital continuum of care.

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Core Interventions

- i. Provision of focused antenatal care (i.e. *at least 4 quality ANC visits, BP&CRP, evidence-based care, STIs/MIP-IPT/VCT-PMTCT, at least 2 doses T.Toxoid vacc, iron & folate supplementation etc*)
- ii. Training, recruitment and appropriate deployment of skilled personnel;
- iii. In-Service training for doctors and midwives to provide basic and emergency obstetric and neonatal services.
- iv. Conduct national assessment for baseline information on child survival activities and implement key recommendations.
- v. Conduct post training evaluation for baseline information on the IMNCI and EMNCH strategies.
- vi. Provision of adequate and quality RH drugs, supplies & equipment including blood transfusion services;
- vii. Active community involvement and Male participation in RCH issues and services.

Expected Outcome

- Reduced maternal, newborn and child morbidity & mortality.

FAMILY PLANNING COMPONENT:

OBJECTIVES:

1. To increase the contraceptives prevalence rate.
2. To reduce the high unmet need for Family Planning.

STRATEGIES

- i. Increase access to quality FP information and services at all levels.
- ii. Ensure provision of adequate and quality FP commodities and supplies.
- iii. Strengthen the FP logistics management information system at all levels;

- iv. Strengthen collaboration with religious, traditional leaders, National Assembly Members and district authorities on FP issues and services;
- v. Promotion of Behavioural changes and safer sex practices through behaviour change communication;

Core Interventions

- i. Capacity building of service providers and community health workers on FP issues and services;
- ii. Increase availability of various FP methods;
- iii. RCH data collection, management and utilization at all levels;
- iv. Sensitization for increased utilization of modern FP methods and the importance of the health and socio –economic benefits of FP;
- v. Advocacy meetings for social marketing initiative of FP commodities;
- vi. Inclusion of contraceptives in DoSH essential drug list (EDL) and procurement;
- vii. Budgetary allocation by DoSH for FP commodities for sustainability;

Expected Outcome

- Existing high (90%) awareness level maintained and low utilization rate (13.4%) of modern contraceptives increased;
- High unmet need for FP reduced;

ADOLESCENT/YOUTH SEXUAL AND REPRODUCTIVE HEALTH COMPONENT.

OBJECTIVES:

1. To increase access to quality S & RH information and services for adolescents/youths
2. To build the capacity of tutors and service providers on the provision of youth-friendly information and services on S & RH issues;

3. To advocate for, and build partnership with communities and policy makers at all levels on young peoples' S & RH issues.

STRATEGIES

- i. Increase access to quality S & RH youth-friendly information and services for adolescents/youths.
- ii. Advocate for more functional youth-friendly centres;
- iii. Strengthen capacity of training institutions and service providers on S & RH issues;
- iv. Advocate for active involvement and participation of parents, community and religious leaders, National Assembly Members in planning; implementation, monitoring and evaluation of adolescent/youths S & RH activities.
- v. Promote dialogue between young people, adults and policy makers, using appropriate channels of communication on adolescents/youth sexual and reproductive health needs;

Core Interventions

- i. Sensitization of adolescent/youths on the availability and use of STIs/VCT/HIV/PMTCT services
- ii. Identify training needs and train Tutors, service providers and community health workers on adolescents/youths health issues
- iii. Orientation of Tutors on the updated S & RH Module of the pre-service training curriculum;
- iv. Community sensitization for awareness creation on S & RH issues and needs of the adolescent/youth at all levels.

Expected Outcomes

- Increased awareness and availability of S & RH services at all levels.
- Increased utilization of S & RH services by young people.

REPRODUCTIVE TRACT INFECTIONS INCLUDING STIs/HIV/AIDS/PMTCT:

OBJECTIVES:

1. To ensure the finalization and availability of a revised version of the first ever National HIV/AIDS Policy guidelines and strategic plan of action.
2. To increase awareness on, and ensuring access to RTIs information and services.
3. To effectively manage STI cases using the syndromic management approach.
4. To reduce Mother to Child transmission of HIV infection.

STRATEGIES

- i. Updating and distribution of STIs /HIV/PMTCT Policy guidelines
- ii. Improve community awareness and response on the prevention and management of RTIs.
- iii. Training of Tutors and service providers on the syndromic management approach of STIs.
- iv. Ensure the provision of adequate and appropriate drugs and supplies for the management of RTIs including STIs/HIV/PMTCT.
- v. Updating and distribution of STIs /PMTCT service guidelines;

Core Interventions:

- i. Conduct public sensitization on the causes, prevention and management of RTIs.
- ii. Training of Tutors and service providers on the syndromic management approach.
- iii. Providing adequate and appropriate drugs, equipment and supplies for the management of RTIs including STIs/HIV/PMTCT.
- iv. Print and distribute STIs /HIV/PMTCT Policy guidelines
- v. Print and distribute STIs /PMTCT service guidelines;

Expected Outcomes:

Improved access to quality RTIs information and services.

Reduction in STIs/HIV/PMTCT rates.

GENDER ISSUE COMPONENT (*i.e. gender based violence affecting RH including harmful socio-cultural practices and active participation of men in RCH issues*)

OBJECTIVES.

1. To increase awareness of communities on gender based violence related to RH.
2. To increase male participation in RCH issues
3. To advocate for positive behavioural change towards harmful socio-cultural practices related to S& RH
4. To build capacity of service providers and students at all levels on issues of gender based violence and harmful socio-cultural practices related to RCH.

STRATEGIES

- i. Advocate for the domestication and enforcement of the draft Women's Bill on the African Charter on the Rights of Women in Africa.
- ii. Promoting gender awareness and women empowerment
- iii. Advocate for active male participation in RCH issues.
- iv. Increasing community awareness on gender-based violence and harmful socio-cultural practices related to RH.
- v. Reduce the incidence of Female Genital Cutting through the promotion of the initiation rites without cutting.
- vi. Strengthen capacities of service providers, health training institutions, schools, etc on gender-based violence and harmful socio-cultural practices related to RH

Core Interventions:

- i. Re-sensitize and lobby Parliamentarians to endorse and enforce the Women's Bill;
- ii. Sensitize communities, policy makers, service providers, CSOs, training institutions, parliamentarians, professional bodies and faith based organizations on RH related gender issues;
- iii. Support activities of CSOs involved in the reduction of gender-based violence and harmful socio-cultural practices including FGC;
- iv. Re-sensitize men on participation in RCH services, gender-based violence and harmful socio-cultural practices related to RH;
- v. Training of service providers, health training institutions, schools, etc on gender-based violence and harmful socio-cultural practices related to RH.

Expected Outcomes.

- Women's Bill endorsed by parliament and enforced by law;
- Men actively utilize RCH services & supporting children and women's Reproductive Health and Rights issues;
- Reduced incidence of gender-based violence and harmful socio-cultural practices including FGC.

REPRODUCTIVE MORBIDITY COMPONENT (i.e. fistulae, cancers, menopause, infertility etc).

OBJECTIVES:

1. To create public awareness on the causes, prevention and management of reproductive morbidity among men, women and young people;
2. To establish HPV Vaccination and cancer screening services;
3. To reduce the prevalence of obstetric fistulae;
4. To train Tutors, service providers and policy makers including laboratory personnel on HPV Vaccination and RH cancer screening and management.

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5. To generate public awareness, and assess level of acceptability of HPV Vaccination & RH cancer screening services.

STRATEGIES

- i. Raise Public awareness on the causes, prevention and management of reproductive morbidity among men, women and young people, in particular fistulae & cervical cancer.
- ii. Ensure capacity building and service provision at all levels on the causes, prevention and management, in particular, obstetric fistulae & cervical cancer.
- iii. Initiate HPV vaccination and cancer screening programme through the EPI/RCH Programme & Schools.

Core Interventions:

- i. Conduct community sensitization on the causes, prevention and management of reproductive morbidity among men, women and young people.
- ii. Conduct baseline assessment to gauge the prevalence of Reproductive cancers: Cervical, Breasts and Prostrate.
- iii. Integrate Reproductive cancer screening into RCH services;
- iv. Integrate the HPV vaccine into the EPI vaccination schedule for delivery through RCH service outlets and schools.
- v. Train Tutors and service providers including laboratory personnel on RH cancer screening and management.
- vi. Revise the RCH in-service training manual, RCH service guidelines and the Pre- service training curricula to include HPV vaccine, cervical cancer screening and obstetric fistulae
- vii. Orientation of service providers and tutors on the Revised RCH in-service training manual, RCH service guidelines and the Pre- service

training curricula on HPV vaccine, cervical cancer screening and obstetric fistulae.

Expected Outcomes:

- Reduced prevalence of obstetric fistulae
- Reduced incidence of cervical cancer
- Improved protection against cervical cancer
- Routine HPV vaccine and cervical cancer screening available.

Cross Cutting Areas:

The Gambia Government, through its Department of State for Health & Social Welfare is committed to the implementation of the six priority components identified in this policy among others, supported by the following critical policy areas in ensuring the provision of quality RCH services at all levels.

RESEARCH

Relevant Research in the area of Reproductive and Child Health issues will be promoted and undertaken in Partnership with research institutions, communities and Religious Leaders, with a view to putting in place socially responsive services towards the attainment of the policy objectives.

The RCH Programme Unit, with support from The Directorate of Health Planning and Information (DPI) and key stakeholders, will put in place a research documentation centre for the collation, storage, retrieval, dissemination and use of research findings to inform policy

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Research to be undertaken during this policy period will include the following:

- a. Conduct baseline assessment on community awareness level and perception on the key activities of the RCH priority components to ease target setting and evaluation.
- b. Conduct baseline assessment to gauge the acceptability of HPV vaccine and, prevalence of Reproductive cancers: Cervical, Breasts and Prostrate.
- c. Updated Safe motherhood needs assessments.
- d. Maternal and newborn death audits.
- e. Establish Factors for late antenatal booking
- f. Establish factors for preference to place of delivery.
- g. Continue and expand maternal anaemia study
- h. Conduct Fefa uptake study among pregnant & lactating women
- i. Updated National Survey on maternal, peri-natal, neonatal, infant, child mortality and contraceptives prevalence rate.
- j. Conduct update study on child survival strategies to include IMNCI, EMNCH, BFCI, immunization including Vitamin A supplementation etc.
- k. Undertake operations research on family planning practices
- l. Undertake behavioural research on factors affecting the use of contraceptive among various population groups and different geographical settings.
- m. Evaluation to obtain baseline on KAP of women and men on FP method: Female condom, Norplant etc.
- n. Updated National Survey on STI's prevalence in The Gambia.
- o. Perception on access and uptake to voluntary counselling and testing (VCT) among adolescent/youths.
- p. Perception on access and uptake to STIs services among adolescent/youths.
- q. Evaluation to obtain baseline on KAP of men in existing RCH male targeted communities.
- r. Clinical research on the effects of FGC in relation to maternal morbidity and mortality.

- s. Baseline surveys on reproductive cancers; cervical, breast and prostate.
- t. Mid and end term evaluation of the RH policy, Plan and services.

ADVOCACY

Efforts on advocacy will be intensified at all levels to promote the **concept** of sexual and reproductive health as a life-cycle event requiring a **holistic approach** to care and services of every individual, and as a **key to productivity and socio-economic development**. In particular the DoSH will seek increased **political commitment** and **support for resources** for the swift implementation of the policy. The need for **consensus building** on a sustained basis between DoSH, Partners and other Stakeholders will be enhanced in the area of planning, priority-setting, service delivery and evaluation.

Equally, **women and men as partners actively participate** in RCH issues in particular maternal, newborn and child health care, and that the RCH programme and services is gender sensitive and responsive. This will be done through the use of **standardized** RH information dissemination and service delivery. In addition, advocacy will ensure that other relevant components of RH such as infertility, menopause, andropause, fistulae and reproductive cancers are catered for in partnership with stakeholders.

- Advocate for Government to increase health budget especially for RH.
- Advocate for refurbishment/construction of waiting sheds at facilities (including outreach stations)

FINANCING FOR RCH SERVICES

Spearhead resource mobilization efforts required for RCH services in partnership such as: financial, material, technical and human resource development and availability, as well as increased political commitment backed by budgetary allocation that will be used in a judicious and transparent manner.

QUALITY ASSURANCE

Promote quality assurance by ensuring availability of adequate and competent human resources, essential services such as blood availability and transfusion, facilities for surgical interventions, constant water and electricity supply, continuous availability of basic and emergency drugs, equipments and supplies backed by a functioning referral system at all levels, among others.

HMIS

Strengthen the institutional capacity of the National Health Management Information System and put in place a Reproductive Health Management Information System within the RCH Unit as a backup system in order to adequately address reproductive health information needs. Quarterly data collation and publication on reproductive and child health activities of all stakeholder institutions will be made and regular update of the RCH programme web site for information sharing among stakeholders.

Review the HMIS indicators to ensure that all maternal and newborn health indicators are included.

RHMIS made available through networks, CD's and web sites.

PARTNERSHIP

The RCH Programme Unit through the DoSH will work to strengthen coordination mechanisms with Partners and programme implementers, including the Private and NGO Sector for a concerted and successful implementation of the Reproductive Health Policy. Such coordination mechanisms will be developed with support from the multi-sectoral National RCH Committee.

Partnership will be strengthened at all levels to support implementation of the RH Policy and that Development Partners and other Stakeholders will

be encouraged to work within the framework of the National RH Policy, Plan and service guidelines.

The Regional Governors, Mayors, Regional Health Teams and National Assembly Members, District Authorities, Faith Based Organizations, Media Practitioners, among others will play a key role to consolidate and improve on the existing decentralized and integrated National RCH services particularly at grassroots level.

Overall, the DoSH will encourage its development partners to support resource mobilization efforts to increase their financial contributions for the full implementation of the National RH Policy and Plan in complimenting Governments efforts towards the attainment of agreed RCH related Sub-Regional, Regional and International Goals. In particular, Development Partners, Private and NGO Sectors are encouraged to support the DoSH in the recruitment, training at both local and international levels, appropriate deployment and incentives for the retention of health personnel.

MONITORING & EVALUATION

The updated RCH monitoring tool will be used for coordinating implementation and reporting of RCH activities at all levels.

Regional and District levels will be encouraged to plan and strengthen supervision of RCH services as well as documentation of quarterly reports from service statistics & supervisory reports for submission to the National RCH Unit, Regional Governors & Mayors among others.

Mid-Term Review of this Policy will be undertaken by DoSH and stakeholders to assess progress and relevance, and an End-Term Evaluation will follow to assess its overall effectiveness in meeting the set goal and objectives and to draw on lessons learnt, for re-planning and programming.

Activities to be undertaken during the Policy period include the following:

- i. Conduct monthly supervision of health facilities by RHTs.

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- ii. Conduct monthly supervision of village health service by BHF.
- iii. Conduct weekly supervision of village health services by VHS/CHNs.
- iv. Conduct quarterly monitoring of RHTs & health facilities including Private & NGO health facilities delivering RCH services, by RCH Staff.
- v. Conduct mid-term evaluation of RCH Policy implementation.
- vi. Conduct end-term evaluation of RH Policy & Strategic PoA.

CHAPTER 3

3.0 STRATEGIC FRAMEWORK

The following major strategic thrusts aim to support the attainment of the goal and objectives of the revised national RH policy, thereby contributing to ensuring the availability of, and access to a full range of sexual and reproductive health information and quality services for all Gambians so as to enable them attain optimal sexual and reproductive health and wellbeing throughout their life cycle.

The goal of the National Reproductive Health Policy is to improve the quality of reproductive life of ALL persons living in the Gambia through promotion of sexual and reproductive health, and the prevention and reduction of morbidity and mortality associated with sexual and reproductive ill-health.

3.1 Policy objectives and targets:

The targets are as follows:

- i. Reduce the maternal mortality ratio from 556 per 100,000 live births (LB) in 2006 to 250 per 100,000 LB by 2014
- ii. Reduce the neonatal mortality rate from 31.2 per 1000 LB in 2001 to 20 per 1000 LB by 2014.
- iii. Reduce infant mortality rate from 75 per 1000 LB in 2003 to 28 per 1000 LB by 2014.
- iv. Reduce under- fives mortality rate from 99 per 1000 LB in 2003 to 45 per 1000 LB by 2014.
- v. Reduce child mortality rate from 56 per 1000 LB in 2001 to 30 per 1000 LB by 2014.
- vi. Increase the contraceptives prevalence rate from 13.4% (modern) to 35 % by 2014.

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- vii. Reduce the high unmet need for Family planning from 30% in 2001 to 25 % by 2014.
- viii. Increase access to FP services to sexually active adolescents/youths from 50.6% in 2007/08 to 65% by 2014.
- ix. Increase awareness levels of adolescent/youths on the availability of STIs treatment from 8% in 2007-08 to 50% by 2014.
- x. Increase the training need of service providers on adolescents/youths health issues from 5.4% in 2007/08 to 50% in 2014.
- xi. Build partnership with communities and policy makers at all level on young peoples' SRH issues. NB later.
- xii. Reduce the transmission of HIV from mother to child from 2.8%
- xiii. Increase awareness of communities on gender based violence related to RH by 80% by 2014.
- xiv. Reduce the prevalence of obstetric fistulae from 0.5% /1000 women of reproductive age group in 2006 to 0.1% per 1000 women of reproductive age group by 2014.
- xv. Increase public awareness on availability of HPV Vaccination & RH cancer screening services by 75% by 2014.
- xvi. Establish HPV Vaccination and cancer screening services from 0% to 50% of the Health Facilities by 2014.
- xvii. Train 50% of health service providers on RH cancer screening and management by 2014.

NB. Increase skilled attendance rate at birth from 56.8% to 62%in 2014
Increase awareness to RTI information from.....toin 2014
Increase access to RTI services from to.....in 2014

CHAPTER 4

4.0 STRATEGIC PLAN OF ACTION TO OPERATIONALIZE THE NATIONAL RH POLICY

4.1 LOG FRAME MATRIX

- 4.1.1 1. Safe motherhood (*i.e. antenatal, delivery, newborn & postpartum care including child health and Post-abortion care*)

Strategy 1: Improving the provision of, and access to quality maternal, newborn and child health care.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
1.	<p>Consolidation & Expansion of the EMCH Strategy at Major Health Centers:</p> <p>a) Refurbishment of OTH and Maternity Wings</p> <p>b) Training of health personnel, TBAs & VHWs on EMNCH/ECTH & provision of essential/emergency drugs, equipments & supplies.</p> <p>c) Community sensitization on the EMNCH Strategy, provision of mobile phones & installation of Flying Squad Ambulances</p>	<p>6 Major Health Centers:</p> <p>120 health personnel, 100 TBAs & 100 VHWs on EMNCH/ECTH for 3 days annually for 8 years.</p>	<p>DoSH RCH Unit & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WAHO, AWARE-RH, WB)</p>	<p>No. of major Health Centres consolidated and expanded</p>	<p>CEmOC available in all major health centres</p>	<p>7,500,000</p>

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
2.	Conduct an updated safe motherhood needs assessment of all health facilities (Minor, Major Health Centres and Hospitals Maternities) (including inventory of all equipments, supplies and staffing).	60 public and private health facilities for 2-3 months duration.	DoSH RCH Unit & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WAHO, AWARE-RH, WB)	No. of public and private health facilities assessed.	Updated assessment report on Safe Motherhood.	300,000
3.	Organise annual orientation of service providers in both public and private health facilities on focused ANC.	80 Service providers (three groups for 3 days each, annually) for 8 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB AWARE-RH)	No. of service providers oriented on focused ANC. No. of orientations conducted on focused ANC.	Training reports. Annual reports. Post training reports.	D2,400,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
4.	Organise annual orientation of service providers in both public and private health facilities on safe delivery, PNC and newborn health care.	80 Service providers (three groups for 3 days each, annually) for 8 years.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB AWARE-RH)	No. of service providers oriented on Safe delivery, PNC and newborn health care. No. of orientations conducted on delivery, PNC and newborn Care.	Training reports. Annual reports. Post training reports. Training reports Annual reports Supervisory report.	2,400,000.00
5.	Implement key activities of the SMH updated assessment report.	52 public health facilities.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, AWARE -_RH, WB WAHO, SAJF, GFTAM)	Key activities from SMH reported implemented at all levels.	SMH updated Assessment reports.	D500,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)(‘000)
6.	Bi-annual inventory update of all equipments, supplies and staffing in all health facilities	All public health facilities.	DoSH: RCH Unit, RHTs, BHF, VHS	No. of health facilities inventoried.	Inventory reports	D520,000.00
7.	Conduct bi-annual clinical health meetings including mortality/newborn audit in both public and private h/facilities involved in RCH service delivery.	60 participants for 2 days.	DoSH, private & NGOs	No. of clinical health meetings conducted.	Minutes of meeting. Supervisory reports.	D768,000.00
8.	Conduct advocacy seminar with policy makers on RCH issues including harmful socio-cultural practices for step down dissemination & sustained action at local level. (Localizing MDGs 4, 5 & 6)	Parliamentarians Women Councillors Opinion leaders Religious leaders Regional & district authorities BHF, VHS/CHNs Community development officers.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH)	No. of advocacy seminars conducted. No. of dissemination sessions held.	Meeting reports Monitoring reports	D2642640.00

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STRATEGY 2: Training, recruitment and appropriate deployment of skilled personnel;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)(‘000)
1.	Organise overseas training for Midwifery Tutors.	12 Midwifery Tutors (2 per year) for 6 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFTAM, SAJF, WB, AWARE-RH).	No. of Midwifery Tutors trained overseas. No. of overseas training conducted.	Certificates Reports	D950,000.00
2.	Train nurses at all health facilities on early recognition and efficient pre-referral management of all patients (ETAT) in both public and private health facilities.	60 nurses annually for 5 days for 8 years.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No. of Nurses trained.	Supervisory reports Annual reports Training reports	D2,400,000.00
3.	Conduct TOT on RCH for RHT and BHF personnel	15 personnel for 5 days annually for 8 years	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No. of Nurses trained.	Supervisory reports Annual reports Training reports	D600,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
4.	Develop information & training guidelines on empowering communities on MNH issues.	30MDFTs for 5 days.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	Training guidelines developed.	Training reports Supervisory reports Annual reports Inventory reports	D160,000.00
5.	Train MDFTs using developed guidelines on empowering individuals, families and communities on MNH issues.	90 MDFTs for 3 days annually for 8 years.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM SAJF, WB, AWARE-RH)	No. of MDFTs trained.	Training reports Supervisory reports Annual reports	D270,000.00
6.	Support training for Nurse Anaesthetists, laboratory assistants, technicians and peri-operative nurses.	10 Nurse Anaesthetists, 30 laboratory assistants and 5 Technicians 20 peri-operative nurses 3yearly for 8 years.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFTAM, SAJF, WB AWARE-RH)	No. of Nurse Anaesthetists, laboratory assistants, technicians and peri-operative nurses trained.	Certificates Training reports Supervisory reports Annual reports	D1,000,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)('000)
7.	Train communities on home based life saving skills (HBLSS) and to recognize danger signs during pregnancy, childbirth newborn & postpartum care,	288 Community health workers (TBAs, VHWs, Home Carers) for 3 days annually for 8 years.	DoSH & Partner (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No. of communities trained.	Supervisory reports Annual reports Training reports	D1,500,000.00
8.	Assess, refurbish and furnish existing staff houses	Health facilities	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB AWARE-RH,	No. of staff houses assessed, refurbished and furnished.	Inventory of houses refurbished and furnished Assessment report	D3,000,000.00
9.	Construct and furnish more houses for staff at the intermediate and tertiary level	Health facilities	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB AWARE-RH, RFH)	No. of houses constructed and furnished	Contract/const ruction report	D10,000.000.00

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STRATEGY 3: Provision of adequate and quality RH drugs, supplies & equipment including blood transfusion services;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)(‘000)
1.	Procure Basic RCH drugs, equipment and supplies.	All public health facilities and hospitals	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No of facilities supplied with basic RH drugs, equipment and supplies.	Inventory report. Annual report.	D10,000,000.00
2.	Provision of drugs, equipment and supplies for TBAs, VHWs & VHS/CHNs.	All RHTs yearly for 8 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of drugs, equipments and supplies.	Supervisory reports Inventory reports Annual report	D2,500,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)(‘000)
3.	Update, print and distribute RCH registers and record cards (e.g. ANC, delivery, IWC, FP, Referral, MADRF)	ANC cards 75,000 1,000 ANC registers 100 Del registers 100,000 IWC, 100,000 IWC Reg 100 FP Reg, 10,000 FP Client cards 10,000 FP retention cards 10,000. MADRF & Guidelines 30,000 Partograph 30,000, annually.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	No. of RCH recording tools printed and distributed.	Annual reports Inventory reports Supervisory reports	D6,000,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost (GMD)(‘000)
4.	Stationery	RCH Unit & RHTs: Papers, Cartridge, Heavy Duty Stapler & staples, Toner, Envelops, pens, Glue, Cellotapes, Flip charts, markers, memory sticks, highlighters, quire-books, transparency	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH,	Quantity of various items supplied.	Inventory register	D1,000,000.00

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Strategy 4: Consolidate, promote and expand child survival interventions.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Conduct assessment for baseline information on child survival activities.	Nation-wide	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	Nation-wide assessment conducted.	Assessment report	D1,000,000.00
2.	Conduct post training follow up for baseline information on the IMNCI and EMNCH	All public health facilities	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID,)	No of public health facilities visited.	Follow up report. Annual report	D360,000.00

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Strategy 5: Strengthening the referral system for obstetric, newborn and child health emergencies.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Provision of flying squad ambulances and River ambulances	6 flying squad ambulances 6 river boat ambulances with out board engines.	DoSH RFH, & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH,)	No. of flying squad ambulances No. of river boat ambulances	Flying squad ambulances available River boat ambulances available	
2.	Procure mobile communication equipment for TBAs, VHWs and VHS/ CHNs, flying squad midwives & drivers, OIC-BHF, & Doctors.	100 mobiles annually for 8 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID,)	No. of mobile communication equipment procured.	Inventory reports Supervisory reports Annual reports	D80,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Review and update referral protocol and guidelines.	All public, private & NGO health facilities.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, ARE-RH,)	Referral protocol & guidelines reviewed and updated.	Annual reports Supervisory reports	D80,000
4.	Develop service manual for nurses, midwives, nurse attendants, orderlies and drivers on effective and safe transfer of patients.	20 participants for 1 week	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of training manual developed.	Training reports	D200,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
5.	Print and distribute service manuals.	250 copies.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No. of training manual printed and distributed.	Annual reports Supervisory reports Inventory reports	D80,000.00

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Strategy 6: Strengthening Central, Regional & District health planning and management of maternal, newborn & child health services.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Conduct round table meetings with key partners on the revised RH Policy & Strategic PoA for consensus building, resource mobilization & concerted action at all levels.	Partners at Central, regional & district levels	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH)	No. of round table meetings conducted No. of partners attended No. of partners complied	Meeting reports Monitoring reports.	D17,000.00
2.	Organise TOT training for RCH/RHT staff on health programme planning and management (e.g. GIMPA-Ghana).	16 RCH/RHT staff 2 annually for 8 years.	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	No. of RCH/RHT staff trained.	Supervisory reports Annual reports Training reports	D900,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Train RHTs & OICs BHF on health programme planning, management and supervision locally.	65 personnel annually for 8 years	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	No. personnel trained.	Supervisory reports Annual reports Training reports	D300,000.00

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Strategy 7: Community empowerment particularly women.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	<p>Localize MDGs 4 & 5 (on child and maternal morbidity and mortality reduction by year 2015) through sensitization for action:</p> <p>a) listing of all villages per constituency</p> <p>b) Conduct baseline studies on selected RCH indicators for year 2008 in listed villages.</p> <p>c) Work with women councilors and other local stakeholders to conduct step down sensitization in each village on maternal newborn & child health issues including</p>	50 NAMS for 2 days annually for 8 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH,)	No. of NAMS sensitized No. of NAMS completed all actions.	Sensitization report Inventoried registers NAMS reports	D1,000,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
	<p>danger signs in pregnancy, childbirth and postpartum period</p> <p>d) Set-up birth preparedness and complication readiness plans in each village/ward</p> <p>e) Work with TBAs and families to keep a register of all births and all maternal and newborn deaths daily</p> <p>f) Establish linkage for supervision with VHS/CHNs, BHF's and RHTs for weekly reporting</p>					

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Strategy 8: Promoting Household- Hospital continuum of care

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Establish feedback mechanism between community to BHF's & hospitals for positive outcome of patients.	All BHF's & Hospitals	DoSH & Partners	No. of BHF's receiving feedback from hospitals No. of PHC villages receiving feedback from BHF's & hospitals. No. of referred patients with feed back notes to BHF's	Referral feed back register	D150,000.00
2.	Organize quarterly health education, video shows and field days for communities on RCH issues.	Health facilities Communities (18 field days and 6 video shows annually for 8 years)	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	No of field days & video shows conducted	Reports on field days Annual reports Supervisory reports	D1,00,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Conduct community meetings to sensitise men on RCH/MNCH issues (refer to NAMs strategy 7).	60 Communities annually for 8 years	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, NAMs)	No of meetings conducted on MNCH issues	Sensitization Report Annual reports NAMs reports	D3,000,000.00
4.	Conduct quarterly sensitisation through mass media (TV, national and community radio stations) on RCH issues.	18 programmes per quarter yearly for 8years	DOSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No of Sensitisation programmes conducted	Sensitisation reports Annual reports TV/ Radio Stations reports	D1,600,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
5.	Conduct sensitisation meetings with traditional communicators and drama groups on male participation on MNCH issues.	12 groups of Traditional communicators and 12 Drama groups once annually for 8 years	DOSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No. of drama groups sensitized. No of TC groups sensitized	Sensitisation reports Annual reports Supervisory reports	D500,000.00
6.	Step down community sensitizations through drama performances by traditional communicators and drama groups. (Refer to NAMs strategy 7)	60 Communities for one day annually for 8 years	DOSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of performances by TC groups No. of performances by drama groups. No. of TCs groups that performed. No. of drama groups that performed.	NAMs reports RHTs Reports Supervisory reports	D500,000,00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
7.	Conduct sensitization seminars for journalists on RH issues.	20 Journalists for 2 days bi-annually for 8 years.	DOSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No. of seminars conducted. No. of media publications, broadcast and TV presentation.	Seminar reports Journalist reports. News papers.	D400,000.00

2. FAMILY PLANNING

STRATEGIES

1. Increase access to quality FP information and services at all levels.
2. Ensure provision of adequate and quality FP commodities and supplies.
3. Strengthen the FP logistics management information system at all levels;
4. Strengthen collaboration with religious, traditional leaders, National Assembly Members and district authorities on FP issues and services;
5. Promotion of Behavioural changes and safer sex practices through behaviour change communication;
6. Updating of FP operational guidelines and standards of practice (SOP);
 - a. Core Interventions

 - b. Strengthen data collection, management and utilization at all levels;
7. Sensitization for increased utilization of modern FP methods and the importance of the health and socio –economic benefits of FP;

Expected Outcome

- Existing high (90%) awareness level maintained and low utilization rate (13.4%) of modern contraceptives increased;
- High unmet need for FP reduced;

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Strategy 1: Increase access to quality FP information and services at all levels.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Capacity building of service providers and community health workers on FP contraceptives technology and services;	100 participants for 5 days annually for 8 years.	DoSH & PARTNERS: (UNFPA, USAID, , AWARE-RH,, WB SAJF, GFPA)	No. of service providers and community health workers trained	Training reports Post-Training-Monitoring Report	D4,000,000.00
2.	Conduct advocacy meeting with media communicators on social marketing initiatives of FP commodities;	100 media communicators (i.e. Electronic, Print and Traditional) 2 days annually for 8 years.	DoSH & PARTNERS: (UNFPA, USAID, , AWARE-RH,, WB SAJF, GFPA)	No. of advocacy meeting held. No. of media communicators sensitized	Meeting report .	D250,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Conduct public sensitization on Social Marketing initiatives FP Commodities	TV & Radio slots (national and community Radio Stations) once weekly for 6 months annually for 8 years.	DoSH & PARTNERS: (UNFPA, USAID, , AWARE-RH,, WB SAJF, GFPA	No. of TV & Radio slots	TV/Radio reports	D250,000.00

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Strategy 2: Ensure provision of adequate and quality FP commodities and supplies.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Ensure budgetary allocation by DoSH for FP commodities for sustainability;	DoSFEA-DoSH	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH	Amount of Budget allocated for FP commodities.	DoSH financial contribution to FP commodities. .Government Recurrent Estimate	
2.	Verify inclusion of contraceptives in DoSH essential drug list (EDL), contribution for procurement.	NPS	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH			
3.	Increase availability of various FP methods;	All public health facilities annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No of facilities with various FP methods	FP methods available.	

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
4.	Conduct quantification exercise on FP commodities and basic RH equipments	25 participants for 5 days annually for 8 years. (CMS, RCH, RHTs, Private and NGOs).	DoSH & PARTNERS (UNFPA, USAID WB, SAJF, AWARE-RH,)	No of participants trained. No of training conducted. Documented results shared with partners	Annual report Supervisory report Training for quantification report	D600,000.00
5.	Distribute basic FP equipment to public health facilities based on regional quantified needs.	Public health facilities	DoSH & PARTNERS (UNFPA, USAID, SAJF, AWARE-RH,)	No. of facilities that received. supplies based on the quantification requirement.	Annual report RHT Supervisory report Inventory report RCH monitoring report	D150,000.00
6.	Provide adequate and proper storage facilities	Central, Regional and facilities	DoSH & PARTNERS (UNFPA,, USAID, WB, SAJF, AWARE-RH,)	No of Regional facilities stores with improved and adequate storage capacity	Annual report Supervisory report	

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Strategy 3: Strengthen the FP logistics and RCH management information system at all levels;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Capacity building of health providers to collect and analyze data on Contraceptive practices, including uptake and discontinuation rate by type of contraceptive commodity, sex, and age groups.	80 participants for 5 days annually for 8 years. (Public, NGO & private health facilities)	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of health providers trained. No. of trainings conducted	Supervisory reports Annual reports Training reports	D800,000.00 Supervisory reports Annual reports Training reports
2.	Review FP module of pre-service training curriculum and RCH in-service training manual on RHCS.	Health Training Institutions & programme mid-term and end – term policy period.	DoSH & PARTNERS (UNFPA, , USAID, WB, SAJF, AWARE-RH,)	In-service training manual & Curriculum updated.	Annual report	D150,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Procure lap top and desk top computers, printers and accessories for the RCH /RHT stores management.	1 lap top for RCH unit 6 desk top computers for regional officers.	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH)	No. of Computers procured	Inventory report Annual reports	D500,000.00
4.	Procurement FP commodities (e.g. BP machines, bathroom scales, IUCD kits, filing cabinets, FP registers, client FP cards and supplies).	100 BP machines 150 IUD kits 50 filing cabinets 50 FP registers 50,000 client cards 50,000 retained cards 1000 bottles of bleach 1000 bars of soap 150 plastic buckets.	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH,)	FP commodities and basic equipment procured	Inventory records	D1,000,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
5.	Train a logistics officer to handle the management of RH commodities and RCH-HMIS	1 RCH logistician	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH)	Logistician in place	Staff profile	D160,000.00
6.	Develop a contraceptives logistics management manual	20 participants for 5 days. (RCH, RHTs & H/Facilities, NPS, GFPA).	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH)	Logistics management manual developed	Annual report	D150,000.00
7.	Print and distribute logistic management manual	150 copies	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH, RFH)	No. of copies printed and distributed	Finished documents Inventory report	D80,000.00
8.	Train service providers on contraceptive logistics /RHCS management	40 participants for 5 days annually for 8 years.	DoSH & PARTNERS (UNFPA, USAID, WB, SAJF, AWARE-RH)	No of service providers trained No of trainings conducted	Training report Annual report Supervisory report	D150,000.00

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Strategy 4: Strengthen collaboration with religious, traditional leaders, National Assembly Members and district authorities on FP/RCH issues and services;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Desk review and seminar on the socio-cultural and religious barriers to FP/RCH service utilization.	Religious leaders, Regional & District Authorities and NAMs for one month, every 2 years for 8 years.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	Desk review & seminar conducted.	Review report Supervisory report Annual reports	D150,000.00
2.	Document, publish and disseminate the reviewed /seminar reports at all levels.	The public, service providers, RHTs & Partners.	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,	No. of published reports.	Desk review report Seminar report	D250,000.00
3.	Carry out a desk review of IEC materials in various institutions to identify gaps and develop new ones.	DoSH, HEU, RCH, , GFPA, GAMCOTRAP, BAFROW, DoSE, NMCP, NACP, IMNCI	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,	No. of IEC materials reviewed. No. of updated / new materials	Review reports Supervisory report Annual Reports	D150,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
4.	.Sensitize opinion leaders on the use toolkit developed by WHO AFRO	NAMs	Gambia Govt, WHO, UNFPA	No of sensitization meetings conducted Reports on sensitization meetings		82,248.00l
5.	Advocate for increased F/P commodities and supplies	NAM	Gambia Gov't, WHO, UNFPA	No of advocacy meetings conducted Report of meetings		62,158.00
6.	.Evaluate contribution of SPP interventions		Gambia Gov't, WHO, UNFPA	Evaluation report		177,672.00

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Strategy 5: Promotion of Behavioural changes and safer sex practices through behaviour change communication;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Develop radio and TV spots, drama series, press articles and advertisements on FP.	Media institutions & TCs Drama groups	DoSH & Partners: (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No. of radio, TV spots, No. of drama series developed No. of adverts made.	TV/radio stations reports Newspapers	D250,000.00
2.	Procure PA systems for RCH/RHTs.	RCH & RHTs	DoSH & Partners (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, SAJF, WB, AWARE-RH, RFH)	No. of PA systems procured and distributed.	Supervisory reports Annual reports Inventory reports	D350,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Integrate RHCS issues into the agenda of the National RCH Committee for commodity security.	RCH & Partners quarterly sittings for 8 years.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF ,AWARE-RH, RFH)	National RCH Committee agenda updated. No. of quarterly meetings addressing commodity security.	Minutes of meetings. Quarterly sitting reports	D100,000.00

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3. ADOLESCENT/YOUTH SEXUAL AND REPRODUCTIVE HEALTH

Strategy 1: Increase access to, and availability of quality S & RH youth-friendly information and services for adolescents/youths.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Print, disseminate & distribute Adolescent/Youth updated National Survey Report at all levels	300 copies of Report for RHTs, Youth centres, BHF, Hospitals, schools, youth council, peer health educators, private and health NGOs, DoSYS, DoSE.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, AWARE-RH).	No. of Adolescent/youth Survey Report produced and distributed	Distribution list of Survey reports Supervisory reports Monitoring reports	D150,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
2.	Update and print adolescent/youth S & RH IEC materials: leaflets, short story booklets, posters, rulers, T-Shirts, school note books (contract with bookshops, Macmillan & Gambia Public Printing Cooperation, for adolescent/youth friendly health information & services at all levels.	30 participants for 7 days every 2 years for 8 years.	DOSH & PARTNER (UNFPA, WHO, UNICEF, DoSYS, DoSE, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of identified IEC materials developed, distributed & used.	Distribution list of IEC materials Supervisory report Monitoring report	D500,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Develop IEC messages on adolescent/youth S & RH issues for behavioural change, in key local languages for dissemination at all levels.	30 participants for 7days every 2 years for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS, DoSE	No .of IEC messages developed, distributed No. of local languages with IEC messages developed	IEC materials	D350,000.00
4.	Produce Video documentary and radio tapes on adolescent/youth S&RH issues for public sensitization.	25 copies video 250 copies Radio tape	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF,AWARE-RH,DoSYS,DoSE)	No. of video & radio tapes produced No. of video & radio tapes distributed & used	Inventory reports Supervisory reports Annual reports Media reports	D100,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
5.	Advocate for law reforms supportive of adolescent reproductive health and sexuality	DoSJ, DoSYS, Parliamentarians Advocacy groups Youth groups annually.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, CPA, DoSE)	No. of advocacy meetings conducted.	Meeting reports	D150,000.00

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Strategy 2: Strengthen capacity of training institutions and service providers on S & RH issues;

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Identify training needs on adolescents/youths health issues	tutors RCH/RHT staff Service providers	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS, DoSE)	Need identified	Need assessment report	100,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
2.	Conduct training based on the identified needs on adolescent/youth health issues	12 tutors 12RCH/RHT staff 30 service providers for 5 days annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS, DoSE)	No. of training conducted No. of different cadres trained	Training reports Supervisory reports certificates	D1,625,000.00
3.	Orientate Tutors & RCH/RHT trainers on the updated S & RH Module (Adolescent/youth health) of the pre-service training curriculum, & the RCH in-service training manual;	10 tutors for 5 days annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS)	No. of tutors orientated	Orientation report Supervisory reports	D300,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
4.	Update knowledge & counselling skills of tutors, service providers and peer health educators on adolescent/youth S & RH issues	20 participants (Public & private health facilities Youth centres NGOs) for 5 days	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS)	Counselling tools updated.	Training report Supervisory reports	D150,000.00
5.	Printing and distribution of Counselling tools/guidelines.	1000 copies printed and distributed to adolescent youth centres	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of copies printed and distributed	Inventory report Supervisory reports	D250,000.00
6.	Devise tools and conduct post training follow-ups at all levels	Both Public & private health facilities Youth centres	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,	Types of tools devised No. of post training follow-up conducted	Supervisory report Sample of devised tools	D50,000.00

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Strategy 3: Advocate for active involvement and participation of parents, community and religious leaders, National Assembly Members in planning; implementation, monitoring and evaluation of adolescent/youths S & RH activities.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Community sensitization for awareness creation on S & RH issues and needs of the adolescent/youth at all levels.	48 communities annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of communities sensitized	Sensitization report Supervisory report	D1,600,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
2.	Conduct sensitization meetings with community and religious leaders, National Assembly Members in planning; implementation, monitoring and evaluation of adolescent/youths S & RH activities.	120 participants for 3 days annually for 8 years.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of meetings conducted	Sensitization reports	D2,300,000.000
3.	Consolidate existing youth community centres and expand / refurbish other centres for provision of youth friendly information and services operated by young people.	Consolidate the 2 existing functioning youth centres. Operationalize 4 existing youth centres	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of youth centres consolidated No. of youth centres operationalized	Consolidation reports Operationalized reports Supervisory reports	D500,000.00

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
4.	Incorporate adolescent health and sexual reproductive health issues into annual national celebrations such as youth week, Independent day, Africa Day on Maternal & Newborn, Nurses & Midwives Day etc.	4 celebrations annually for 8 years.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS, DoSE)	ASRH incorporated into national & international day celebrations.	Event reports	D150,000.00
5.	Identify a popular national figure as Good Will Ambassador for adolescent sexual and reproductive health development.	Celebrities Philanthropies Businessmen musicians	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS)	Celebrity identified	Annual reports Trip reports	NA

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
6.	Sensitization meetings with adolescent/youths on the availability and use of STIs/VCT/HIV/PMTCT services especially for sexually active young people	100 adolescent/youths for 2 days annually for 8 years.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, DoSYS, DoSE)	No. of meetings conducted.	Meeting reports	D500,000.00

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4. REPRODUCTIVE TRACT INFECTIONS, INCLUDING STIS/HIV/AIDS/PMTCT

Strategy 1: Updating and distribution of STIs /HIV/PMTCT Policy guidelines

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Revise & finalize STIs /HIV/PMTCT Policy guidelines	NACP, NAS, RCH, Private/ NGOs.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,, NAS)	Review and revision conducted	Revised documents	
2.	Validate, print and distribute STIs /HIV/PMTCT Policy guidelines	300 copies	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH, RFH)	No of copies, validate, printed and distributed	Inventory report Supervisory report	
3.	Revise & finalise STIs /PMTCT Service guidelines;	NACP, RCH, Private/ NGOs.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	Review and revision conducted	Revised service guidelines	

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Strategy 2: Improve community awareness and response on the prevention and management of RTIs.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Conduct public sensitization on the causes, prevention and management of RTIs.	60 communities for 10 days annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of communities sensitized	Sensitization reports.	200,000
2.	Develop and undertake behavioural change communication programmes at all levels using appropriate and innovative channels.	Young people, Men and Pregnant women.	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of behavioural change communication strategies developed & implemented	Supervisory reports Annual reports	300,000
3.	Collaborate with NACP to Commemorate World AIDS Day.	National, Regional & Communities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	World AIDS Day Commemorated	Supervisory reports Annual reports Sensitization reports	100,000

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Strategy 3: Training of Tutors and service providers on the syndromic management approach of STIs

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Training of Tutors and service providers on the syndromic management approach	100 participants for 15 days annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of participants trained No. of trains conducted	Training report	350,000
2.	Train patent medicines sellers and chemists on syndromic management of STIs.	50 Patent medicine sellers & Chemists for 5 days annually for 8 years	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of Patent Medicine sellers & Chemist	Training reports Supervisory reports Annual reports	600,000

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Strategy 3: Ensure access to, and provision of quality information and services on RTIs including STIs/HIV/PMTCT

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Provide essential & adequate drugs, condoms, laboratory reagents and other supplies for quality management of STIs/HIV/PMTCT, to health facilities as relevant to their level of care.	All public & Private health facilities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of public Health facilities adequately supplied	Supervisory reports Annual reports	2,000,000
2.	Scale up and provide quality VCT/PMTCT services through out pregnancy, delivery, newborn & postpartum period.	Public & Private H/facilities Community Home Based Care	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of H/facilities providing VCT & PMTCT services	Supervisory reports Annual reports	100,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Scale up community- based disease surveillance on HIV/PMTCT.	H/Facilities & VHS	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No H/facilities with integrated HIV/AIDS community based disease Surveillance	Supervisory reports Annual reports	100,000
4.	Scale up community home-based care for HIV/AIDS patients including infant feeding practices for HIV positive mother & baby	H/facilities Communities families	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of families booked for home-based care. No. of families receiving home- based care	Supervisory reports. Annual reports Monitoring reports	250,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
5.	Establish mechanism to monitor quality of RTIs management.	All public & Private health facilities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of public Health facilities with quality RTI and gynaecological morbidity management	Supervisory reports Annual reports	120,000
6.	Collaborate with NACP to ensure the availability of high quality HIV counselling and testing within 5km walking distance or 1 hour distance travelling time of every community.	All public & Private health facilities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH).	No. of communities & H/facilities providing VCT	Supervisory reports Annual reports	75,000

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5. GENDER ISSUES: (active male participation in RCH, gender-based violence, rape, incest and harmful socio-cultural practice)

Strategy 1: Promoting Gender Awareness And Women Empowerment

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Advocate for the domestication of the draft Women's Bill by the national assembly, and its enforcement by law.	NAMs. DoSJ, Women Bureau ,& Council, African centre for democracy & human rights studies (ACDHRS)	DoSWA, DoSH & Partners	Submission of Bill to national assembly Approval of Bill by national assembly Enactment of Bill by law	Approved Bill Bill enforced	150,000
2.	Conduct advocacy seminar with policy makers and media houses and enlist support for legislation against harmful socio-cultural practices including Female genital cutting & domestic violence.	Media practitioners Parliamentarians Religious leaders District authorities Women councillors ACDHRS	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH,)	No. of advocacy seminars conducted. Legislation drafted and tabled in national assembly.	Approved legislation Meeting reports Monitoring reports	600,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Conduct advocacy seminar on harmful socio-cultural practices such as FGC, domestic violence, early & forced marriages.	TBAs, female Circumcisers	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH)	No. of advocacy seminars conducted. No. of TBAs & Female circumcisers contacted. No. of TBAs & Female circumcisers dropped FGC practice	BHFs/VHS/CHNs monitoring report Meeting reports NGOs monitoring reports	200,000

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Strategy 2: Advocate for active male participation in RCH issues.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Develop, print and distribute IEC materials on the promotion of active male participation in RCH services	Public & private health facilities Communities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH)	No. of IEC materials developed, printed & distributed.	IEC materials available at all levels.	75,000
2.	Promote improved health seeking behaviour in men for RCH services.	Men	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH)	No. of promotional meetings held. No of men reporting for partner management & RCH services	Meeting reports Facility reports Monitoring reports	150,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
3.	Re-sensitise health facilities to provide male friendly RCH information & services in a more conducive manner.	Public & private health facilities NGOs	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF AWARE-RH)	No. of health facilities providing male friendly services.	Monthly returns. Annual reports Supervisory reports.	300,000

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6. REPRODUCTIVE MORBIDITY COMPONENT (*i.e. fistulae, cancers, menopause, infertility etc*).

Strategy 1: Raise Public awareness on the causes, prevention and management of reproductive morbidity among men, women and young people, in particular fistulae & cervical cancer.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Educate communities on the prevention & management of obstetric fistula & rehabilitation of fistula patients	Individuals, Families and Communities	DoSH & PARTNERS (UNFPA, WHO, UNICEF, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH)	No. of communities sensitized.	Supervisory reports Annual reports	350,000
2.	Commemorate World cancer Days	General Public	DoSH, UNFPA, WHO	No. of celebrations held	Celebration reports	250,000

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Strategy 2: Ensure capacity building and service provision at all levels on the causes, prevention and management, in particular, obstetric fistulae & cervical cancer.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Train health personnel on RH cancer screening, prevention and management.	15 Tutors 30 Service providers & 10 laboratory personnel for 7 days annually for 8 years.	DoSH & PARTNERS (Universities of Cardiff & Swansea UK, MRC, UNFPA, WHO, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of trainings conducted No. of tutors, service providers, laboratory personnel trained	Training reports Post training reports	250,000

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S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
2.	Revise the RCH in-service training manual, RCH Service guidelines and the RCH/gynaecological modules of the Pre- Service training curricula to include HPV vaccine, cervical cancer screening and obstetric fistulae	15 personnel for 14 days at beginning & mid-term of policy period.	DoSH & PARTNERS (Universities of Cardiff & Swansea UK, MRC, UNFPA, WHO, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	In-service training manual, RCH Service guidelines and the RCH/gynaecological modules of the Pre-Service training curricula updated.	Revised Training Manual, Service guidelines and Pre-service training curricula	500,000
3.	Orientation of health personnel on the Revised RCH in-service training manual, RCH service guidelines and the Pre- service training curricula on HPV vaccine, cervical cancer screening and obstetric fistulae	100 Service providers 15 Tutors for 2 days annually for 8 years	DoSH & PARTNERS (Universities of Cardiff & Swansea UK, MRC, UNFPA, WHO, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No of Orientation seminars held No. of service providers No of Tutors orientated	Orientation report Supervisory reports	500,000

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Strategy 3: Initiate HPV vaccination and cancer screening programme through the EPI/RCH Programme & Schools.

S/No.	Activities	Targets	Responsible Agency	Objective Verifiable Indicators	Means of Verification	Cost ('000)
1.	Integrate the HPV Vaccine into the EPI vaccination Programme for delivery through RCH service outlets and schools.	RCH service outlets Schools	DOSH & PARTNERS (Universities of Cardiff & Swansea UK, MRC, UNFPA, WHO, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of RCH service outlet with HPV Vaccination Programme No. of schools with HPV Vaccination Programme.	EPI Unit report Monitoring reports	100,000
2.	Integrate Reproductive cancer screening into RCH services;	Men, Women, Adolescents/Youths	DoSH & PARTNERS (Universities of Cardiff & Swansea UK, MRC, UNFPA, WHO, CAI/ALSG, USAID, GFATM, WB, SAJF, AWARE-RH,)	No. of screening sites set up No. of functional screening sites. No. of men, Women & Adolescents/Youths screened No. of men, Women & Adolescents/Youths received treatment	Screening reports. Treatment report	300,000

CHAPTER 5

5.0 SUPERVISION, MONITORING AND EVALUATION

5.1 RCH SELECTED INDICATORS

5.1.1 Supervision, Monitoring and Evaluation of the RCH Strategy

Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Maternal Mortality Ratio			
	Neonatal Mortality Rate			
	Infant Mortality Rate			
	Under-five Mortality Rate			

5.1.2 Child Health

Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Exclusive Breast-feeding Rate (for children – 6 months)			
	Percentage of newborns put to the breast within one hour			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Breast-feeding 6-9 months with complementary feeding			
	Continued breast-feeding at 20-23 months			
	Birth weight before 2,500			
	Proportion of children 0-59 months of age with underweight (below 2SD weight-for-age)			
	Proportion of children 0-59 months washed (below 2SD weight-for-height)			
	Proportion of children 0-59 months stunted (below 2SD height-for-age)			
	Proportion of children 6-59 months who received at least one dose of Vit A supplementation in the last 6 months			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Proportion of under-five children with Vitamin A deficiency			
	Proportion of children 0-59 months with diarrhoea who received zinc at treatment			
	Proportion of children receiving ORT treatment for diarrhoea ditto			
	Percentage of children with anaemia			
Immunization				
	Proportion of children with vaccination card who are fully immunized by the age of one year.			
	Percentage of children aged 12-32 months who are immunized against measles			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
Maternal & Newborn Health				
	Proportion of pregnant women attending ANC at least once			
	Proportion of pregnant women who receive at least two doses of tetanus toxoid injections.			
	Proportion of pregnant women who receive at least two intermittent Presumptive Treatment for malaria			
	Proportion of pregnant women who slept under an insecticide treated net during the previous night			
	Proportion of HIV + pregnant mothers who are on PMTCT			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Proportion of deliveries taking place at health facilities			
	Proportion of deliveries assisted by skilled attendants			
	Percentage of newborns put to the breast within one hour ditto			
	Number of facilities providing Comprehensive Essential Obstetric and newborn Care (CEONC) per 500,000 pop			
	Proportion of women who received at least one postpartum care visit by skilled personnel			
	Proportion of women with VVF post delivery			
	Contraceptive prevalence rate			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Proportion of women of Reproductive Age who know at least two danger signs of obstetric complications			
	Proportion of low birth newborns put on Kangaroo care			
	Proportion of live births, (weighed at birth) with a birth weight below 2.5kg			
	Percentage of pregnant women with anaemia			
Water and Sanitation				
	Proportion of HCs with functioning basic equipment as per standard			
	Proportion of Hospitals with functioning basic equipment per standard			

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Proportion of health facilities with stock out of essential drugs (as per EDL) in the last two weeks prior to the survey			
Supervision				
	Proportion of health facilities that received at least one supervisory visit in the last 6 months which included observation of clinical skills			

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5.1.5 COMPONENTS: Safe Motherhood

Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
1. To sustain a high antenatal coverage and improve on the availability, accessibility and quality of essential and emergency obstetric care	Total number of first ANC attendance	Monthly health facility returns	Monthly	DHTS/HMIS/RCH
	Total number of first ANC attendance <15 years of age	ANC Register Survey ANC Attendance Tally Sheet	Monthly	DHTS/HMIS/RCH
	Access to ANC not more than 5km throughout The Gambia	Survey	Every 5 years	RCH
	% of pregnant women who received antenatal care	Records and survey	Bi-annually	RCH
	Total number of malaria cases during pregnancies			
	Total cases of anaemia in pregnancy <11 gram per decilitre	Monthly Facility Returns Antenatal Clinic Problems Tally Sheet	Monthly	DHTS/HMIS/RCH
	Number of facilities offering basic EOC	Programme Records	Quarterly	RCH/DHT

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Number of Health Facilities offering comprehensive EOC	“	“	“
	% of pregnant women with complicated pregnancy have access to EmOC	Theatre/antenatal register Survey	Annually/quarterly	RCH/DHTs
	Number of birth attended to by skilled attendants	Facility records Survey	Quarterly Every 5 years	DHT/Health Facility
	Availability of blood	Health facility & Blood Banks	Monthly	Health Facility/DHT
	Number of facilities conducting and utilising maternal death audits and reports	Health Facility records	Annually	RCH/DHT/Health Facility
	Proportion of deliveries taking place in a health facility	Facility Records Survey	Monthly Every 5 years	DHT/Health Facility
	Total number of deliveries taking place in a Health Facility	Facility Records	Monthly	DHT/Health Facility
	Total number of women who received postnatal care	RCH Postnatal Tally Sheet	Monthly	DHTs/RCH/HMIS

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	% of pregnant women who had received dose 1 of IPT	IPT register	Monthly	DHTS/NMCP/HMIS/RCH
	% of pregnant women who had received 2 doses of IPT	IPT register	Monthly	DHTS/NMCP/HMIS/RCH
	Number of health facilities without SP stock out during the last month	Health facility Records		
	Number of health facilities implementing IPT in each health Region			
2. To reduce the prevalence of unwanted pregnancy and unsafe abortion, abortion complications and the resulting morbidity and mortality among all women of reproductive age.	Number of abortion complications	Health Facility Records	Monthly	Health Facility/DHT
	Number of mortality due to abortion complications	Health Facility Records	Monthly	Health Facility/DHT
3. To improve the nutritional status of the vulnerable groups in the	Malnutrition among children	Nutrition Surveillance for children and survey	Bi-annually	NaNA/DHT/CHNs/RCH

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
population through promoting, protecting and supporting breastfeeding in order to improve the health of infants and young children and reduce morbidity and mortality among them.	Iron deficiency anaemia among children under five	Health Facility Records Survey	Monthly Every 5 years	Health Facility/DHT
	Low birth weight	Delivery Registers Surveys	Monthly Every 5 years	Health Facility/DHT
4. To improve the health and overall wellbeing of the child.	Case fatality due to malaria at facility level	Health Facility Records	Monthly	Health Facility
	% of children immunized per antigen	Monthly Public Health Return Cluster Survey	Monthly	Health Facility
	% of children fully immunized before 1 year of age	RCH Vaccination Tally Sheet Cluster Survey	Monthly	Health Facility
	% of children who received a capsule of Vit. A before 1 year of age		Monthly	Health Facility
	Newborns who have access to adequate neonatal care	Health Facility records Survey	Monthly	RCH/DHTs/HFs

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Proportion of health facilities with at least 60% of health workers managing children trained in IMCI	Supervision IMCI Health Facility Survey	Annually	IMCI/RCH
	Proportion of children needing referral are referred by the health worker to a higher level of the health system	Supervision IMCI Health Facility Survey	Annually	IMCI/RCH
	Proportion of health facilities that received at least one routine supervisory visit including the observation of case management during the previous six months	Supervision IMCI Health Facility Survey	Annually	IMCI/RCH
	Availability of essential oral drugs in health facilities for management of sick children under five	Supervision IMCI Health Facility Survey	Annually	IMCI/RCH
	Cases of pneumonia	Health Facility records HMIS data	Monthly	DHT/RCH/IMCI

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Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
	Cases of neonatal sepsis	Health Facility records HMIS data	Monthly	DTH/RCH
	Cases of neonatal tetanus	Health Facility records HMIS data	Monthly	RCH/IMCI/DHT
	Cases of neonatal conjunctivitis	Health Facility records HMIS data	Monthly	RCH/IMCI/DHT
	Cases of clinical malaria	Health Facility records HMIS data	Monthly	RCH/IMCI/DHT
	Cases of diarrhoea	Health Facility records HMIS data	Monthly	RCH/IMCI/DHT
5. Improve the referral system.	Availability of referral protocol	RCH/Health Facilities	Monthly	DHT
	Total number of referrals	“	“	“
	Availability of road worthy ambulances, telephones, radio communication systems at health facilities	RCH/Partners Records	Annually	RCH/DHT
	Number of antenatal/postnatal complication referred	Health Facilities	Monthly	DHT/Health Facility
	Number of referral feedbacks	Health Facilities	Monthly	DHT/Health Facility

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5.1.6: Adolescent/Youth Component

Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
1. Reduce the prevalence and incidence of sexual and reproductive health problems associated with adolescence.	Percentage of health facilities with trained personnel on SRH issues (Adolescent)	DHT Records RCH	Annually	DHT
	Percentage of adolescent/youth friendly facilities including VCT services	RCH & DHT Records	Annually	DHT
	Number/proportion of adolescent/youths using sexual and RH services	Youth Centres & Health Facility Records	Monthly	Health Facility Staff/DHT
	Percentage of adolescent who use modern contraception	Youth centres GFPA Health Facilities	Every 6 months	DHT/Health Facility
	Proportion of teenage pregnancy	ANC Register	Quarterly	Health staff/DHT
	number of community youth friendly centres offering adolescent/youth sexual and RH information and services	Centre Records		

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5.1.7: Family Planning Component

Strategic Objective	Indicator of Output	Data Source	Frequency of Data Collection	Responsible Person/Agency (Specify)
1. To ensure that high knowledge about family planning is translated into increased utilisation of contraceptives and a reduction of the high fertility rate through the provision of quality FP services.	Contraceptive prevalence rate	GFPA/RCH FP Registers Survey	Annually Once	Health Staff/DHT/RCH
	Total fertility rate	Antenatal/Delivery Records Population Data Bank	Annually	RCH/DHT
	Percentage of unwanted pregnancy	Community Survey	Once in a project cycle	DHT/RCH/Health Workers
	Number of health facilities that experience contraceptives stock outs in last 12 months	Facility Records	Monthly	Health Workers FP clinic
	Number of current users	FP Registers	Monthly	Health workers RCH/DHT
	Number of new acceptors	FP Registers	Monthly	"
	Number of functional community base agents	GFPA/RCH Records	Annually	DHT/RCH Health Staff

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NOTES:

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