

**PRESENTATION ID4 AFRICA  
THE GAMBIA**

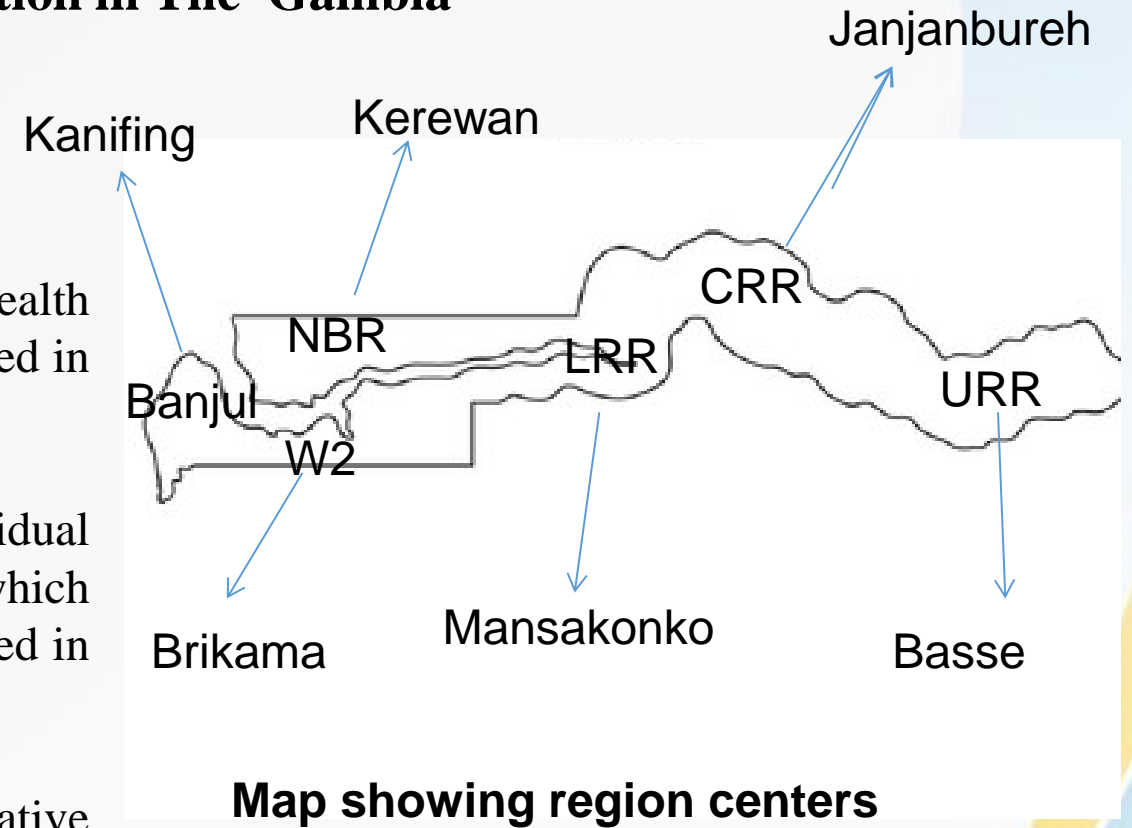
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## CRVS Decentralization in The Gambia

- The system became accessible to all Gambians in 1965 following independence, but it was centralized
- Decentralization was initiated by policy document (Health Policy) Due to the fact that the service was centrally located in the capital city Banjul
- Public Health Officers (Service providers) and individual applicants have to travel long distance to access service which was not readily available or process could not be completed in a day.
- Thus regional registration was opened in each administrative region across the country in 1997
- This increase access and coverage
- Reduce burden and cost on population



# CRVS INTEGRATION INTO MATERNAL HEALTH SERVICES

- Mutil Indicator Cluster survey ( MICs) was conducted in The Gambia in 2000 with low rate of 32% for <5 birth registrations
- There was policy directive and document to strengthen CRVS registration
- CRVS was integrated into RCH services that birth registration does not stand alone program
- Integration increases coverage, access and affordability have improved from 32% in 2000, to 55% in 2005, 72% in 2025- (Administrative data)
- Maternal and child health services have broader coverage than civil registration and both are offer by the same service providers
- Services are free of charge ; These include (i) Immunization (ii) Nutritional Surveillance (iii) Birth Registration (iii) Health Checks and treatments



## BENEFITS OF CRVS SERVICE INTERGRATION

- Access - Public health facilities in circuits with maximum radius of 5-10km
- Realibility -The MOH organizes monthly immunization clinics specifically for  $\leq 5$  children. These clinics provide vaccinations health checks and birth registrations
- Affordability- service are free for both EPI and CRVS for under 5 Children
- The same service providers for both EPI and CRVS
- Harmonization of social services

## BIRTH NOTIFICATION



The birth notification is done by ;

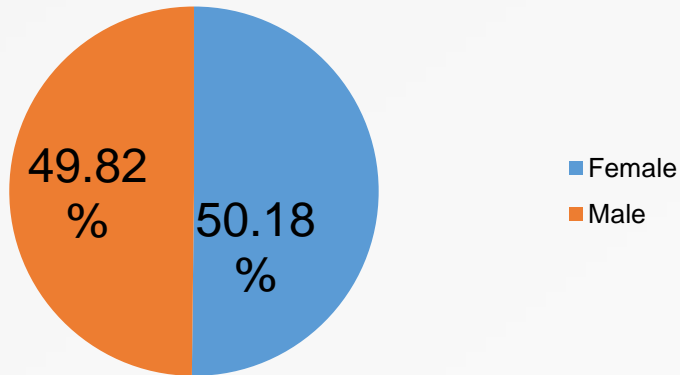
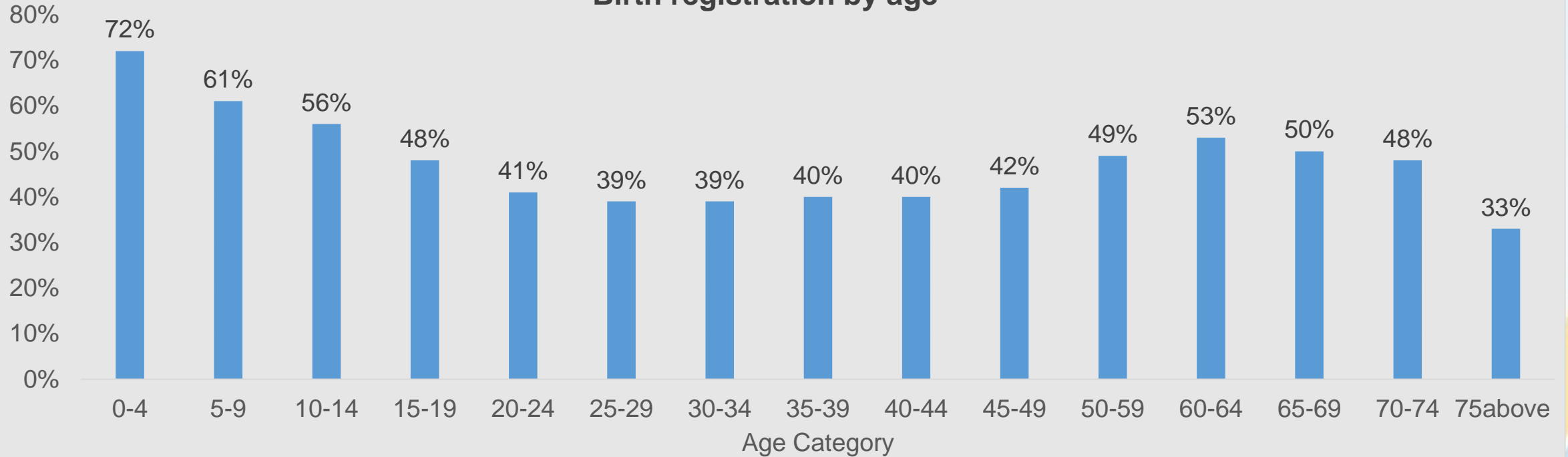
- Medical Doctors
- Midwives
- Public Health officers
- General Nurses (SRN, CHN, SEN)

## BIRTH REGISTRATION BY LGA ACROSS THE GAMBIA

Gambia (1,238,662)	53%
Brikama (1,151,128)	35%
Kanifing (379,348)	50%
Kerewan ( 248,475)	71%
Basse ( 261,160)	71%
Banjul (26,461)	165%
Janjanbureh ( 147,412)	72%
Mansakonko ( 90,624)	92%
Kuntaur ( 118,104)	72%

# BIRTH REGISTRATION August, 2022 to March, 2025

## Birth registration by age



**ecrvs/digital cumulative registration:**

**1,238662= 53% of the population 2.4m**

## Challenges

- I. Limited electricity/no full coverage of national grid
- II. Limited capacity of service providers
- III. Incomplete documentation of parents
- IV. Some parents are not documented (without birth certificate or identity card)
- V. Nature of naming ceremony (names are not given at birth, but several days (7 to 14days) after the birth, limiting registration at birth)
- VI. patreanal nature of the society (surnames are fatherly aligned)
- VII. Limited Internet availability in some areas or provinces
- VIII. CRVS components at different authorities
- IX. Obsolete legal and regulatory frameworks

## Recommendations

- I. Advocate to strengthen legal framework on CRVS
- II. Advocacy on public awareness on the importance of legal identity using mass media and local networks (Traditional communicators)
- III. Strengthen multifacet stakeholder approaches on CRVS service deliveries
- IV. Government to put mechanisms in place for alignment of legal identity documentations
- V. Build the capacity of the service providers
- VI. Allocation of adequate financial resources for the provision of CRVS services to the public.
- VII. Improve on availability of national electricity coverage
- VIII. Improve internet services (access and availability)