



THE REPUBLIC OF THE GAMBIA

Ministry of Health



ANNUAL SERVICE STATISTICS REPORT

2021

PREPARED BY:

HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) UNIT AT

THE DIRECTORATE OF PLANNING AND INFORMATION

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List of Acronyms

AFB	Acid Fast Bacilli
ANC	Ante Natal Care
BCG	<i>Bacillus Calmette–Guérin</i>
BEmONC	Basic Emergency Maternal and Obstetric Neonatal Care
CBCs	Community Birth Companions
CHN	Community Health Worker
CRR	Central River region
CEmONC	Comprehensive Emergency Maternal and Obstetric Neonatal Care
CSSD	Central Sterile Services Department
DHIS2	District Health Information System version -2
DPI	Directorate of Planning and Information
DPT	Diphtheria Pertussis and Tetanus
EFSTH	Edward Francis Small Teaching Hospital
EMOC	Emergency Medical Obstetric Care
EPI	Expanded Programme on Immunisation
HCT	HIV Counselling and Testing
HIS	Health Information System
HMIS	Health Management Information System
HRH	Human Resource for Health
HSS	Health System Strengthen
ICT	Information Communication Technology
IMNCI	Integrated Management of Neonatal and Childhood Infections
IWC	Infant Welfare Clinic
LRR	Lower River Region
MCNHRP	Maternal and Child Nutrition and Health Results Project
MoH	Ministry of Health
NAS	National AIDS Secretariat
NBER	North Bank East Region
NBWR	North Bank West Region
NCD	Non-Communicable Diseases
NPHL	National Public Health Laboratory
NGO	Non-Governmental Organisation
NHA	National Health Account
OPD	Out Patient Department
PCR	Polymerase Chain Reaction
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
RCH	Reproductive and Child Health
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RHD	Regional Health Directorate
TB	Tuberculosis

CBC	Community Birth Companion
TPHA	Treponema Pallidum Haemagglutination
TT	Tetanus Toxoid
URR	Upper River Region
VCT	Voluntary Counselling and Testing
VHWs	Village Health Workers
WHO	World Health Organisation

ACKNOWLEDGEMENT

The service statistics report is produced by a dedicated team at the Health Management Information System (HMIS) Unit with support from other staff under the Directorate of Planning and Information. The Programme units and directorates under the Ministry of Health also provided valuable inputs in developing this document.

The HMIS Unit offers its sincere gratitude and esteemed appreciation to all individuals and development partners for their invaluable contribution towards the development and validation of this service statistics report. Furthermore, the unit recognizes with grace the technical and financial support provided by WHO Country Office, The Gambia to validate this document.

We also acknowledge with much pleasure the support of the Permanent Secretary – Ministry of Health (MoH). We also appreciate the efforts of MoH Directors, especially the Director of Planning & Information and technical staff for providing lead guidance in their respective areas of interventions.

FOREWORD

The Ministry of Health is pleased to present the 2021 service statistics report. The report is produced annually to inform policy and provide information for planning, implementation, monitoring and evaluation of national health programmes. The report explicitly highlights the strengths, weaknesses, and opportunities in our service delivery points.

Indicators of child and maternal mortality are particularly worrying. This situation is worsened by other factors related to poverty in general resulting in the high prevalence of communicable and non-communicable diseases such as Malaria, Diarrhoea, Upper Respiration Tract Infection, Tuberculosis, Skin Disease, Accidents, Hypertension, Cancers, Eye Infection, and Pregnancy-related conditions, Malnutrition and HIV/AIDS. Most of these diseases can easily be prevented if appropriate environmental and lifestyle measures are taken, with more attention to development of health promotion and prevention actions than merely focusing on curative care.

The health sector, despite remarkable achievements registered, is still under great pressure due to a number of factors: high population growth rate, increasing morbidity and mortality, inadequate financial and logistic support, deterioration of physical infrastructure, inadequacies of supplies and equipment, shortage of adequate and appropriately trained health personnel, high attrition rate as well as an inadequate referral system. Poverty and ignorance have led to inappropriate health-seeking behaviors thus contributing to ill-health.

I have no doubt that the time spent by the MoH, stakeholders and development partners, in the generation and analysis of the information contained in this document will bear fruit. This report will contribute greatly to the institutionalization of the culture of measuring our performance within the Ministry of Health. Please feel free to send feedback to improve subsequent editions of this report.

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Chapter 1 Introduction

Health Service Statistics are produced annually by the Ministry of Health to provide an overview of the health sector performance. The report makes available data on services provided to the population. This report is divided into chapters, namely introduction, health workforce, health facilities, health facility beds, expenditure, timeliness and completeness, services utilization, communicable and non-communicable diseases, morbidity, mortality, immunization, disease surveillance, village health services and specialized interventions. The specialized interventions include data on Malaria, Tuberculosis, HIV & AIDS and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH).

This report aims to demonstrate key statistics in the health sector in a concise and easily understandable structure to ensure all stakeholders utilize it without difficulty. The report includes data from public, private, NGO health facilities, community clinics, referral hospitals and the village health service. The human resource data were provided by the Human Resource Directorate.

To enhance the quality of national data, the HMIS Unit conducts quarterly supportive supervision and data verification at community, health facility, as well as regional health directorate level with support mainly from Global Fund and United Nation Childrens Fund (Unicef). The objectives of the data verification are:

1. To compare data reported by the health facilities and data verified by the HMIS team.
2. To conduct data audit exercise in all the seven health regions.
3. To provide mentorship and coaching guidance to the data managers, data entry clerks, CBCs and VHWs.
4. Identify challenges affecting health workers in executing their functions.

Chapter 2 KEY HEALTH INDICATORS

Table 1: Health Indicators

Indicators	Value	Source
OPD utilization rate	67.3%	DHIS2, 2021
Institutional maternal mortality rate per 100,000	210	DHIS2, 2021
Proportion of pregnant women attending antenatal clinics who received three doses of intermittent preventive treatment (IPTp) for malaria	47.9%	DHIS2, 2021
Percentage of ANC first trimester visits	28.7%	DHIS2, 2021
Percentage of institutional deliveries	97.9%	DHIS2, 2021
Caesarean Section rate	6.4%	DHIS2, 2021
BCG immunization coverage	81%	EPI, 2021
Penta3 immunization coverage	81.7%	EPI, 2021
Measles immunization coverage	79.4%	EPI, 2021
Penta dropout rate (Penta 1 versus Penta3)	0.9	EPI, 2021
BCG – Measle 1 dropout rate	5%	EPI, 2021
Percentage of deliveries conducted by skilled health attendant in health facilities	93.1%	DHIS2, 2021
Malaria incidence per 1000 population	30.1	DHIS2, 2021
Utilization of public health facilities	61.6%	DHIS2, 2021
Contraceptive prevalence rate among currently married women age 15-49	19%	DHS, 2019-2020
Percentage of household members with an improved drinking water source on premises, whose source of water was tested and free of E. Coli and available when needed	33.8%	MICS 2018
Percentage of household members using improved sanitation facilities which are not shared	47.1%	MICS 2018
Percentage of pregnant women with severe anemia	1%	DHS, 2019-2020
Percentage of women of reproductive age with BMI < 18.5	14%	DHS, 2019-2020
Exclusive breastfeeding (<1 month)	75%	DHS, 2019-2020
Prevalence of early initiation breastfeeding	36%	DHS, 2019-2020
Neonatal Mortality Rate	29/1000	DHS, 2019-2020
Under five years mortality	56/1000	DHS, 2019-2020
Child mortality	15/1000	DHS, 2019-2020
Infant Mortality Rate	42/1000	DHS, 2019-2020
Maternal Mortality Rate (MMR)	289/100,000	DHS, 2019-2020
Pregnancy-related Mortality Rate (PRMR)	320/100,000	DHS, 2019-2020
Prevalence of Malnutrition < 5 years	7.2	DHS, 2019-2020
Prevalence of stunting < 5 years	17.5	DHS, 2019-2020
Under five years wasted	5%	DHS, 2019-2020
Under five years underweight	12%	DHS, 2019-2020

Under five years overweight	2%	DHS, 2019-2020
Inpatient malaria deaths per 10,000 persons per year	8.4%	DHIS2, 2021
Confirmed malaria cases (microscopy or RDT) per 1000 persons per year	251	DHIS2, 2021
Percentage of ITN usage	38%	DHS, 2019-2020
Percentage of households with at least one ITN and/or IRS during the last 12 months	82.4%	MICS 2018
Completeness rate of Health Management Information System reporting.	80.3%	DHIS2, 2021
Timeliness rate of Health Management Information System reporting.	74.6%	DHIS2, 2021
Doctor population ratio per 1000 population	0.09	HRH, 2021
Nurse population ratio per 100 population	0.45	HRH, 2021
Percentage of live births registered in the year	92.24%	DHIS2, 2021
Percentage of Out of Pockets (OOP) expenditure on health	24.55%	NHA 2016/2017
General Government Expenditure (GGE) on health as a percentage of total government expenditure	9.52%	NHA 2016/2017
General Government Expenditure on health as a percentage of total expenditure on health	30.65%	NHA 2016/2017
Per capita total expenditure on health	\$28.84	NHA 2016/2017

Table 2: Estimated population by region of The Gambia. Based upon projections of 2013 national census

Regions	Total population	Expected Pregnancy	Live Births	Surviving Infants	Children <5 years	Women 15 - 49 years
CRR	262,851	9,988	9378	9,047	41,268	66,685
LRR	89,157	3,388	3181	3,069	13,998	22,619
NBER	132,740	5,044	4736	4,569	20,840	33,676
NBWR	133,320	5,066	4757	4,589	20,931	33,823
URR	291,293	11,069	10393	10,026	45,733	73,901
WHR1	985,183	37,437	35150	33,910	154,674	249,941
WHR2	544,354	20,685	19422	18,737	85,464	138,103
NATIONAL	2,438,899	92,678	87018	83,947	382,907	618,749

Chapter 3 Health Work Force

Generally, there is a critical challenge of having good data for profiling health workforce itself in the country. The Directorate of Human Resources for health establishes that, there were six thousand one hundred and fifty-two health workers (6152) (source HRH profile, 2021). Out of this, about 61% (3742) comprised of skilled health workers; nursing and midwifery professionals making up 47.3% of it, followed by environmental and occupational health and hygiene professionals at 8.2% and medical doctors 6.2%.

Table 3: Health workforce index per 1000 pop of selected skilled frontline health professionals

No	Cadre	Number of Health Workers	MoH Density threshold per 1000 pop	WHO 2016b 4.45/1000pop
1	Medical doctors	231	0.09	4.45
2	Nurse midwives	667	0.27	4.45
3	General Nurses	1104	0.45	4.45
4	Public health personnel	306	0.13	4.45
5	Pharmacy personnel	116	0.05	4.45
6	Laboratory personnel	189	0.08	4.45

At the moment, the public health sector's health workforce index for skilled health human resource nationally stands at 1.53/1000pop or 15.3/10000 pop against WHO's 4.45/1000 pop

Table 4: Health Workers (HW) Index per 1000 Pop at Sub-National Level

Region	No of skilled health workers	Pop Estimate 2021	HW INDEX/1000 POP	WHO 2016b 4.45/1000pop
WR I	1878	958,183	1.96	4.45
WR II	469	544,354	1.16	4.45
LRR	137	89,157	1.54	4.45
CRR	338	262,851	1.29	4.45
URR	214	291,293	0.73	4.45
NBER	252	132,740	1.90	4.45
NBWR	142	133,320	1.07	4.45

Source. MoH HR Unit

The analysis shows that at both levels (national and Sub-national) no level has met the WHO's health worker Index of 4.45 per 1000p.

Table 5: General Health Workforce: Distribution by Gender

Health Occupation	Male	Female	Total
Frontline Health professionals			
Medical Officer (generalist)	38	37	75
Senior Medical Officer (generalist)	12	2	14
House Officer	33	34	67
Senior Registrar	7	3	10
Registrar	18	16	34
Deputy Registrar	0	0	0
Physician	4	1	5
Surgeon	6	1	7
Gynecologist-Obstetrician	7	3	10
Consultant Gynecologist-Obstetrician	5	0	5
Pediatrician	4	6	10
Geriatrician	0	0	0
Orthopaedic Surgeon	4	0	4
Consultant medicine	1	0	1
Consultant neonatologist	0	0	0
Consultant Orthopaedic	1	1	2
ENT Surgeon	1	1	2
Pathologist	1	0	1
Med. Ophthalmologist	1	0	1
Senior Consultant Ophthalmologist	2	2	4
Consultant Ophthalmologist	2	2	4
Dental Surgeon/Dentist	5	4	9
Oncologist	1	0	1
Cardiologist	2	0	2
Radiologist (Dr)	2	2	4
Physiotherapist Dr.	0	0	0
Dermatologist	0	1	1
Clinical Epidemiologist	0	0	0
Consultant Urologist	2	0	2
Urologist	1	0	1
Nephrologist	1	1	2
Endocrinologist	0	1	1
Psychiatrist Dr	0	1	1

Physician Assistant	6	1	7
Dental Technician	3	1	4
Senior Dental Surgeon Assistant	0	1	1
Senior Dental Technician/Surgeon	0	0	0
Dental Assistant	7	8	15
Dental Officer	2	0	2
Clinical Officer	11	3	14
Principal Nursing Officer	0	1	1
Senior Nursing Officer	38	35	73
Nursing Officer	88	127	215
Registered Nurse (BSc)	65	96	161
Registered Nurses (RN)	184	211	395
State Enrolled Nurse (SEN)	81	141	222
Enrolled Community Health Nurse (ECHN)	84	143	227
Registered Nurse Midwives (BSc)	13	21	34
Registered nurse Midwives (RNM)	32	35	67
Psychiatry Nurse (BSc)	6	0	6
SEN Midwives (SENM)	38	83	121
ECHN Midwives (ECHNM)	42	115	157
Nurse Anesthetist	29	20	49
Nurse Administrator	2	0	2
Anesthesiologist (Dr)	2	2	4
Anesthetic Officer/Senior Nurse Anesthetist	6	3	9
Radiographer	2	1	3
Radiology Tech	11	7	18
Radiology Assist.	9	4	13
Principal Pharmacist	0	0	0
Pharmacist	3	1	4
Clinical Pharmacist	0	0	0
Senior Pharmacist	0	0	0
Senior Pharmacy Assistant	4	14	18
Pharmacy Technician	29	17	46
Pharmacy Assistant	23	25	48
Receptionist	2	5	7
Chief Lab Scientist	1	0	1
Lab Scientist	6	3	9
Lab Technologist	3	3	6
Principal Lab Scientist	3	1	4
Principal Lab Technologist	1	0	1
Senior Lab Scientist	2	2	4

Blood Donor Officer	2	0	2
Senior Lab Technician	9	8	17
Lab Technician	13	9	22
Senior Lab Assistant	1	1	2
Lab Assistant	64	59	123
Public Health Specialist (MPH)	6	4	10
Public Health Officer (BSc)	30	14	44
Public Health Officer (MSc)	0	0	0
Assistant Public Health (APHO)	152	100	252
Nutritionist	0	0	0
Orthopaedic Officer	0	0	0
Physiotherapist (not doctor)	1	0	1
Physiotherapy Tech	8	5	13
Physiotherapy Assist	4	6	10
Leprosy and Tuberculosis Inspector (LTI)	18	9	27
Community Ophthalmic Nurse (CON)	9	11	20
Peri-Operative Nurse (PON)	8	6	14
Principal Ophthalmic Medical Assistant (POMA)	5	2	7
Senior Ophthalmic Medical Assistant (SOMA)	8	4	12
Ophthalmic Medical Assistant (OMA)	5	3	8
Senior Optometrist	2	1	3
Optometrist	1	0	1
Optometry Tech	4	5	9
Ophthalmic Optician	0	2	2
Optical Asst.	1	2	3
Instrument technician	2	1	3
Blood recruiter	2	0	2
Refractionist	0	0	0
Biostatistician	0	0	0
Epidemiologist (not clinical)	0	0	0
Biomedical Engineer	2	0	2
Senior Biomedical Engineering Technician	0	1	1
Biomedical Engineering Technician	0	0	0
Biomedical Assistant	1	0	1
Refrigerator and Air-conditioning Technician	2	0	2
Sub-total 1	1359	1502	2861
Skilled Health Management /Administrative Staff:			
Chief Medical Officer (CMD)	1	0	1
Deputy CMD	1	0	1
Regional Director	4	1	5

Chief Executive Officer (CEO)	6	0	6
Deputy Chief Executive Officer (DCEO)	0	2	2
Principal Nursing Officer (PNO)	10	5	15
Principal Public Health Officer(PPHO)	7	0	7
Senior Regional Administrator (SRA)	6	1	7
Senior Nursing Officer(SNO)	5	1	6
Epi Operations Officer(EOO)	6	1	7
Senior Health Education and Promotion Officer(SHEPO)	3	3	6
Vector Control Officer (VCO)	6	1	7
Senior Community Health Nurse (SCHN) Tutor	7	0	7
Leprosy & Tuberculosis Control Officer (LTCO)	6	1	7
Regional Pharmaceutical Sore Officer (RPSO)	5	1	6
Data Supervisor	3	2	5
Regional Accountant	4	0	4
Data Entry Clerk(DEC)	0	2	2
Hospital Administrator	6	0	6
Training Course Coordinator	1	0	1
Matron	0	1	1
Principal Accountant	4	2	6
Accountant	7	3	10
Senior Accountant	1	0	1
Assistant Accountant	3	0	3
Accounts Clerk	18	24	42
Accounts Clerk/Cashier	22	26	48
Medical Record Officer	6	9	15
Records Clerk	29	57	86
Data Entry Clerk	23	59	82
Information Technology (IT) Specialist	0	0	0
ICT Officer	2	0	2
ICT Support Technician	7	1	8
Program Manager	0	0	0
Deputy Program Manager	0	0	0
Program Officer	0	0	0
Principal Procurement Officer	0	0	0
Senior Procurement Officer	1	0	1
Procurement Officer	4	0	4
Procurement Clerk	4	4	8
Senior Infection Prevention Control Coordinator	3	1	4
Infection Prevention Control Focal Person/Officer	2	0	2

Assistant Infection Control Officer	1	0	1
Sanitary officer	1	0	1
Quality Improvement Officer	8	1	9
Quality Improvement Assistant	0	1	1
Central Sterile Supply Department (CSSD)	1	1	2
Social Worker	0	0	0
Research Assistant	0	2	2
Store Keeper	5	1	6
Assistant Store keeper	6	4	10
Policy Analysts / Specialist	0	0	0
M&E Specialist	0	0	0
Human Resource Manager	3	1	4
Data Manager	2	0	2
Principal Private Secretary	0	3	3
Private Secretary I	0	10	10
Private Secretary II	0	3	3
Personal record officer	0	0	0
Personal record clerk	0	0	0
Personal record Assistant	0	2	2
Secretary	0	3	3
Senior Public Relations Officer (SPRO)	2	4	6
Public Relations Officer (PRO)	1	0	1
Typist I	0	8	8
Typist II	0	8	8
Librarian	0	0	0
Library Assistant	1	3	4
Catering Officer	2	3	5
Sub-total 2	256	266	522
Other Support Staff			
Community Nurse Attendant	125	469	594
Senior Nurse Attendant	31	78	109
Chief Orderly	1	0	1
Senior Orderly	2	10	12
Orderly	281	377	658
Cleaner	9	9	18
Health Labourer	85	2	87
Lab attendant	6	15	21
Pharmacy attendant	13	24	37
Physiotherapy Attendant	2	3	5
X-ray Attendant	5	7	12

Chief Security Officer	1	0	1
Deputy Chief Security Officer	1	0	1
Security /Watchman	196	20	216
Messenger	9	0	9
Laundress	10	86	96
Cook	10	71	81
Tailor	9	8	17
Mason	10	0	10
Plumber	18	2	20
Vector Control Attendant	9	2	11
Carpenter	21	2	23
Electrician	26	5	31
Generator Operator	24	5	29
Other Tradesman	3	0	3
Foreman	1	0	1
Store hand	1	0	1
Optical Attendant	1	4	5
Maintenance Superintendent	1	0	1
Gardener	2	0	2
Driver	76	0	76
Community Ambulance Driver	5	0	5
Sub-total 3	994	1199	2193
Grand Total	2609	2967	5576

Chapter 4: HEALTH FACILITIES

In 2021, there were 8 hospitals operating in the country. The hospitals include one specialized hospital, one teaching and four private hospitals. There were four district hospitals and six major health centers. The district hospitals and major health centers are expected to provide Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services. A total number of forty minor health centers are distributed across the regions. Minor health centers provide Basic Emergency Obstetric and Neonatal Care (BEmONC), reproductive and child health services.

Table 6: Number of service delivery points, The Gambia, 2021

REGION	CRR	URR	LRR	NBWR	NBER	WHR1	WHR2	Total
Teaching Hospital	0	0	0	0	0	1	0	1
General Hospital	1	0	0	0	1	2	1	5
Specialized Hospital	0	0	0	0	0	1	0	1
District Hospital	0	1	1	1	0	0	1	4
Major Health Centre	1	1	1	1	0	1	1	6
Minor Health Centre	7	9	4	3	6	6	5	40
Specialized RMNCAH Clinics	1	0	0	0	1	2	0	4
Community clinic/Health post	14	7	10	11	6	7	18	73
Private Clinic	0	2	1	1	0	20	6	30
NGOs Clinic	2	2	3	1	0	4	6	18
Service Clinics	1	2	1	0	1	7	0	12
No of outreach Clinics	80	66	42	45	33	18	37	321
No of Based Clinics	23	22	14	13	15	142	44	273
No of PHC Circuit	34	18	15	16	14	8	14	119
PHC Villages	307	145	102	116	127	29	116	942
No of non PHC villages	339	223	45	36	35	34	205	947

Section i Primary Health Care Villages and Circuits

The Ministry of Health has developed a Road Map to revitalize PHC in The Gambia. The implementation of the road map commenced in 2018. Currently 49.9% of the villages in The Gambia are PHC villages. These villages are disproportionately located in different regions served by Community Health Workers, Village Health Workers and Community Birth Companions (CBCs). However, a considerable number of the PHC villages have untrained VHWs and CBCs. Circuits have now been demarcated to one hundred and nineteen across the country. These circuits are manned by Community Health Nurses at Village Health Service (CHN/VHS).

Table 7: Number and percentage of PHC villages by health region, The Gambia, 2021

The table below shows the number of primary health care circuits and the number of PHC and non-PHC villages in each region. NBER has the highest percentage of PHC villages with 78% while WHR2 has the lowest percentage of PHC villages.

Region	Circuit	No. of PHC villages	No. of Non PHC villages	Total Villages	%
WHR1	8	29	34	63	46.0
WHR2	14	116	205	321	36.1
LRR	15	102	45	147	69.4
NBWR	16	116	36	152	76.3
NBER	14	127	35	162	78.4
CRR	34	307	369	676	45.4
URR	18	145	223	368	39.4
NATIONAL	119	942	947	1,889	49.9

Source: PHC Unit 2021

Section ii Health Facility Beds

In 2021, there were two thousand, eight hundred and sixty-seven (2,867) beds available in the public and private health facilities, (see Table 8) below. About 48.58% of the beds are in the hospitals, 11.35% are in district hospitals, 5.62% in major health centers, 22.35% in the minor health centers, 4.14% and 7.07% in the NGO and private health facilities respectively. Around 73.02% were inpatient beds use for admission, 5.20% were antenatal and 14.31% were post-natal beds whilst 7.48% were delivery beds.

Table 8: Number of health facility beds by region and type, The Gambia, 2021

REGIONS	INPATIENT	ANTE NATAL	DELIVERY BEDS	POST NATAL	TOTAL
CRR	220	17	30	69	336

URR	242	30	45	77	394
LRR	147	32	36	41	256
NBWR	97	13	22	49	181
NBER	267	42	20	30	359
WHR2	275	35	53	85	448
WHR1	860	50	50	115	1,075
TOTAL	2,108	219	256	466	3,049

The table below (Table 9) illustrates the bed capacity per service level in the health facilities for both public and private. Overall, the public sector accounts for 88.97% of the total bed capacity while the private and NGO clinics account for 11.03%.

Table 9: Number of health facility beds per 100,000 population, The Gambia 2021

Type of Health Facility	INPATIENT	ANTE NATAL	DELIVERY BEDS	POST NATAL	TOTAL	PROPORTION /100000	%
Hospital	1,014	45	38	93	1,190	4.9	0.05
District Hospital	193	32	25	36	286	1.2	0.01
Major	80	19	18	48	165	0.7	0.01
Minor	468	81	145	238	932	3.8	0.04
NGO	78	3	13	15	109	0.4	0.00
Private	156	3	28	23	210	0.9	0.01
Total	1,989	183	267	483	2,922	12.0	0.12
%	0.08	0.01	0.01	0.02	0.12		

Chapter 4 HEALTHCARE SERVICE DELIVERY

The primary objectives of the Ministry of Health are to enable all clients to receive health care services whenever needed and to deliver health services that are cost-effective and meet the established standards of quality.

Section i Outpatient Department (OPD) Visits in Health Facilities

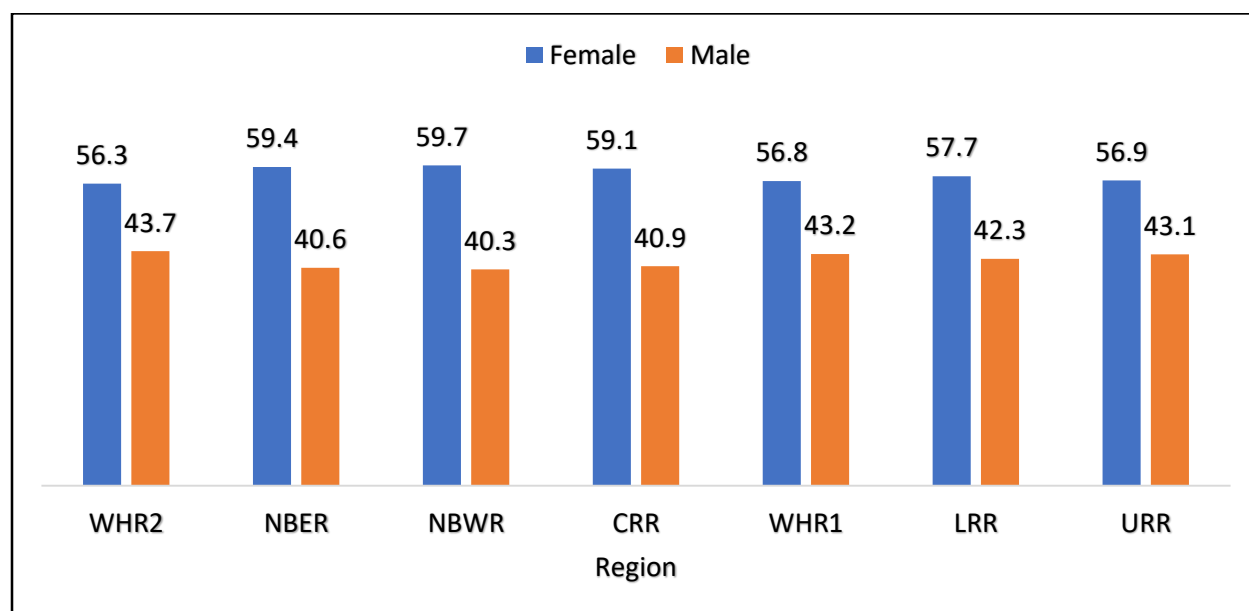
In 2021, one million six hundred and forty-seven thousand, seven hundred and seventy-seven (1,647,777) outpatient visits were registered in The Gambia. As expected, WHR1 and WHR2 accounted for the majority of the outpatient visits which could be attributable to their population size. The outpatient attendance increased by 0.72% from 2020 to 2021.

Table 10: Number of Outpatient Clinic Attendance by Age Category and Region, The Gambia, 2021

Regions	< 5 years new visit	< 5 years re-visit	5-14 years all visits	> 14 years all visits	TOTAL
CRR	69,559	396	34,539	121,500	225,994
LRR	34,659	236	20,852	65,306	121,053
NBER	37,469	479	18,787	65,435	122,170
NBWR	27,532	324	14,209	53,304	95,369
URR	63,331	348	41,657	112,126	217,462
WHR1	94,216	5,239	134,578	346,278	580,311
WHR2	67,906	60	59,781	157,671	285,418
NATIONAL	394,672	7082	324,403	921,620	1,647,777

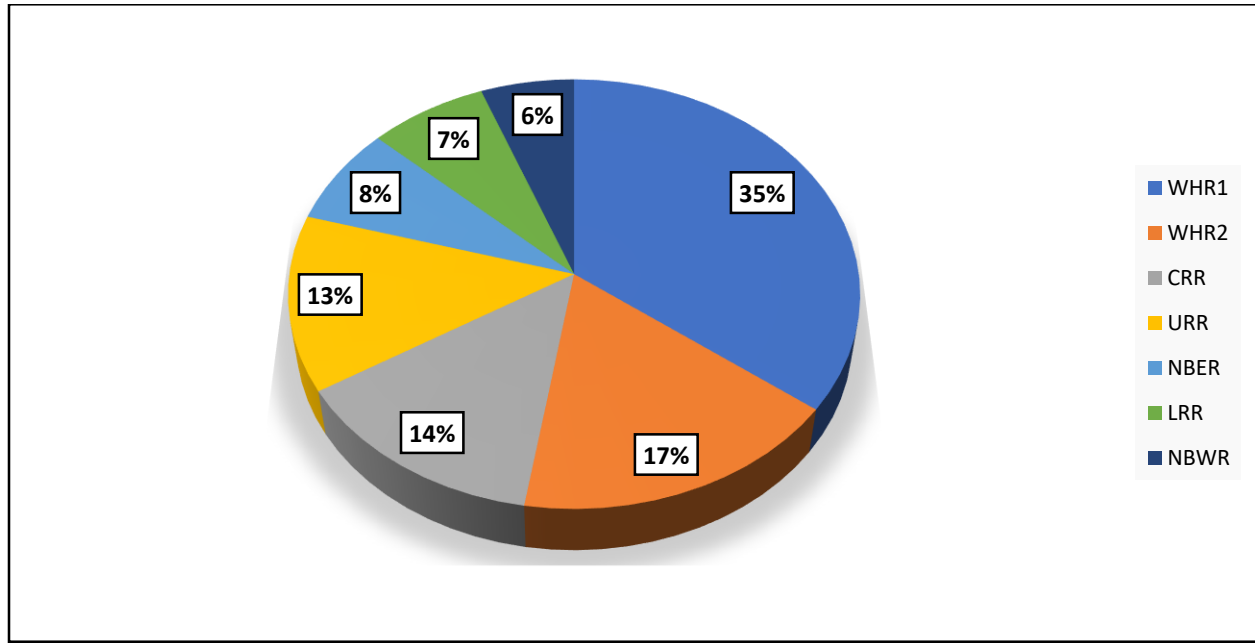
Source: DHIS2 2021

Figure 1: Percentage of OPD attendance by gender in 2021, The Gambia



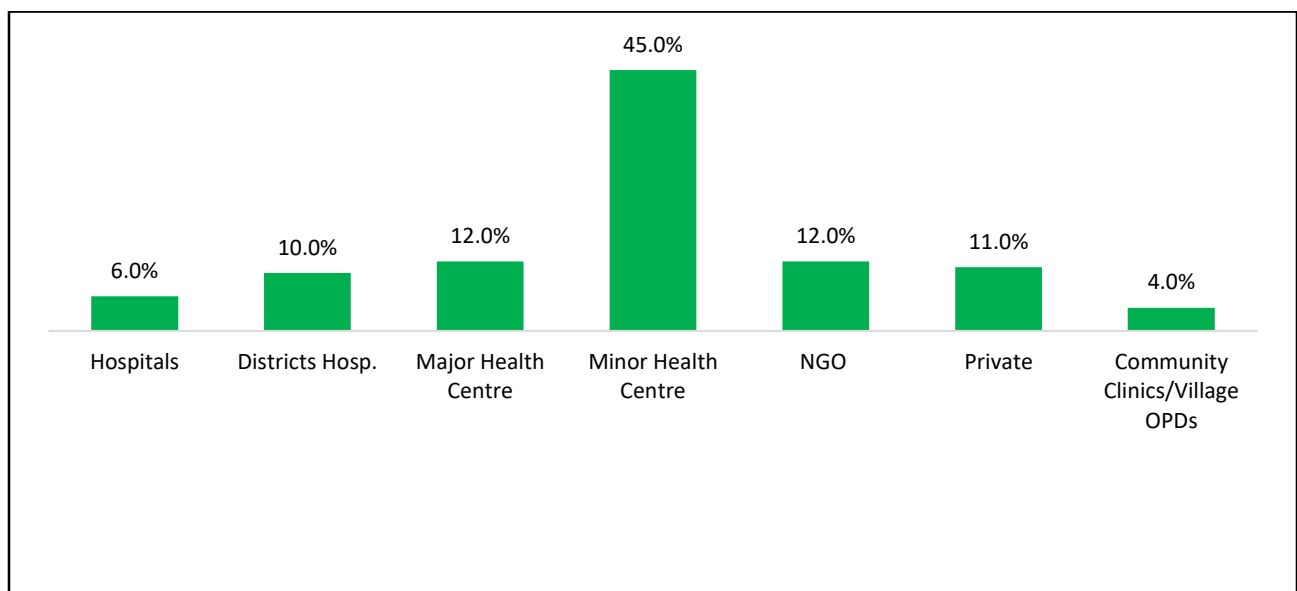
In **Figure 1** above, the graph shows that more females visited OPD compared to males across all the regions in 2021.

Figure 2: Percentage distribution of OPD attendance per region in The Gambia, 2021



Source: DHIS2 2021

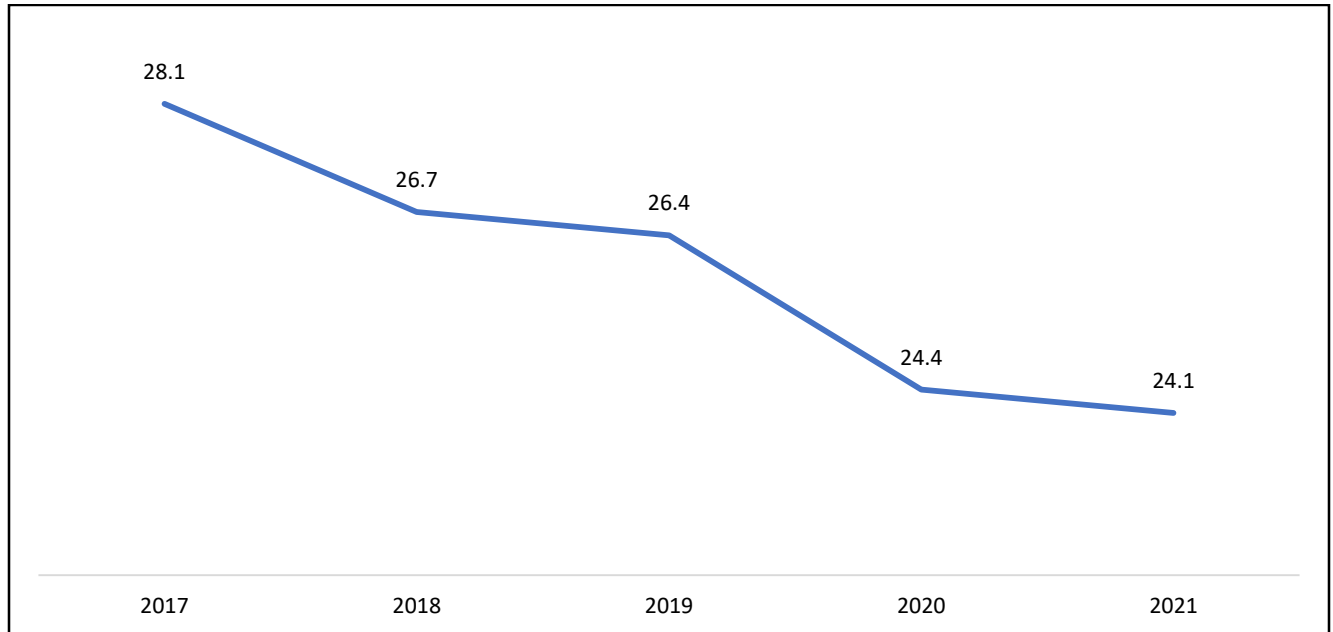
Figure 3: Percentage distribution of OPD attendance per service level in The Gambia, 2021



Source: DHIS2 2021

Figure 3 shows that majority (45%) of outpatient attendance was received at the minor health center followed by major health centers and NGO clinics with 12% for each respectively.

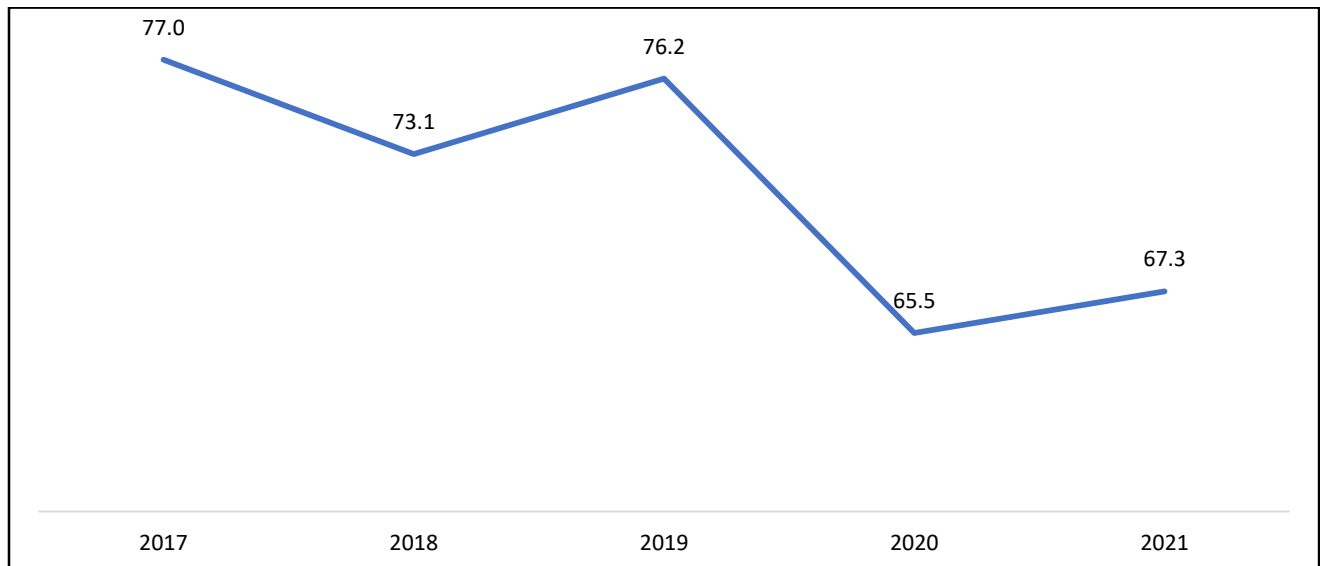
Figure 4: Percentage distribution of OPD attendance among < 5 years in The Gambia, 2017 – 2021



Source: DHIS2 2021

In the chart above (**Figure 4**Figure 5), under five years OPD visits shows a consistent decline in trend with 28.1% visits in 2017, 26.4% in 2019 and 24.1% in 2021.

Figure 5: Trend of OPD utilization rate in the Gambia, 2017-2021



Source: DHIS2 2021

Table 11: Number of OPD attendance by level of service delivery from 2017 to 2021 and the outpatient per capita utilization rate, The Gambia

SERVICE LEVEL	2017	2018	2019	2020	2021
Hospital	461,883	456,690	515,779	438,285	482,911
Major	143,418	107,585	117,619	100,811	101,325
Minor	445,063	423,252	483,270	464,750	489,310
Community clinic / Health post	374,627	376,492	416,173	383,523	429,850
NGO	88,407	73,459	67,660	46,693	53,321
Private	21,702	47,419	55,567	32,008	27,345
Grand Total	1,535,100	1,484,897	1,656,068	1,466,070	1,584,062
Total Population	2,122,503	2,196,412	2,273,665	2,354,433	2,438,899
Per Capita utilization rate	72.3	67.6	72.8	62.3	64.9

Source DHIS2

Public health facilities remain the main provider of Health care services in The Gambia. Over nine out of ten OPD new cases are consulted in public health facilities. Moreover, there is more than 8% increase in OPD attendance at public health facilities in 2021 compared to 2020. The proportion of OPD new cases in private health facilities also increased by 2% in the year 2021 compared to the previous year 2020.

Section ii Inpatient admissions

People are admitted to health facilities when they have less serious disorders that cannot be adequately treated in another place (such as at home or in an outpatient surgery center). They may also be admitted when they have a serious or life-threatening problem.

Figure 6 below shows a slightly consistent decline in inpatient admission from 2018 to 2020. However, the health system has gained 25% and 32% increase in inpatient admission from 2020 to 2021 and 2017 to 2021 respectively.

Figure 6: Trend of inpatient admission in the Gambia, 2017-2021

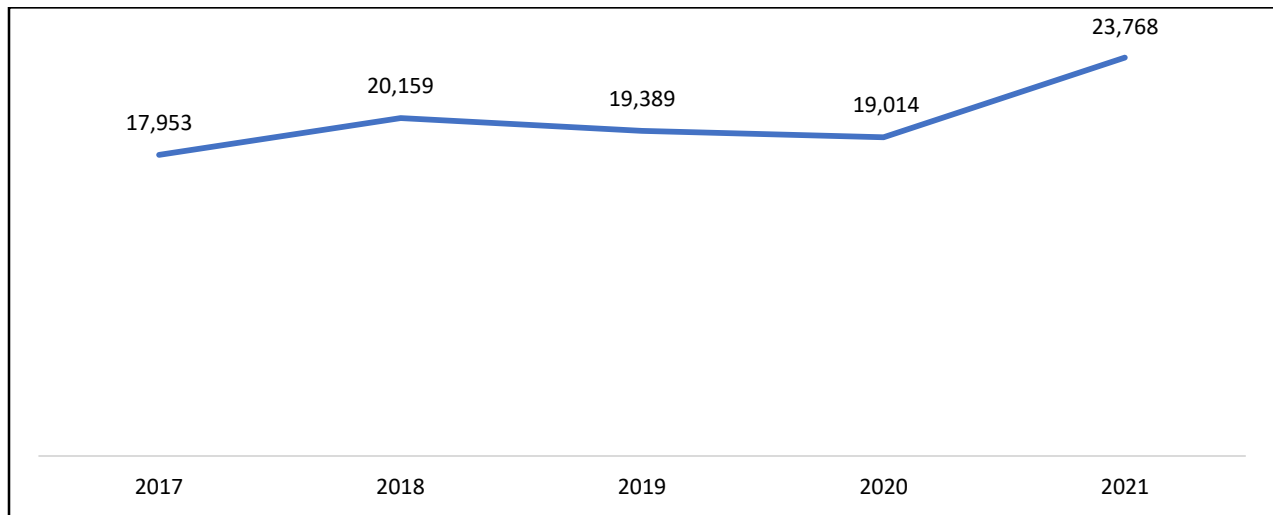
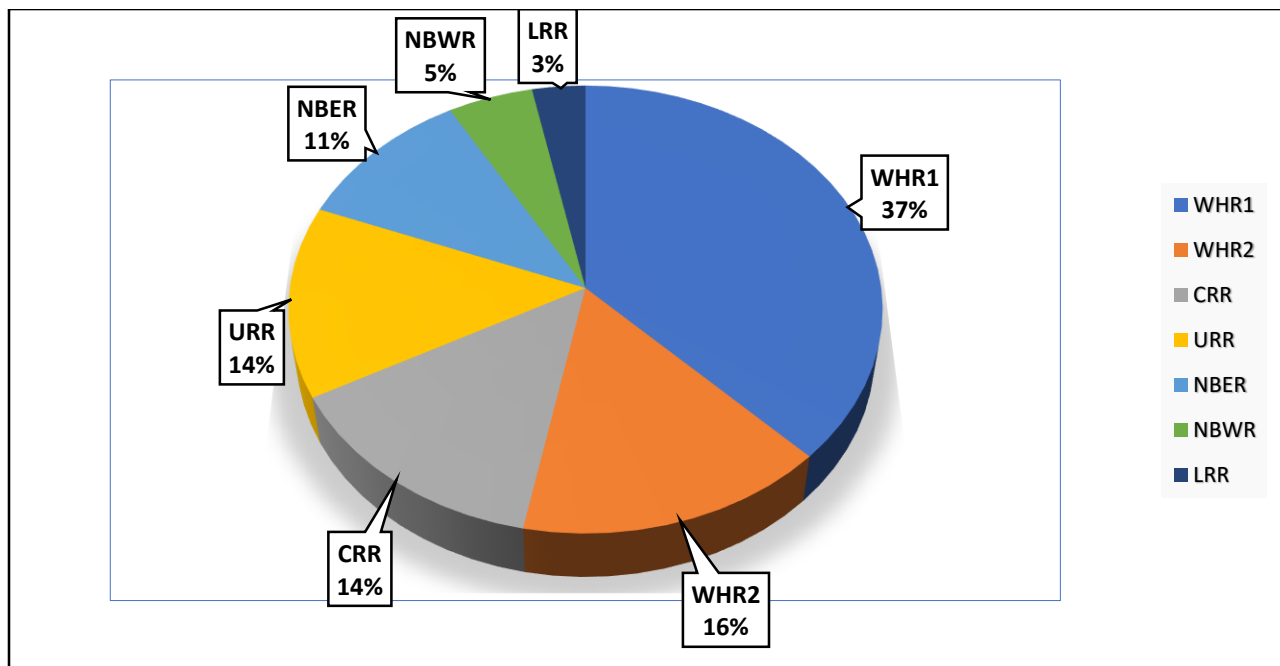


Figure 7: Percentage of inpatient admission per region in 2021, The Gambia



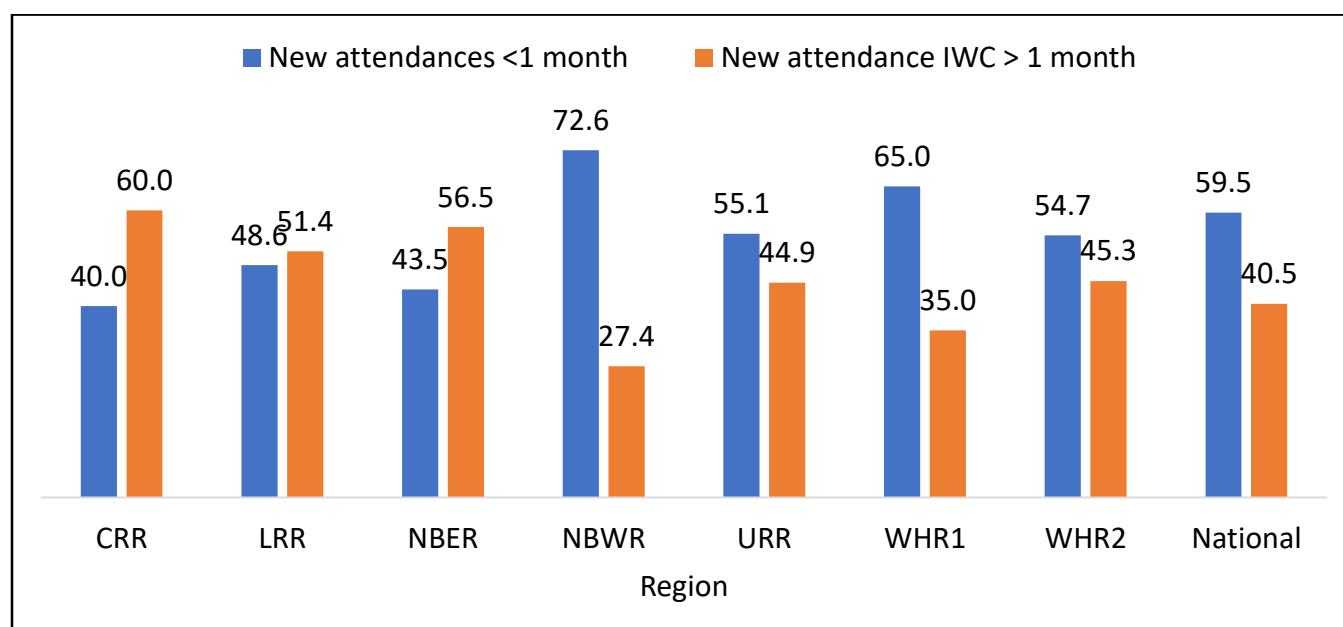
Section iii Infant Welfare Clinic Attendance

Infant welfare clinic (IWC) attendance plays significant role in reducing under-five morbidity and mortality. It provides the benefit of frequent contact between parents, children and health care providers especially during the first two years of life.

Table 12: Number of new clinic attendance by region, The Gambia, 2021

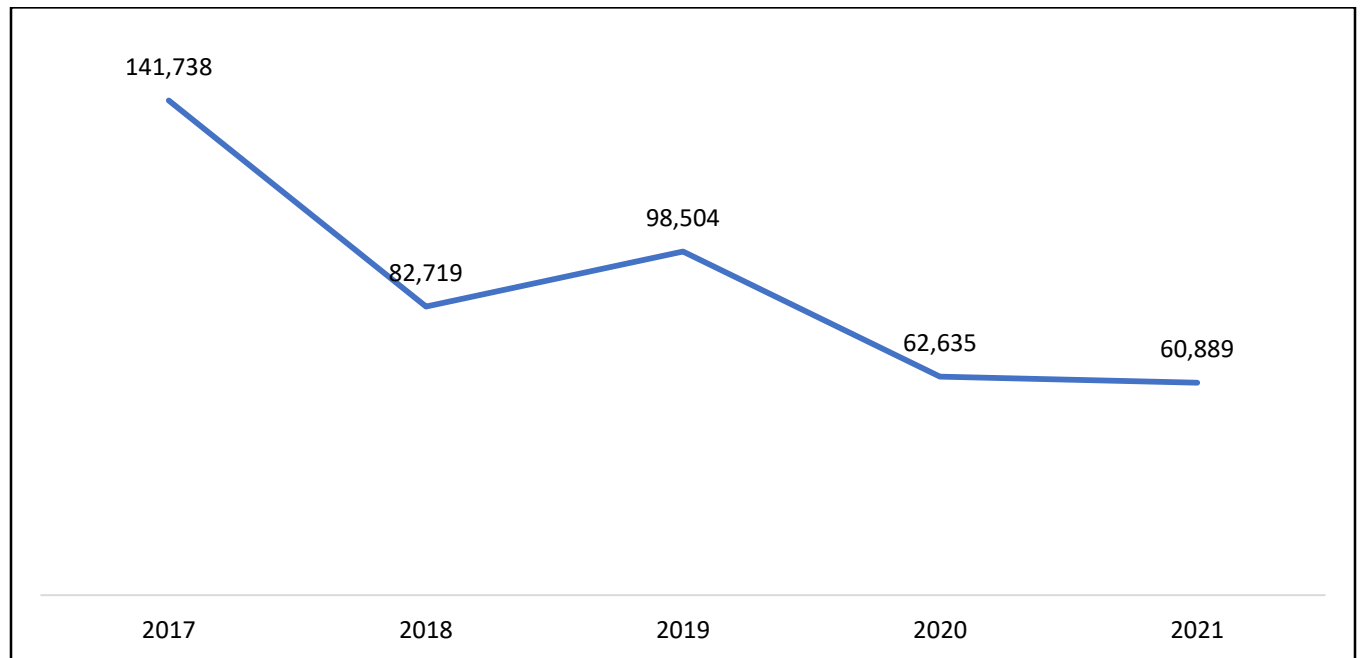
Regions	New attendances <1 month	New attendance IWC > 1 month	IWC All other attendances
CRR	4,149	6,227	101,799
LRR	1,541	1,633	59,467
NBER	2,830	3,676	66,992
NBWR	11,171	4,217	33,559
URR	7,947	6,477	112,161
WHR1	28,657	15,401	190,916
WHR2	4,594	3,797	87,274
NATIONAL	60,889	41,428	652,168

Figure 8: Percentage of new infant clinic attendance by region, The Gambia, 2021



The highest drop in infant clinic attendance was registered in 2021 compared to the previous four years. There is a 57% and >2% drop in infant clinic attendance in 2021 compared to 2017 and 2020 respectively. This might be attributed to the ongoing COVID19 pandemic.

Figure 9: Trend of new <1 month clinic attendance from 2017-2021, The Gambia



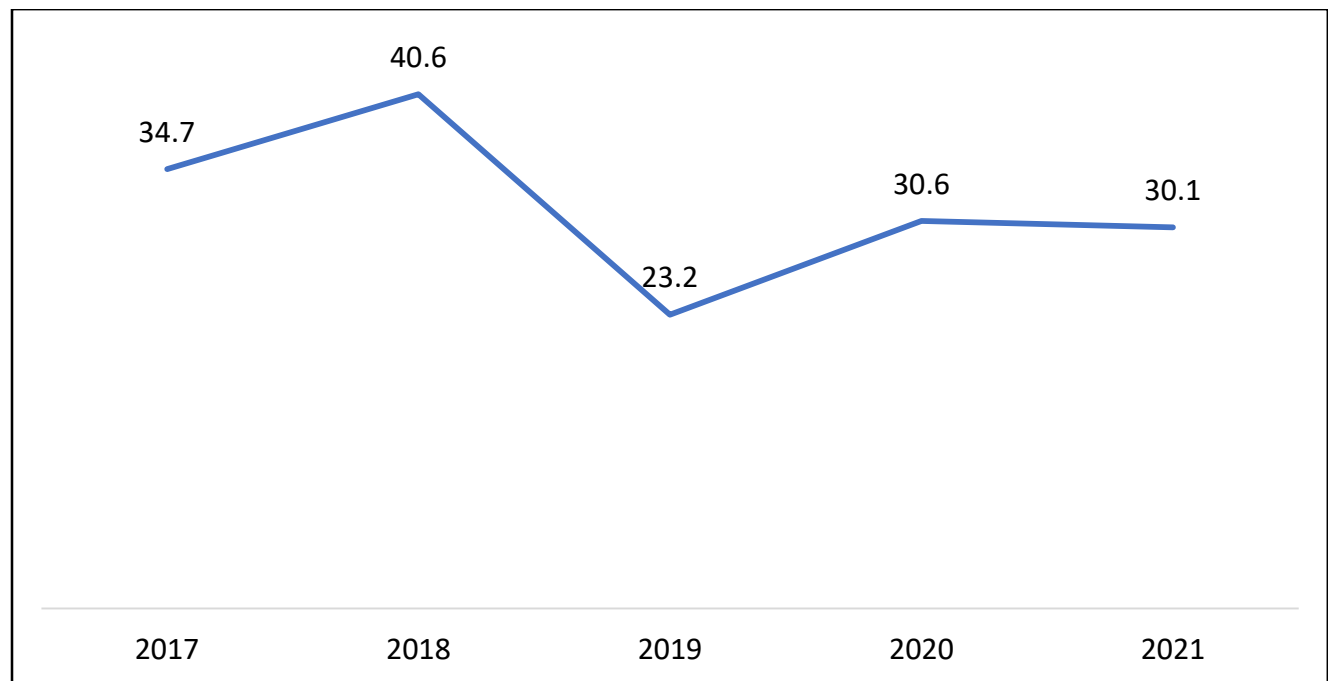
Chapter 5 COMMUNICABLE DISEASES

Section i Malaria

Heading A: Malaria Prevention and Control

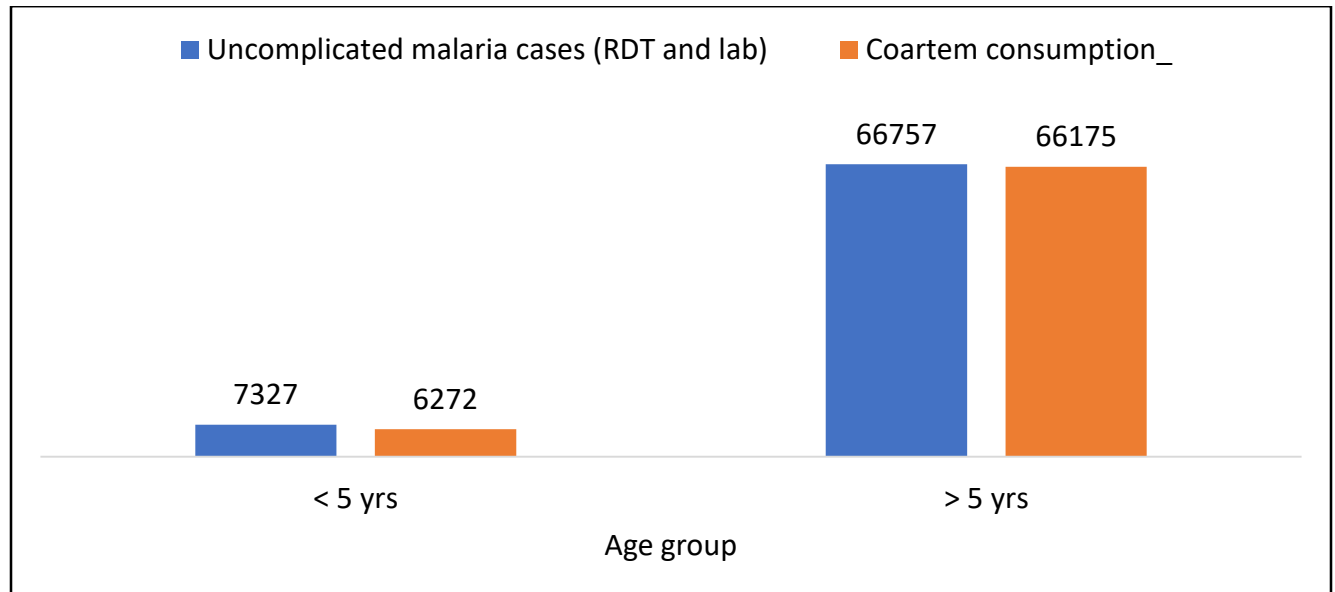
Malaria remains a major public health problem and is among the top leading causes of morbidity in the Gambia. Important efforts continue to be invested in malaria control and prevention, including the vector control interventions focused on mass and routine distribution of Long-Lasting Insecticide Nets (LLINs), the seasonal malaria chemoprevention (SMC) and the Indoor Residual Spraying (IRS) in high endemic districts. Also, the adoption of mandatory laboratory confirmation prior to the treatment, malaria cases management consisting of artemisinin-based combination therapy (ACTs) in the treatment of uncomplicated malaria cases, and the national scale up of community-based malaria treatment program are all interventions geared towards reducing the burden of the disease.

Figure 10: Reported Malaria cases per 1000 population from 2017 - 2021



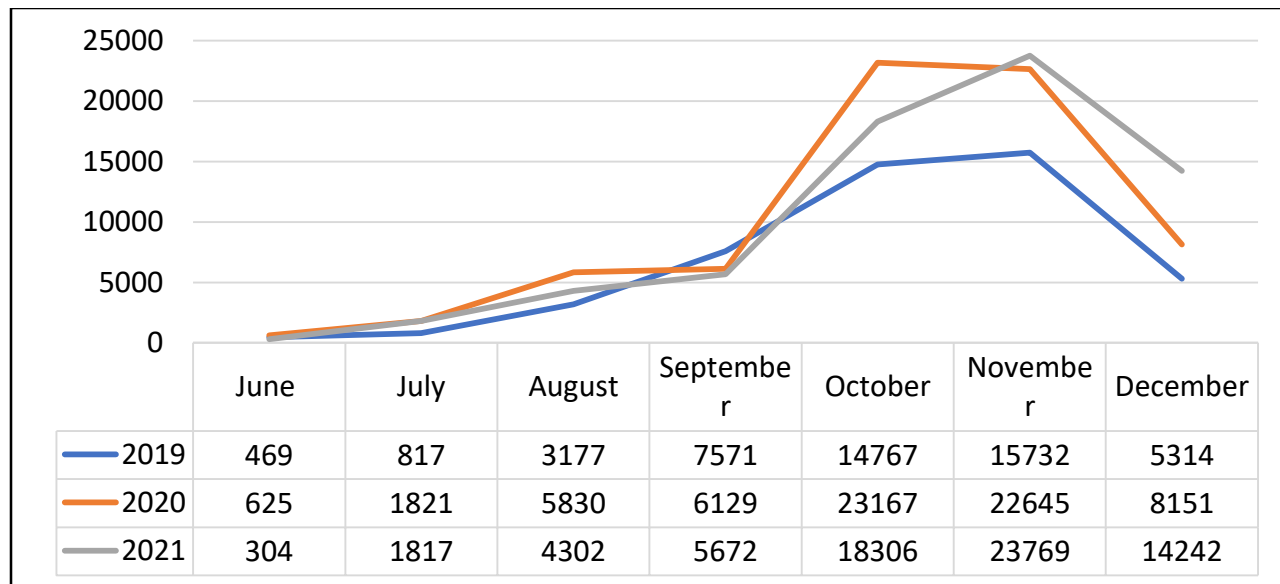
The figure above (**Error! Reference source not found.**) shows reported malaria cases per 1000 population in The Gambia. Moreover, the chart shows that there is no significant change compared to last year although there is a significant decrease in malaria prevalence from 2017 and 2018.

Figure 11: Number of uncomplicated confirmed Malaria cases versus coartem consumption in 2021



The figure above (**Error! Reference source not found.**) is comparing the malaria positive cases seen to the consumption of coartem for the year 2021. The figure shows that 85.6% of under-five who were confirmed malaria positive have received coartem whilst 99.1% of the above five years who were confirmed malaria positive have received coartem. The figure shows that 98% of the malaria positive cases in both age categories have received coartem for their treatment.

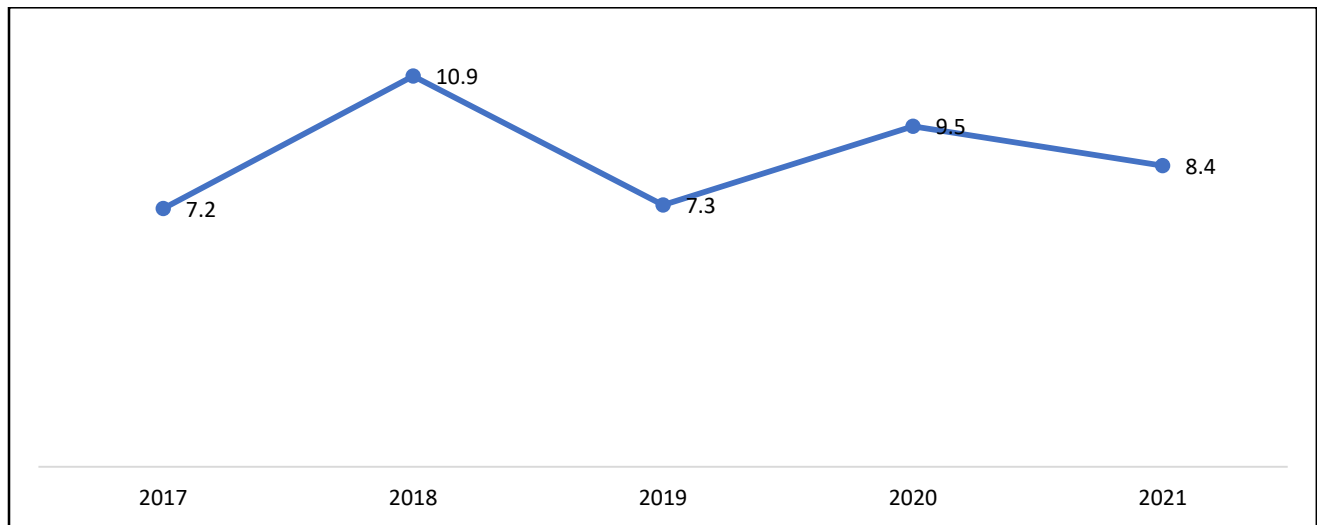
Figure 12: Number of Uncomplicated malaria cases by month and year



The figure above (**Error! Reference source not found.**) is looking at the trend of malaria over the past three years during the peak season. The chart shows decrease in malaria cases from July to October in 2021 compared to the same period in the previous year. However, the same was not

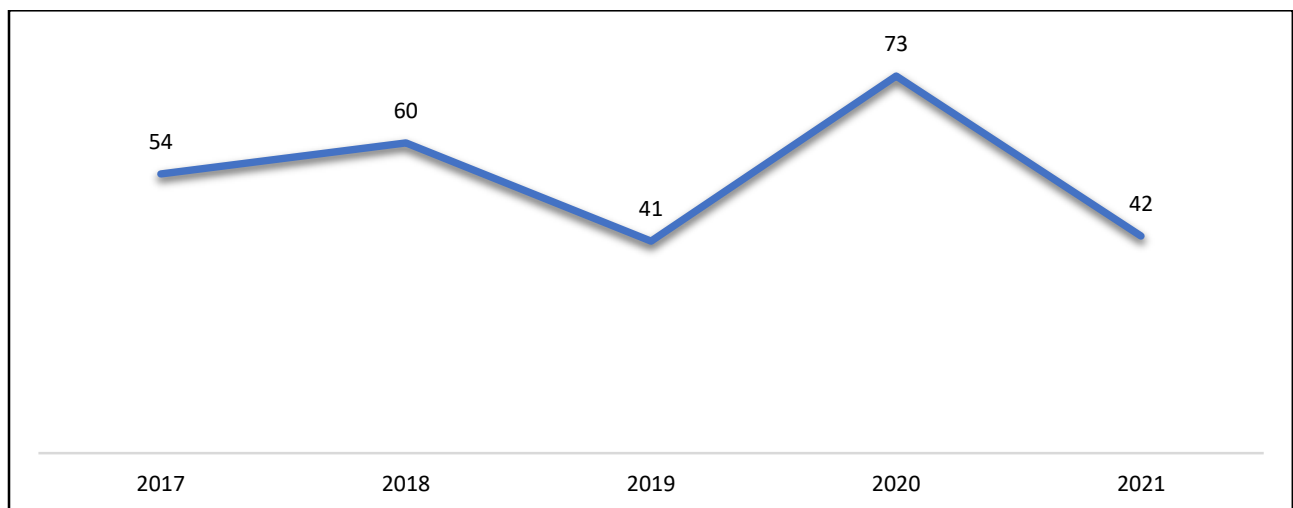
observed from November to December as more cases were seen in that period in 2021 than in 2020. Most of the cases are seen from October to December with an increasing trend over the years especially in November and December.

Figure 13: Number of Inpatient cases of malaria per 10,000 population in the Gambia from 2017-2021



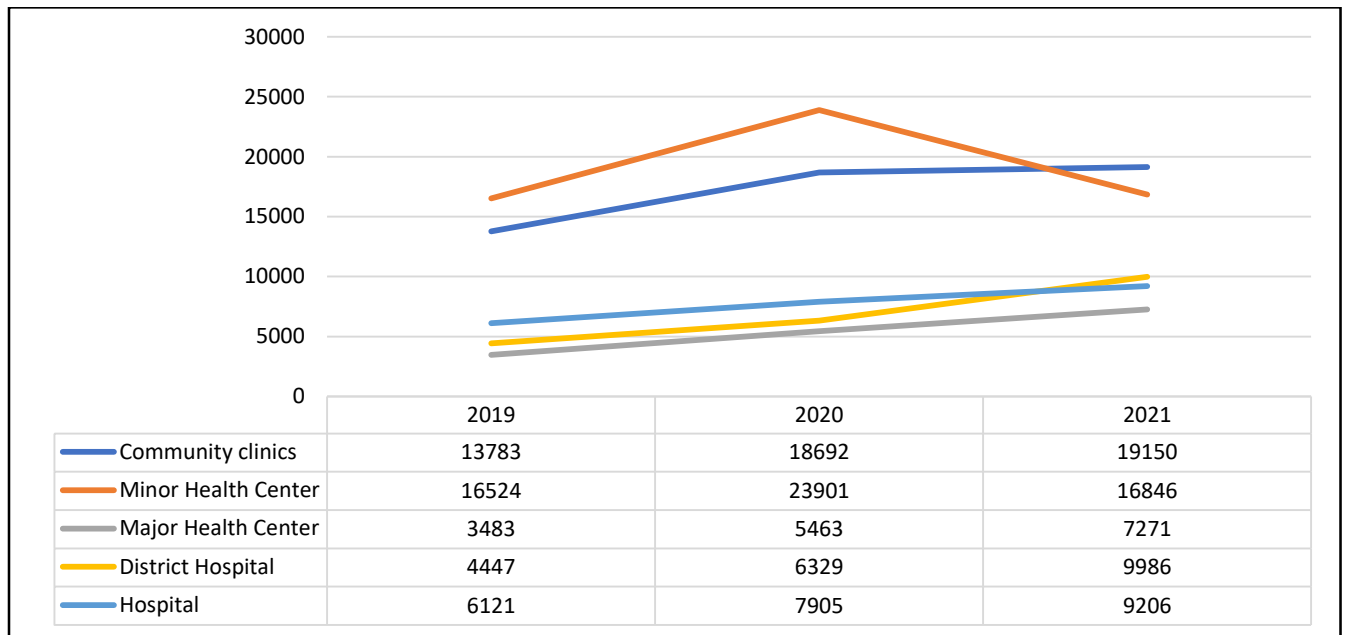
Error! Reference source not found. illustrates the trend of admissions due to malaria over the past five years. The data shows a slight reduction in malaria admission in 2021 compared to 2020 from 9.5 per 10,000 to 8.4 per 10,000.

Figure 14: Number of Malaria inpatient deaths in the past five years in the Gambia



Error! Reference source not found. above shows the trend of inpatient malaria deaths in the past five years. The data shows a significant drop in 2021 compared to 2020. Seventy-three deaths were registered in 2020 compared to forty-two in 2021.

Figure 15: Malaria Cases per Level of Services Provision, 2019-2021



Error! Reference source not found. above illustrates the trend of malaria cases per service level in he past three years. The data shows that the bulk of malaria cases are seen at the Minor Health Centers and Village OPD clinics. In addition, malaria cases reported at community clinics has increased by 2.5% in 2021 compared to 2020 and 29.5% decrease of reported cases has been registered in minor health centers in 2021 compared to 2020.

Figure 16: Percentage of Malaria Cases per Level of Service Point in 2021

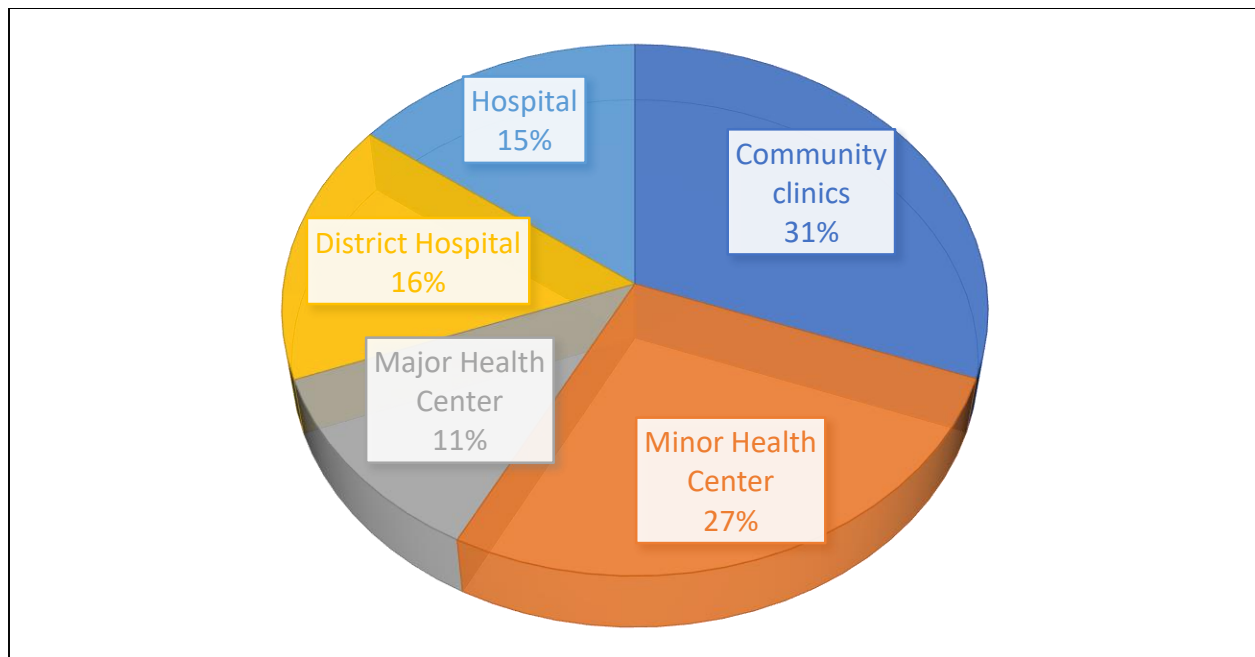


Figure 17: Malaria test positivity rate from 2017-2021

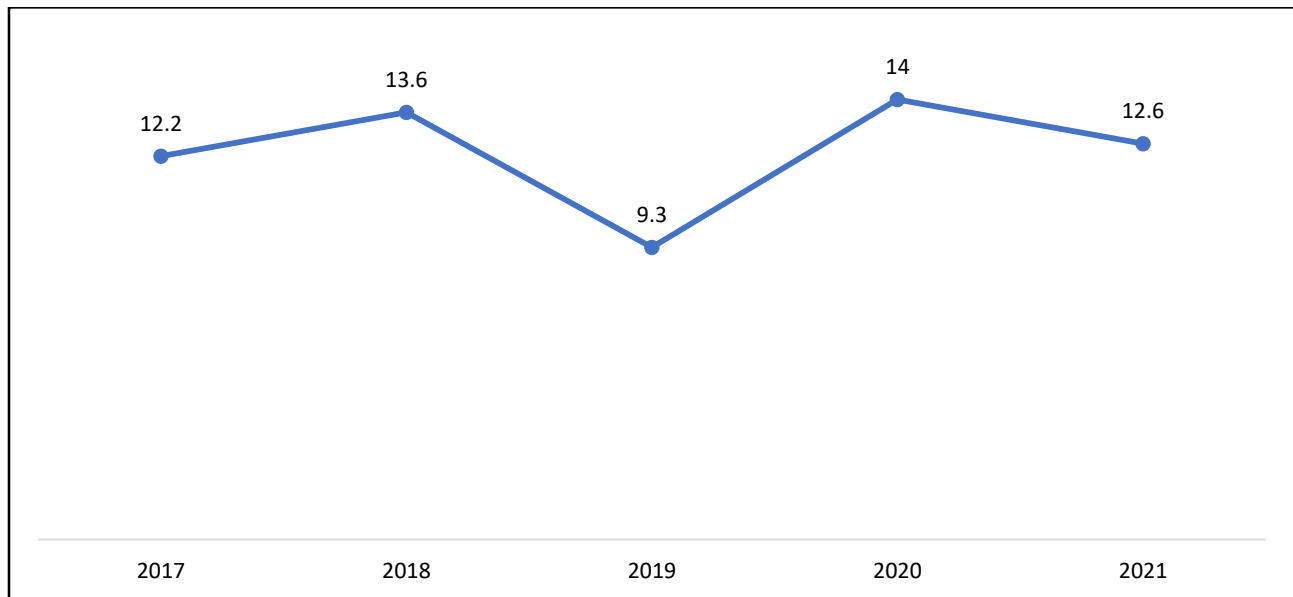
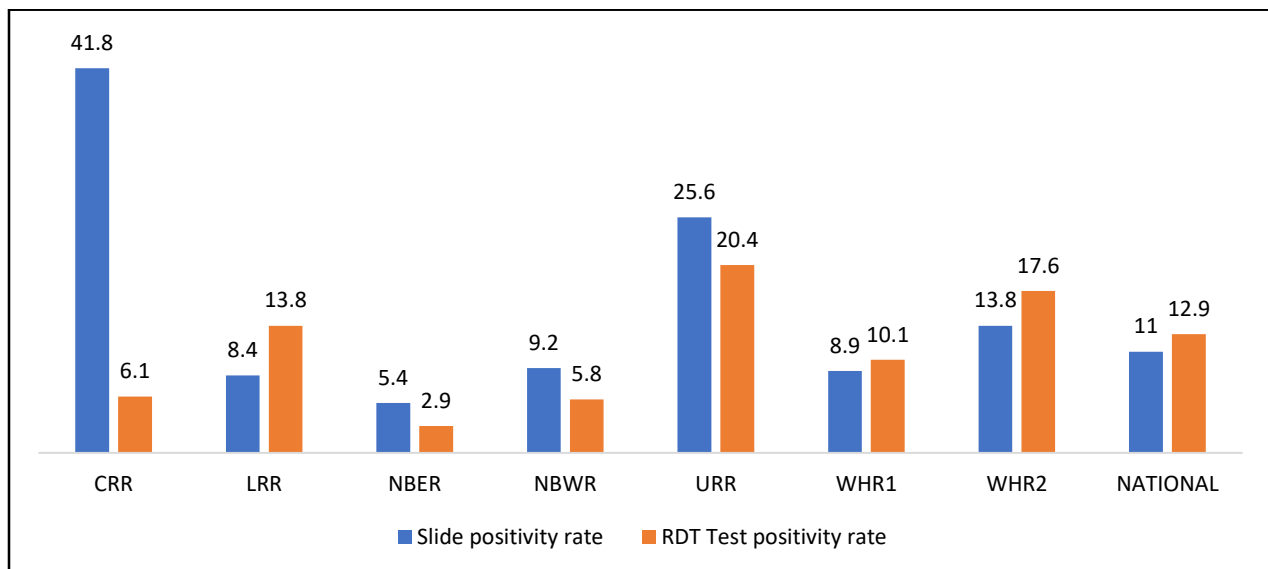


Figure 17 above shows the malaria test positivity rate over the last five years. The highest positivity rate was in 2020 (14) while the lowest was registered in 2019 (9.3). In 2021 malaria positivity rate was at 12.6.

Figure 18: Malaria test positivity rate by region, The Gambia, 2021



Error! Reference source not found. above illustrates the malaria slide and RDT test positivity rate in 2021 per region and national level. The figure shows a significant increase in slide positivity rate in CRR compared to the other regions whilst NBER registered the lowest slide positivity rate. URR registered the highest RDT test positivity rate among the regions whilst NBER registered the lowest. Overall, NBER registered the lowest slide and RDT test positivity rate whilst CRR and URR registered the highest among the regions.

Heading B: Intermittent Preventive Treatment in Pregnancy (IPTp-SP)

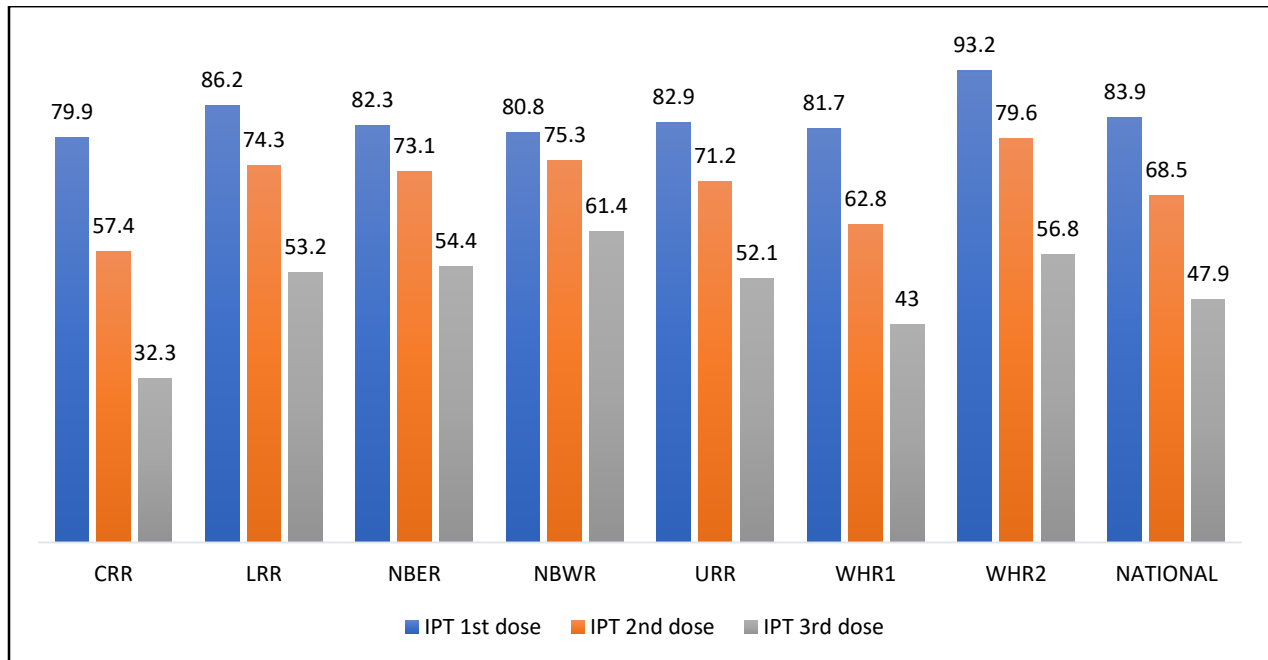
IPTp reduces the adverse consequences of malaria on maternal and fetal outcomes, including the reduction of maternal malaria episodes, maternal and fetal anemia, and low birthweight. Malaria in pregnancy increases the risk of deleterious maternal and birth outcomes. The use of doses of sulfadoxine-pyrimethamine (SP) for **intermittent preventive treatment of malaria (IPTp-SP)** is recommended for preventing malaria in pregnancy.

Table 13: Number of Antenatal women who received Intermittent Preventive Treatment (IPTp-SP) for Malaria

Region	Total ANC first attendance	IPT 1st dose	IPT 2nd dose	IPT 3rd dose	IPT 4th dose	Total
CRR	11,333	9,055	6,500	3,656	1,377	20,588
LRR	4,444	3,832	3,300	2,366	1,391	10,889
NBER	5,585	4,598	4,085	3,037	1,732	13,452
NBWR	5,613	4,538	4,225	3,444	2,147	14,354
URR	11,291	9,355	8,038	5,887	3,126	26,406
WHR1	27,009	22,058	16,967	11,612	6,283	56,920
WHR2	14,375	13,401	11,439	8,168	4,281	37,289
NATIONAL	79,650	66,837	54,554	38,170	20,337	179,898

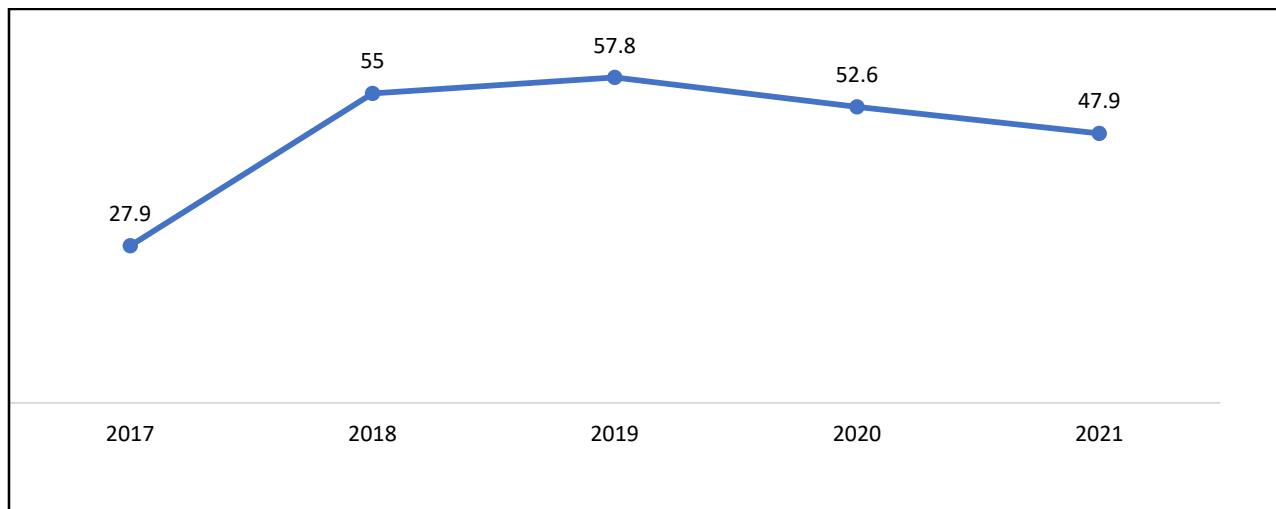
In 2021, a total of one hundred and seventy-nine thousand, eight hundred and ninety-eight (179,898) doses of IPTp were administered to pregnant women during ANC clinic attendance. Out of this, 37% (n=13,401) of them received IPTp first dose, 30% (n=54,554) received IPTp second dose, 21% (n=38,170) received IPTp third dose whilst only 11% (n=20,337) received IPTp fourth dose. Regionally, women who received IPTp first dose were higher in WHR1 with 33% (n=22,058) and WHR2 with 20% (n=13,401). IPTp fourth dose was similarly higher in WHR1 and WHR2 with 31% and 21% respectively.

Figure 19: Proportion of pregnant woman attending ANC who received a dose of IPTp for malaria by region, The Gambia, 2021



Error! Reference source not found. above shows the proportion of pregnant women attending ANC who received the first, second and third dose of IPT in 2021. The chart shows a significant decrease in coverage after the first dose across all of the regions. The region with the highest coverage of the third dose is NBWR with 61.4% whilst CRR registered the lowest coverage with 32.3%.

Figure 20: Proportion of pregnant woman attending ANC who received three doses of IPTp for malaria in the past five years, The Gambia.



Error! Reference source not found. above illustrates the trend of the third dose of IPTp coverage over the last five years. The country registered an increasing trend from 2017 through to 2019, then

followed by a decreasing trend from 2019 through to 2021. This might be attributed to the onset of COVID19 pandemic.

Table 14: The table below shows the malaria services at the village health services in 2021 by region

MALARIA SERVICES	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2	NATIONAL
VHW¹ RDT use positive	27	32	42	8	352	0	14	475
VHW RDT use negative	75	0	112	20	1,040	0	4	1,251
VHW RDT use invalid	0	0	1	1	4	0	0	6
VHW Pregnant women with uncomplicated malaria confirmed with RDT	10	0	1	0	0	0	0	11
VHW Uncomplicated malaria confirmed with RDT	27	32	42	8	352	0	14	475
VHW Coartem 6-tab doses	1	0	1	2	14	0	2	20
VHW Coartem 12-tab doses	5	0	1	2	29	0	2	39
VHW Coartem 18-tab doses	3	0	2	0	60	0	2	67
VHW Coartem 24-tab doses	16	0	4	1	227	0	6	254

Section ii Tuberculosis

Tuberculosis is one of the notifiable diseases that requires special attention for timely detection, testing, treatment and follow-up. **Table 15** below shows the new TB cases registered in 2021 and the number tested for HIV before or during TB treatment. A total of 2,279 TB case notification was registered nationally. The majority of new cases were registered in WHR1 and WHR2 with 51.5% and 25.8% respectively, while NBER and NBWR registered the lowest new cases with 2.7% and 2.6% respectively. NBER recorded the highest percentage of TB patients tested for HIV with 96.8% with the other regions following above 80% coverage, except for CRR who registered the lowest with 62.4%. LRR registered the highest percentage of positivity rate with 22% of those

¹ VHW means Village Health Worker

tested being positive whilst NBWR recorded the lowest positivity rate with 7.4%. All of the HIV positive patients in NBWR have been put on CPT and ART treatment. CRR recorded the lowest percentage of patients on ART treatment with 64.7%.

Nationally, 87.9% of TB patients were tested with a positivity rate of 13.0% and 95.8% were put on CPT while 88.8% were put on ART treatment.

Table 15: Number and Percentage of TB cases by region, The Gambia, 2021

Region	All total case notification	Patients tested for HIV before or during TB treatment	% Tested	HIV Positive TB patients	% Positive	HIV Positive TB patients on CPT	% On CPT	HIV Positive TB patients on ART	% On ART
CRR	141	88	62.4	17	19.3	16	94.1	11	64.7
LRR	86	72	83.7	16	22.2	14	87.5	14	87.5
NBER	62	60	96.8	6	10.0	5	83.3	5	83.3
NBWR	60	54	90.0	4	7.4	4	100	4	100
URR	166	152	91.6	13	8.6	12	92.3	12	92.3
WHR1	1,175	1,039	88.4	94	9.0	91	96.8	82	87.2
WHR2	589	539	91.5	110	20.4	107	97.3	103	93.6
NATIONAL	2,279	2,004	87.9	260	13.0	249	95.8	231	89

Source: TB Unit

Figure 21: Childhood TB Case Notification January to December 2021

Childhood TB Case Notification January to December 2021					
Region	All total case notification	All new and relapse cases of TB 0-4 years	All new and relapse cases of TB 5-14 years	Total Childhood TB	% Achieved
Central River	141	1	6	7	5
Lower River	86	0	5	5	6
North Bank East	62	0	2	2	3
North Bank West	60	0	1	1	2
Upper River	166	1	7	8	5
Western 1	1175	23	39	62	5
Western 2	589	8	26	34	6
National	2279	33	86	119	5

Source: TB Unit

Figure 22: TB case Notification by region, The Gambia, 2021

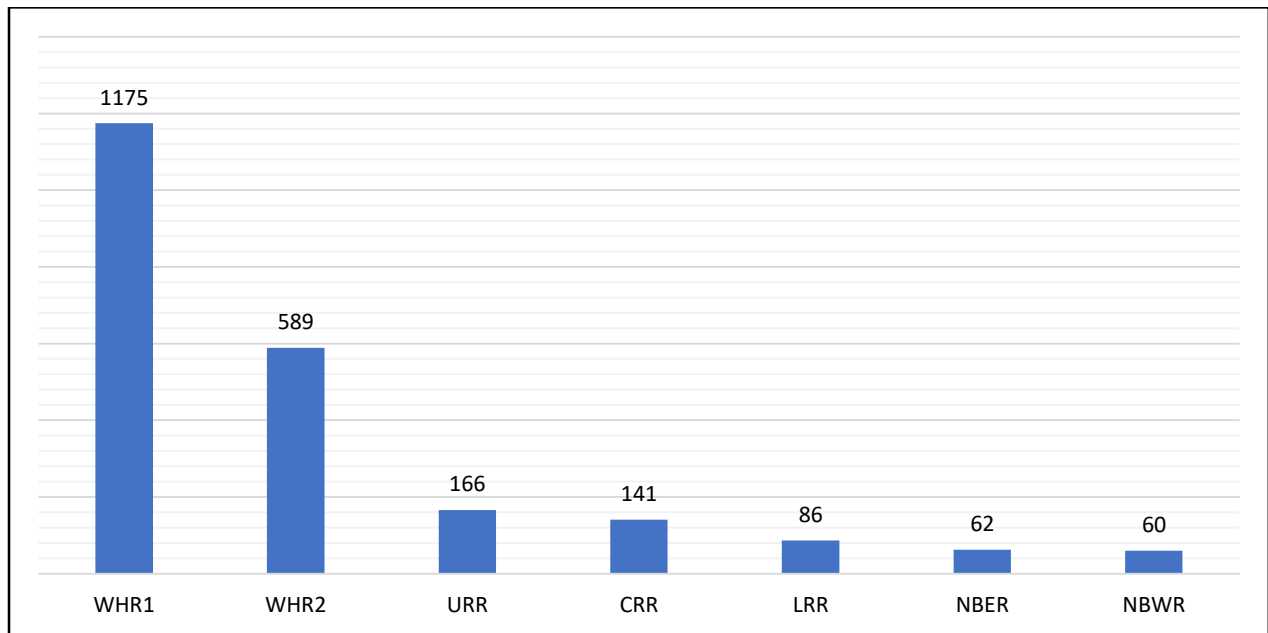
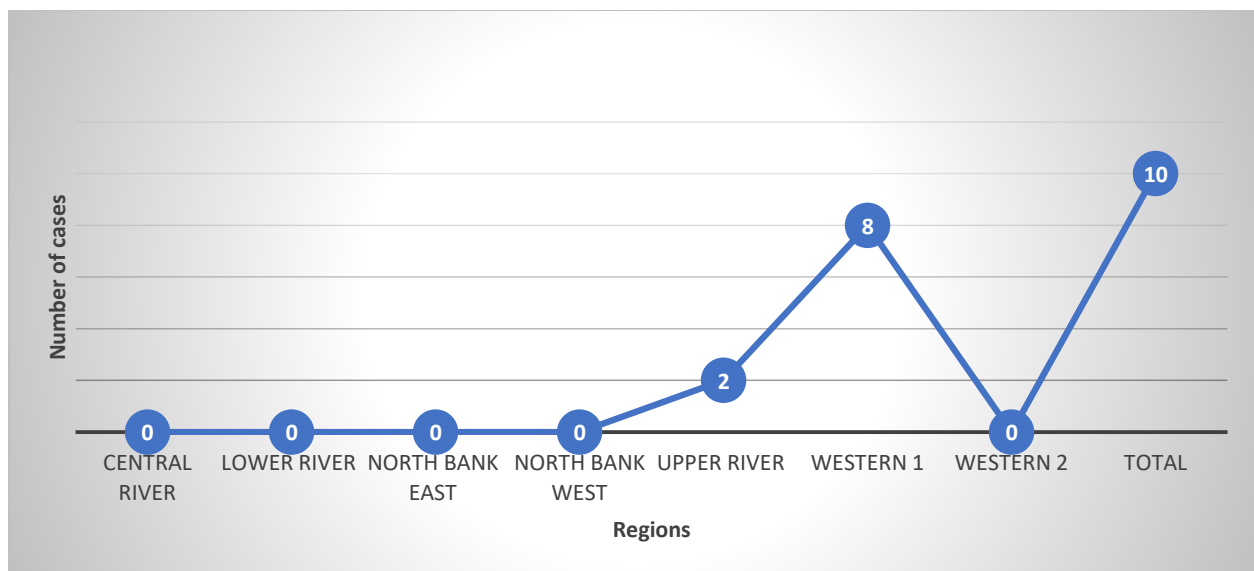
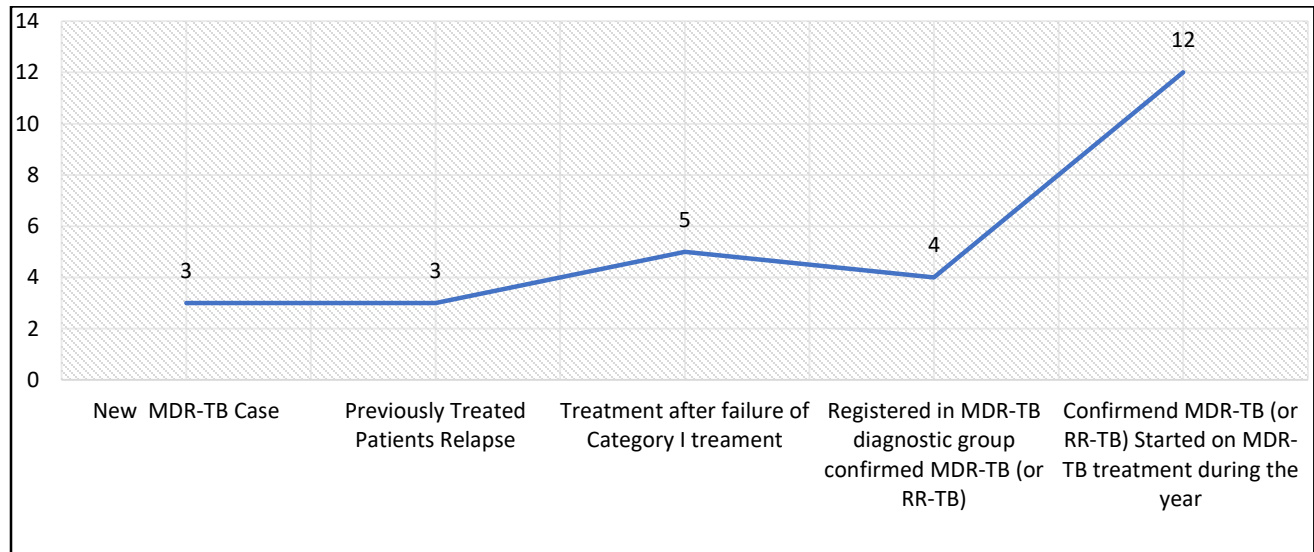


Figure 23: Leprosy Cases by Region in 2021



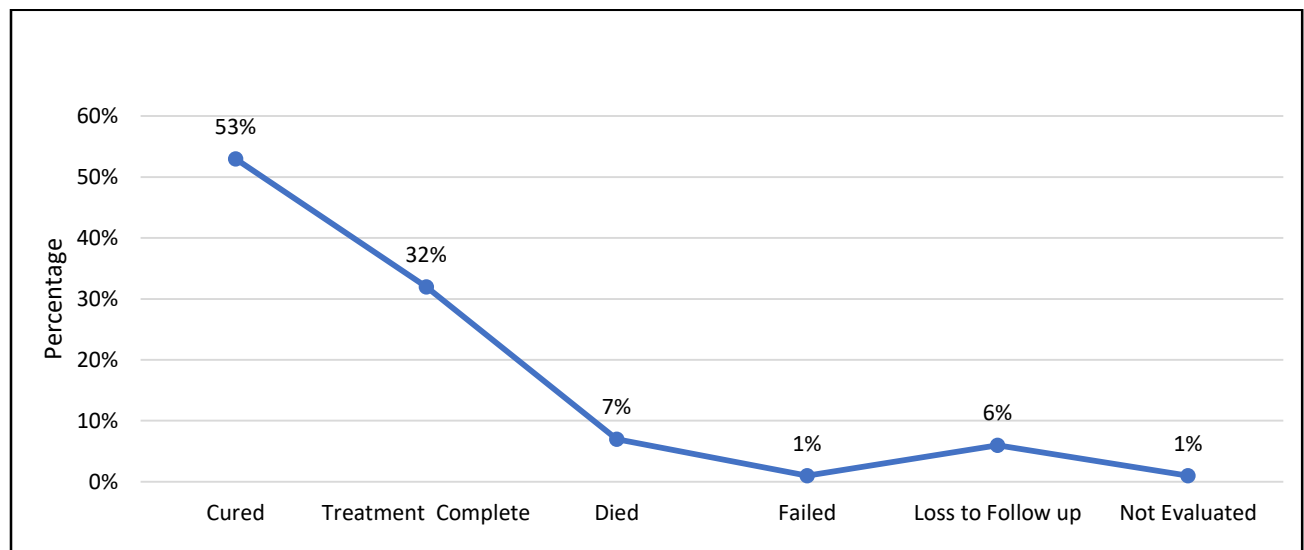
Source: TB unit

Figure 24: MDR-TB Cases (number of cases) in 2021



Source: TB unit

Figure 25: Treatment Outcome for 2020 Cohort of TB Cases



Source: TB unit

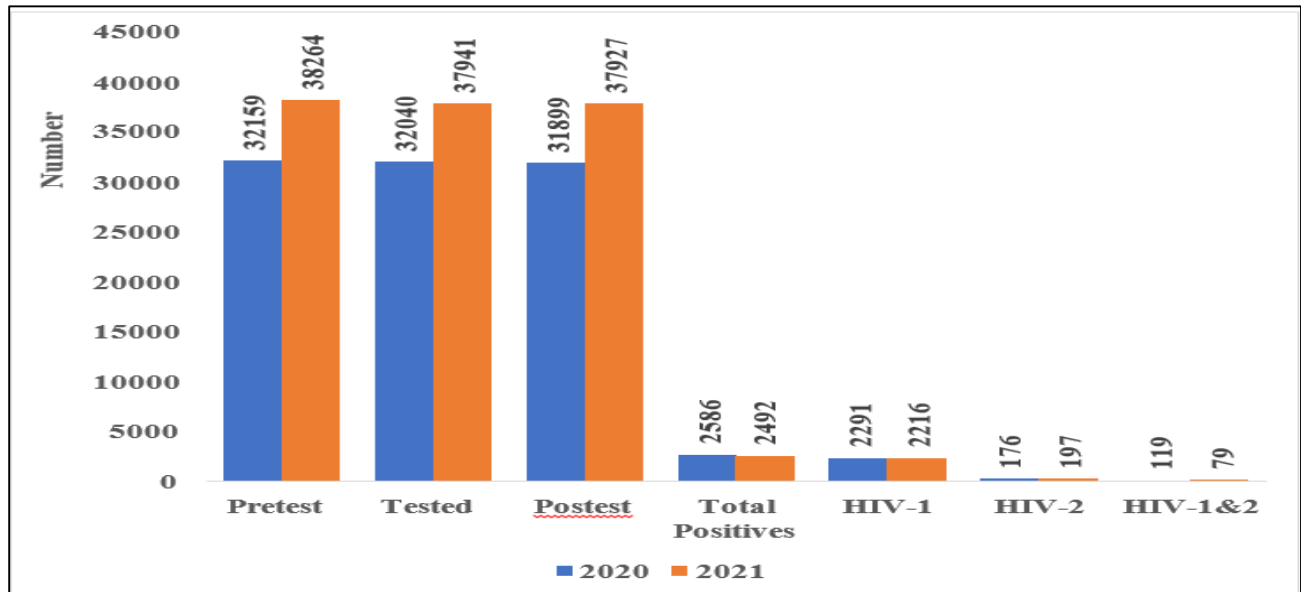
Section iii HIV/AIDS

Although HIV prevalence over the years has been low in the Gambia as compared to other parts of the world, it is one of the communicable diseases that continues to pose a great burden on the health sector and slow down overall socio-economic development. About 99% of who received a pre-test were tested and received their post-test results for both years. A total of 31899 and 37927 clients were post-tested in 2020 and 2021 respectively with a corresponding decline in HIV-1 and Dual (1&2) with an increment in HIV-2. In 2021, 37,927 clients received their post-test results out of which 2492 (7%) tested positive for HIV (N=2492/37927). Furthermore, out of 2492 clients

who tested HIV positive, HIV-1 accounts for 2216 (89%), HIV-2 197 (8%) and dual (HIV 1&2) 48 (3%).

Heading A: HIV Counselling and Testing (General Population)

Figure 26: HIV Counselling & Testing in general population 2020 vs. 2021



Source: NAS Report

Figure 27: Percentage of women who received post-test counselling and know their test results for HIV by region, The Gambia, 2021

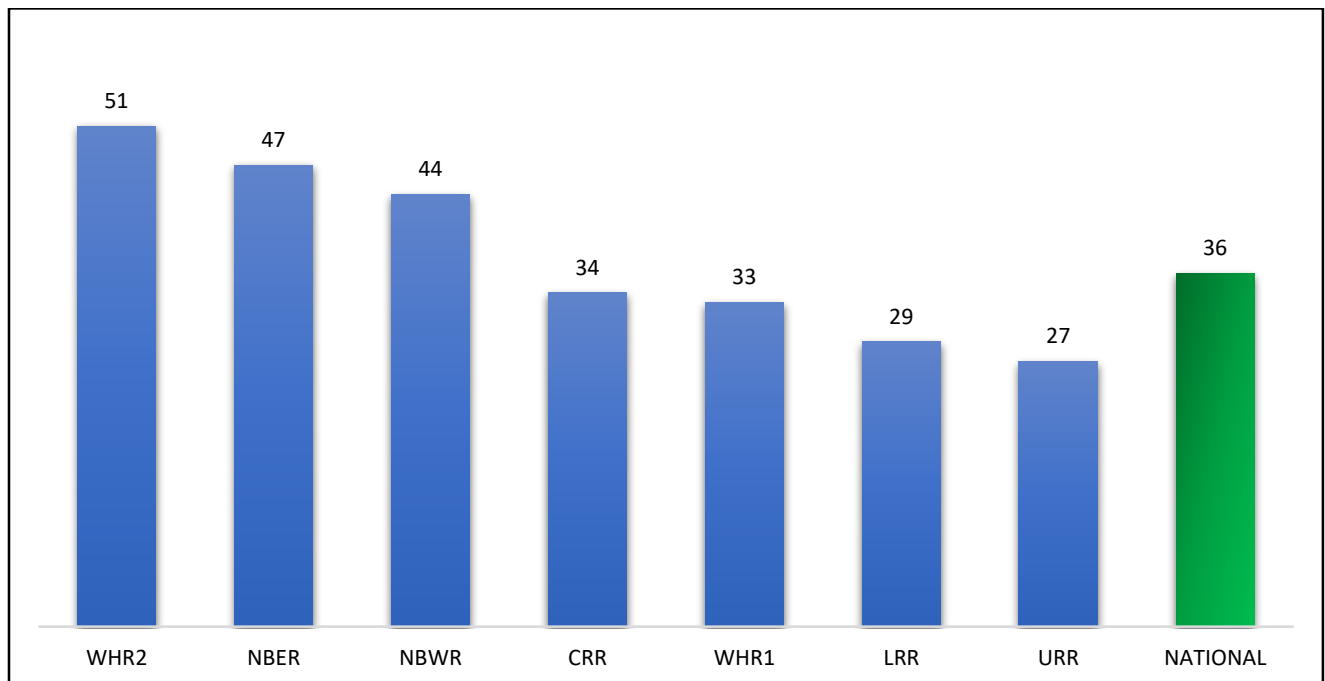


Figure 27 above illustrates the percentage of women who received post-test counselling and know their test result per region. WHR2 and NBER registered the highest percentage with 51% and 47% respectively whilst URR and LRR registered the lowest coverage with 27% and 29% respectively.

Figure 28: Percentage trend of pregnant women who received post-test counselling and know their test result for HIV

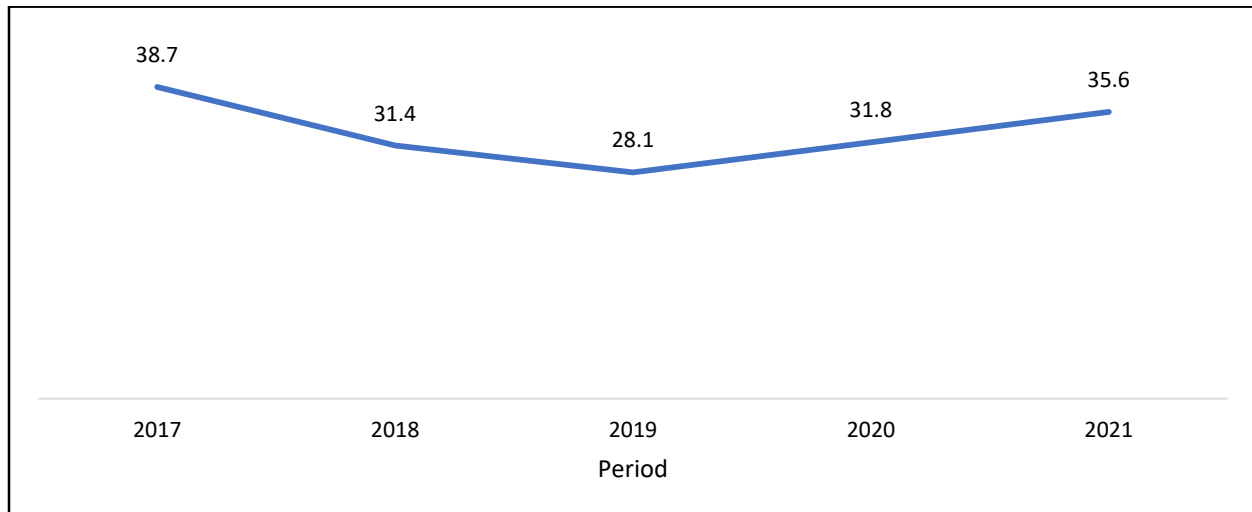
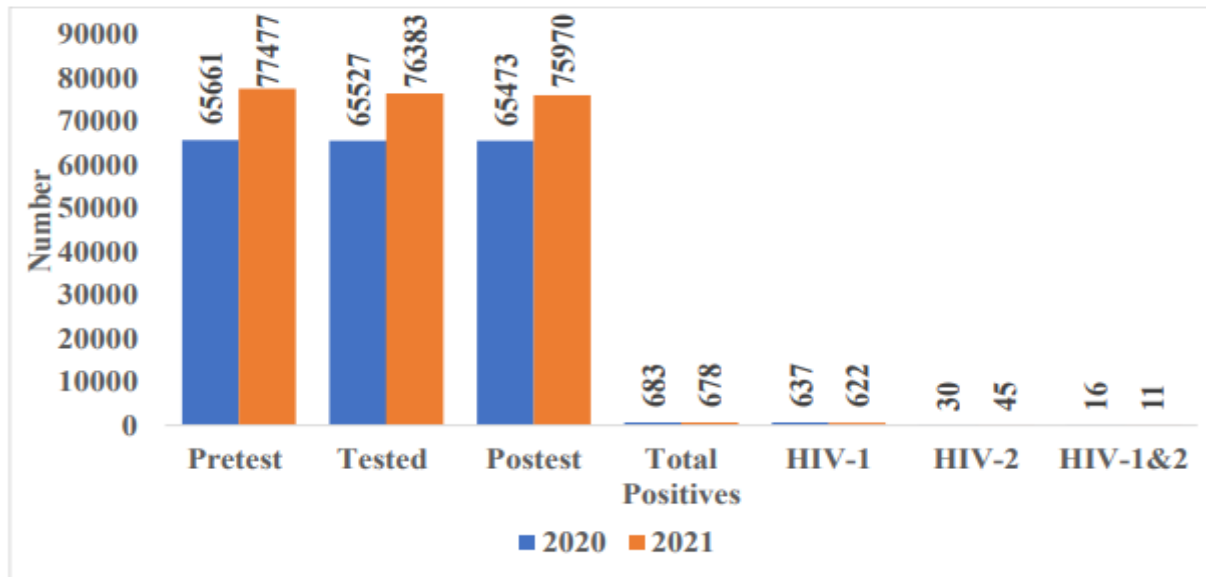


Figure 28 above shows the trend of pregnant women who know their status during the last five years. The trend shows that less than 40% of women received post-test counselling and know their status during the last five years.

Heading B: PMTCT; HIV Counseling and Testing

Almost all clients 99% who received a pre-test also received their post-test results in 2020 and 2021. A total of 65473 and 75970 clients were post-tested with a corresponding decline in HIV1 and 3 with an increment in HIV-2. In 2021, out of 75970 antenatal mothers who received their post-test results, 678 clients tested positive for HIV infection which accounts for 0.9% positive rate among antenatal attendances. Furthermore, of the 678 clients who tested HIV positive, HIV-1 accounts for 622 (92%), HIV-2 45 (7%) and HIV-1&2 11 (1%).

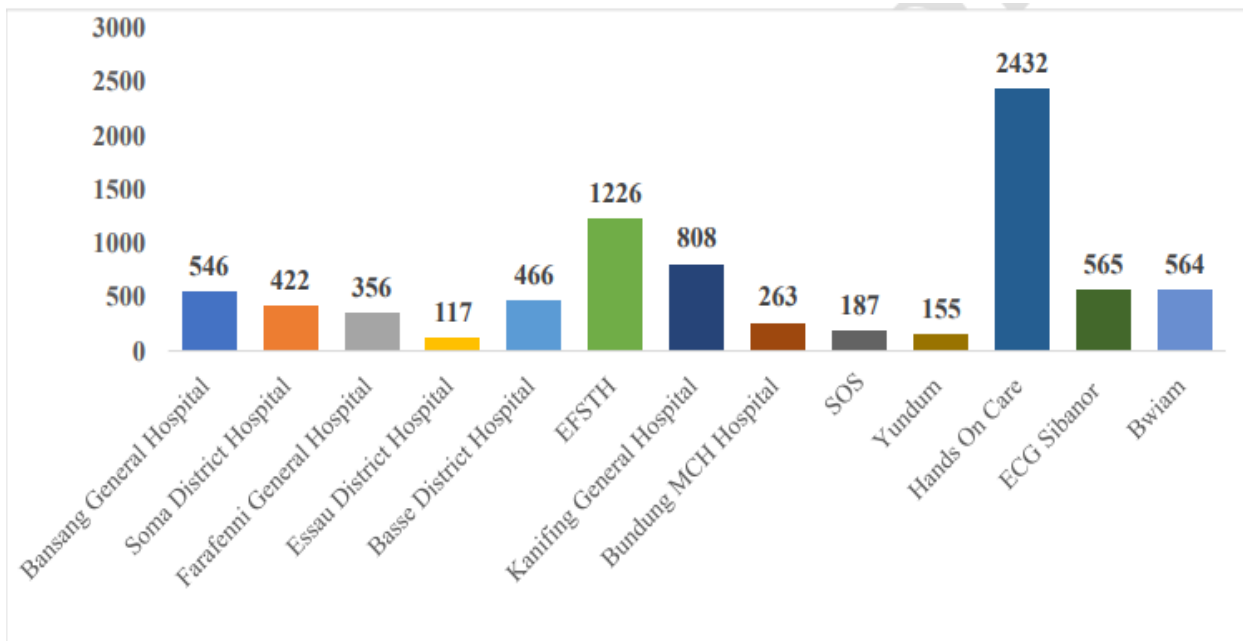
Figure 29: PMTCT HIV Counselling & Testing 2020 & 2021



Source: NAS Report

Heading C: PLHIV currently on ART treatment

Figure 30: Currently on treatment by ART site 2021 December



Heading D: HIV Treatment in General Population in December 2021 (viral load test & suppressed and died on ART)

As of December 2021, a total of 8,107 patients were on ART, of which 550 are Less than 15 years classified as pediatric whilst 7,557 were fifteen years and above classified as adult. Among the total PLHIVs on ART, adults accounted for 93% whilst pediatrics accounted for only 7% of all PLHIV on ART. With regards to gender differences, more females 70% (5,719) were currently on ART compared to their male counterparts.

Out of the total 8,107 on ART, only 22% (1818) had their viral load test done. With regards to viral suppressed among PLHIVS on ART, only 12% had their viral load suppressed during the period under review. This is far below the WHO recommendation of 90% viral suppressed for total clients on treatment. There were 225 PLHIV (90 male's 135 females) who died while on ART for the period under review.

Table 16: PLHIV Currently on ART December 2021 in General Population & viral Load Test & Suppressed and Death by Gender

Currently on Treatment					Viral Load Test			Viral Load Suppressed			Died on ART		
< 15		> 15		Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Male	Female	Male	Female										
275	275	1,838	5,719	8,107	480	1,338	1,818	233	738	981	90	135	225

Heading E: General ART Population (Pediatric & Adult), Viral Load Test & Suppressed and Died on ART by gender

Among all PLHIVS on ART, 5719 (70 %) are adult females whilst 1838 (22%) are adult males. Children constitutes 550 (275 males and 275) females. This indicates that more female on ART compared to their male partners. A similar trend is observed in the uptake and outcome of other related HIV services, for instance, viral load testing, suppressed and died on ART etc.

Pedriatic < 15 Years		Adult > 15 Years		Total
Male	Female	Male	Female	
275	275	1,838	5,719	8.107
Viral Load Testes				
Male		Female		Total
480		1,338		
Viral Load Suppressed				
Male		Female		Total
233		748		
Died on ART				
Male		Female		Total
90		135		

Heading F: Infant ARV prophylaxis

Mother-to-child transmission of HIV (MTCT) is the most prevalent source of pediatrics HIV infection although pediatrics HIV is almost entirely preventable. During the period under review, 288 infants were born to HIV positive mothers out of which 90% (259) received ARV prophylaxis. The remaining 10% is quite significant considering the effort to prevent mother to child transmission. To measure the effect of PMTCT services, infants born to HIV positive mothers are tested for HIV at 6 to 8 weeks and at 18 months. During the period under review, a total of 581 exposed infants were supposed to be tested for EID and Antibody tests. Only 20.9% (N=122/581) exposed infants were tested at two months and 2.45% (N= 3/122) of them tested HIV positive. With regards to antibody testing, 119 exposed infants were tested at eighteen months for serology and 5.88% (N=7/199) tested HIV positive. This could be attributed to breastfeeding. 9 The figure 4 below also indicates that a total of 288 exposed infants were born from HIV positive mothers at the PMTCT facilities and 259 of them received ARV prophylaxis. This indicates 90% of exposed infants did receive their ARV prophylaxis. Regarding co-trimoxazole at 2 months, only 204 infants received co-trimoxazole at 2 months. The low figure for co-trimoxazole start for the exposed infants could be attributed to inadequate recording in the register, when the service is provided.

Table 17: Infant ARV prophylaxis 2021

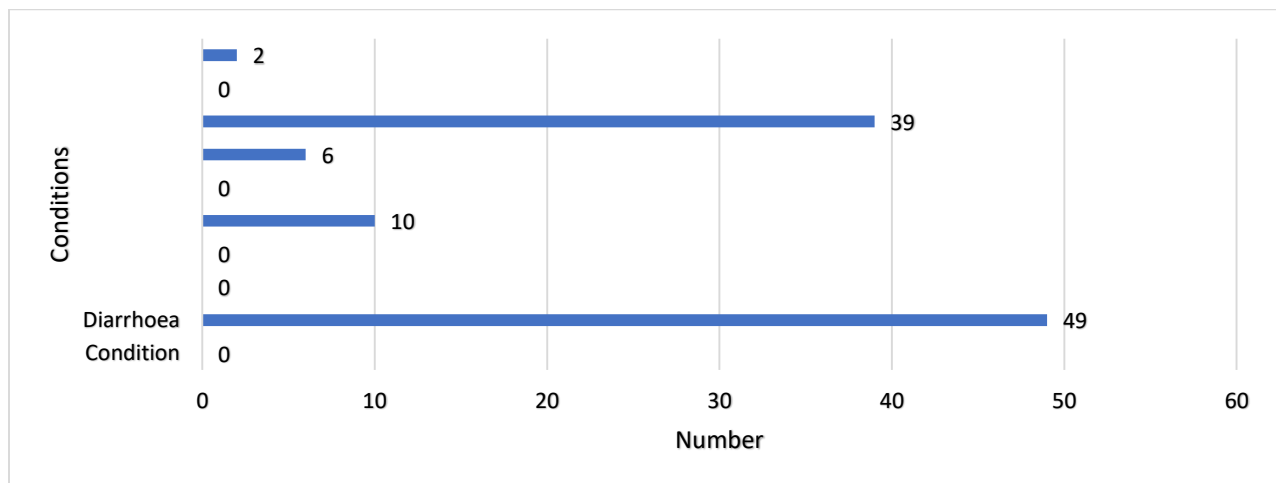
Infant born and registered at the facility	Infant born who received ARV prophylaxis first time	Infant supposed to be tested for HIV	Infant who received Virological test for HIV at 2 months	Infant who tested positive for Virological test for HIV at 2 months	Infant who received Serological test for HIV at 18 months	Infant who tested positive for Serological test for HIV at 18 months	Infant who received Cotrimoxazole at 2 months
288	259	581	122	3	119	7	204

Table 18: Infant ARV prophylaxis by region

Variable Name	URR	CRR	LRR	NBWR	NBER	WHR1	WHR2	National
Infant born and registered at the facility	17	35	22	3	6	127	78	288
Infant born who received ARV prophylaxis first time	11	25	9	3	6	123	82	259
Infant supposed to be tested for HIV	14	57	43	3	4	201	259	581
Infant who received Virological test for HIV at 2 months	2	3	17	1	0	36	63	122
Infant tested positive for Virological test for HIV at 2 months	0	2	1	0	0	0	0	3
Infant who received Serological test for HIV at 18 months	1	0	40	1	0	26	51	119
Infant tested positive for Serological test for HIV at 18 months	0	0	1	0	0	2	4	7
Infant who received Cotrimoxazole at 2 months	8	23	16	2	0	79	76	204

Heading G: Opportunistic Infections

Figure 31: Prevalence of Opportunistic Infections by ranking 2021



The figure above shows that diarrhoea 1744 (34%) is the most frequent opportunistic infection seen among PLHIVS on ART, followed by acute respiratory infection 1509 (30%) and urethral discharge 615 (12%) respectively.

Table 19: Prevalence of Opportunistic Infections per region

Condition	URR	CRR	LRR	NBWR	NBER	WHR1	WHR2	National
Diarrhoea	49	204	11	0	70	1,037	373	1,744
Genital Warts	0	0	1	0	41	60	33	135
Genital Ulcer	0	3	0	0	16	51	20	90
Herpes Zosters	10	5	2	0	0	54	144	215
Herpes Simplex	0	0	2	0	0	7	85	94
Dysentery	6	22	0	0	0	96	76	200
Acute Respiratory Infection	39	94	67	2	34	944	329	1,509
Pulmonary Tuberculosis	0	3	1	5	0	70	18	97
Pneumonia	2	40	7	4	0	295	37	385
Urethral Discharge	31	164	17	0	0	316	87	615
Total	137	535	108	11	161	2,930	1,202	5,084

Section iv Sexually Transmitted Infections (STIs)

Sexual and reproductive health is another priority area for the ministry of health because of its associated effects on the youthful population. Sex education and other reproductive health programs are being implemented in both urban and rural communities to reduce the prevalence of sexually transmitted infections (STIs). **Table 20** shows the number and percentage of sexually transmitted infections in 2021. Vaginal discharge is the main cause of outpatient visit relating to sexual transmitted infections (38.0%) whilst urethral discharge is the leading cause of admission (36.7).

Table 20: Number and Percentage of Sexual Transmitted Infections Recorded by Gender, The Gambia 2021

Sexual transmission Infections	OPD Cases				Inpatient Cases			
	Male	Female	Total	Percent	Male	Female	Total	Percent
Vaginal discharge		24603	24603	38.0		151	151	20.6
Lower abdominal pain in pregnancy		19611	19611	30.3		253	253	34.4
Other sexually transmitted infections	2834	9020	11854	18.3	29	12	41	5.6
Urethral discharge	8066		8066	12.5	269		269	36.7
Lower abdominal pain in non-pregnant woman		566	566	0.9		19	19	2.6
Total	10900	53800	64700	100	298	435	733	100

Figure 32: Number of Vaginal and Urethral discharge reported at OPD from 2017-2021

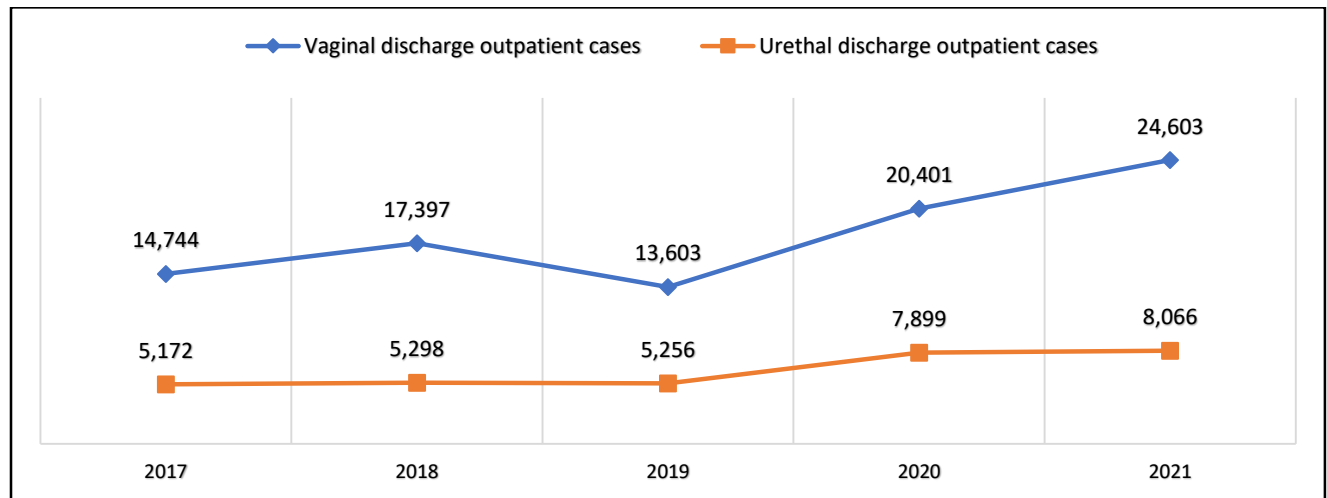


Figure 32 above shows the trend of vaginal discharge and urethral discharge during the last five years. There is an increasing trend of these two conditions from 2019 to 2021. 2021 is the peak compared to the last four years.

Table 21: Number of Urethral Discharge Reported by Regions in 2021

REGIONS	OUTPATIENT CASES	INPATIENT CASES	INPATIENT DEATHS
CRR	1,448	6	3
LRR	478	4	0
NBER	160	0	0
NBWR	90	10	0
URR	831	13	0
WHR1	2,689	174	0
WHR2	2,370	62	1
NATIONAL	8,066	269	4

Table 22: Number of Vaginal Discharge Reported by Regions in 2021

REGIONS	OUTPATIENT CASES	INPATIENT CASES	INPATIENT DEATHS
CRR	2,725	29	0
LRR	1,440	9	0
NBER	896	9	28
NBWR	1,052	1	0
URR	3,575	46	0
WHR1	8,690	49	7
WHR2	6,225	8	1
NATIONAL	24,603	151	36

Section v Integrated Disease Surveillance and Response

Active and passive surveillance is important to detect and investigate cases of various diseases on time in the country.

In 2021, as shown in (Table 23) a total number of 23 suspected cases of acute flaccid paralysis were reported, but no laboratory confirmed case was registered. There were also three (3) suspected cases of cholera but none were confirmed positive.

Table 23: Number of Suspected and Confirmed Cases of AFP, Anthrax, Cholera and Diarrhea Reported by Region in The Gambia, 2021

REGIO N	ACUTE FLACC ID PARAL YSIS	ACUTE FLACC ID PARAL YSIS CONFI RMS CASES	ANTHR AX	ANTHR AX CONFI RMS CASES	CHOLE RA	CHOLE RA CONFI RMS CASES	DIARR HEA WITH BLOOD	DIARR HEA WITH BLOOD CONFI RM CASES
CRR	2	0	0	0	0	0	1,123	6
LRR	4	0	0	0	0	0	495	0
NBER	2	0	0	0	2	0	395	3
NBWR	2	0	0	0	1	0	149	0
URR	7	0	0	0	0	0	305	0
WHR1	11	0	0	0	0	0	131	0
WHR2	7	0	0	0	0	0	213	0
NATIO NAL	32	0	0	0	3	0	2,811	9

Table 24: Number of Suspected and Confirmed Cases of Human Rabies, Leprosy, and Lymphatic Filariasis Reported by Region in the Gambia, 2021

Region	Dog Bite	Suspected Human Rabies	Human rabies confirms cases	Leprosy suspected cases	Leprosy confirms cases	Lymphatic Filariasis	Lymphatic filariasis confirm cases
CRR	8	2	0	0	0	0	0
LRR	30	0	0	0	0	0	0
NBER	8	0	0	0	0	0	0
NBWR	8	0	0	0	0	0	0
URR	1	0	0	0	0	0	0
WHR1	64	0	0	0	0	0	0
WHR2	31	0	0	0	0	0	0
NATIONAL	150	2	0	0	10	0	0

Table 25: Number of Suspected and Confirmed Cases of Yellow Fever, Measles and Meningitis Reported by Region in the Gambia, 2021

REGION	Yellow Fever	Yellow fever confirmed cases	Measles	Measles confirmed cases	Meningitis	Meningitis confirmed cases
CRR	2	0	2	0	4	0
LRR	0	0	11	0	0	0
NBER	1	0	3	0	0	0
NBWR	1	0	1	0	0	0
URR	0	0	2	0	5	0
WHR1	0	0	2	0	3	0
WHR2	2	0	2	0	0	0
National	6	0	23	0	12	0

Table 26: Number of Suspected and Confirmed Cases of Schistosomiasis, Shigellosis and Suspected VHF (incl. EVD) Reported by Region in the Gambia, 2021

REGION	Schistosomiasis	Schistosomiasis confirm cases	Shigellosis	Shigellosis confirm cases	Suspected VHF (incl. EVD)	Suspected VHF (incl. EVD) confirm cases
CRR	483	207	0	0	0	0
LRR	3	0	0	0	0	0
NBER	0	0	0	0	0	0
NBWR	0	0	0	0	0	0
URR	66	0	0	0	0	0
WHR1	1	0	0	0	0	0
WHR2	4	0	0	0	0	0
National	557	207	0	0	0	0

Table 27: Number of Suspected and Confirmed Cases of Neonatal Tetanus, Lymphatics filariasis and Trachoma Reported by Region in the Gambia, 2021

REGION	Neonatal Tetanus	Neonatal confirm cases	Lymphatic Filariasis	Lymphatic filariasis confirm cases	Trachoma	Trachoma confirms cases
CRR	0	0	0	0	0	0
LRR	0	0	0	0	0	0
NBER	0	0	0	0	0	0
NBWR	0	0	0	0	0	0

URR	0	0	0	0	0	0
WHR1	1	0	0	0	0	0
WHR2	0	0	0	0	5	0
National	1	0	0	0	5	0

Figure 33: Weekly trend of Diarrhea with blood from week one to week fifty-one in the Gambia in 201

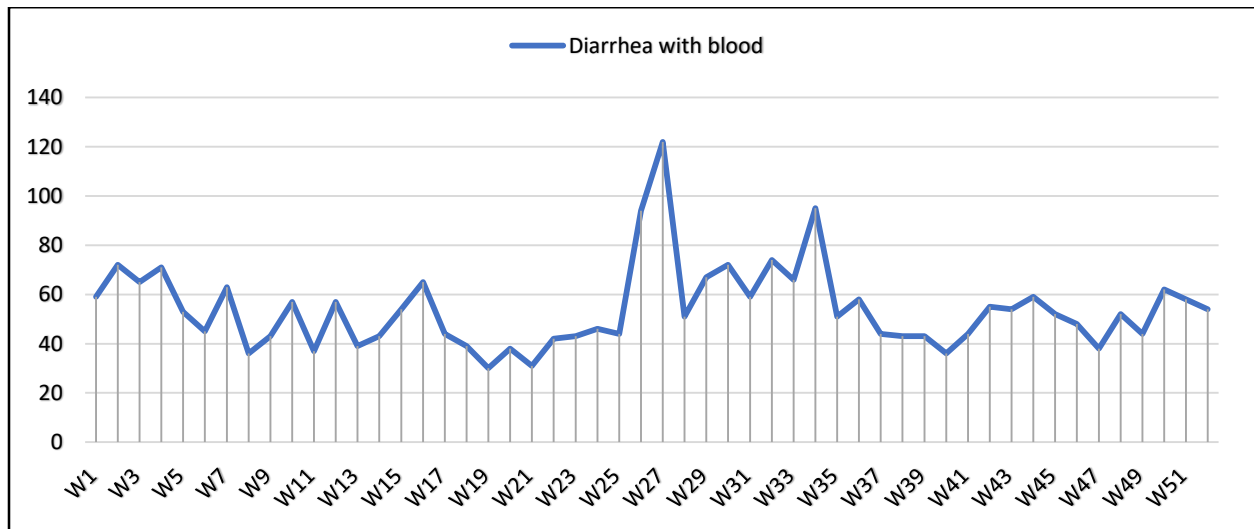
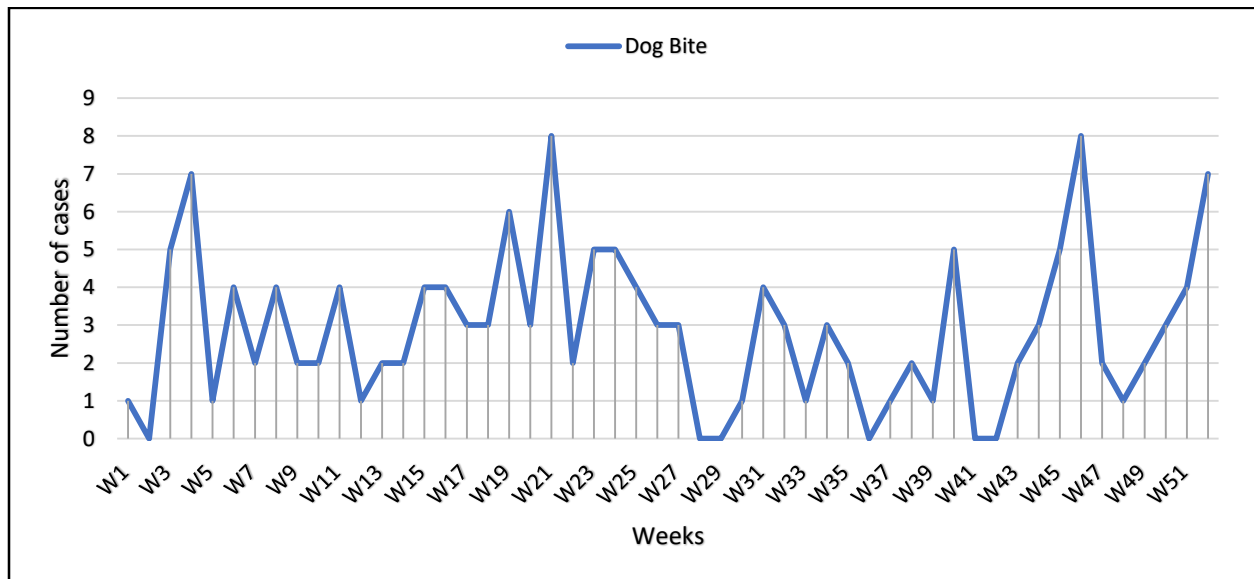


Figure 34: Weekly trend of Dog bite cases in the Gambia, 2021



Heading A COVID 19

The emergence of COVID-19 in The Gambia brought a significant burden on the health care sector. This has led to a significant drop in clients seeking health care services across the country and shifted priorities in health care service delivery.

Table 28 below shows the COVID19 PCR test conducted in 2021 with reason for testing and clients' gender. Nationally, 87,912 people were tested with PCR out of which 82,728 who tested negative representing 94% whilst 5,184 tested positives representing 6% of those tested in 2021. Outgoing travelers accounted for the highest percentage of reason for testing with 83.6% whilst 0.2% were tested to determine COVID19 related death.

Table 28: COVID-19 PCR Testing Conducted and reason for testing in 2021

Lab Test Reason	Positive		Negative		Total	% Total
	Male	Female	Male	Female		
Contact of a case	131	133	631	574	1,469	1.7
Detected at point of entry	23	6	508	175	712	0.8
Determine COVID-19 related death	20	15	73	66	174	0.2
seeking healthcare due to suspicion of COVID-19	497	422	2,204	1,495	4,618	5.3
New Detainee	9		134	9	152	0.2
Incoming Traveler	2	2	35	16	55	0.1
Routine respiratory disease surveillance	82	51	586	330	1,049	1.2
To know COVID-19 status	197	165	860	542	1,764	2.0
Outgoing travelers	1,724	966	47,961	22,825	73,476	83.6
Unknown	375	364	1,806	1,898	4,443	5.1
Total	3,060	2,124	54,798	27,930	87,912	100.0

Table 29 below shows the Number and percentage of PCR test per region. WHR1 accounts for 96.1% of all the PCR test conducted whilst NBWR, LRR, URR and CRR accounted for the least with 0.1%.

Table 29: COVID-19 PCR Test Conducted by Region, in the Gambia, in 2021

Region	Positive		Negative		Total	%
	Male	Female	Male	Female		
CRR	10	6	83	47	146	0.1
LRR	23	15	56	17	111	0.1
NBER	15	16	150	104	285	0.3
NBWR	19	13	63	16	111	0.1
URR	17	12	65	49	143	0.1
WHR1	3,671	2,482	62,186	31,533	99,872	96.1

WHR2	185	146	1,927	996	3,254	3.1
NATIONAL	3,940	2,690	64,530	32,762	103,922	100

Table 30 below shows the COVID19 RDT testing in 2021 by reason of testing and gender. Generally, COVID19 RDT testing is very low in the country. A total of 615 RDT test were conducted in 2021 with 191 positive cases representing 31.1% whilst 424 were negative representing 68.9%. Incoming travelers accounted for 46.3% of the reason for testing. Majority of the PCR and RDT testing were done for incoming or outgoing travelers.

Table 30: COVID-19 RDT Testing Conducted in the Gambia, 2021

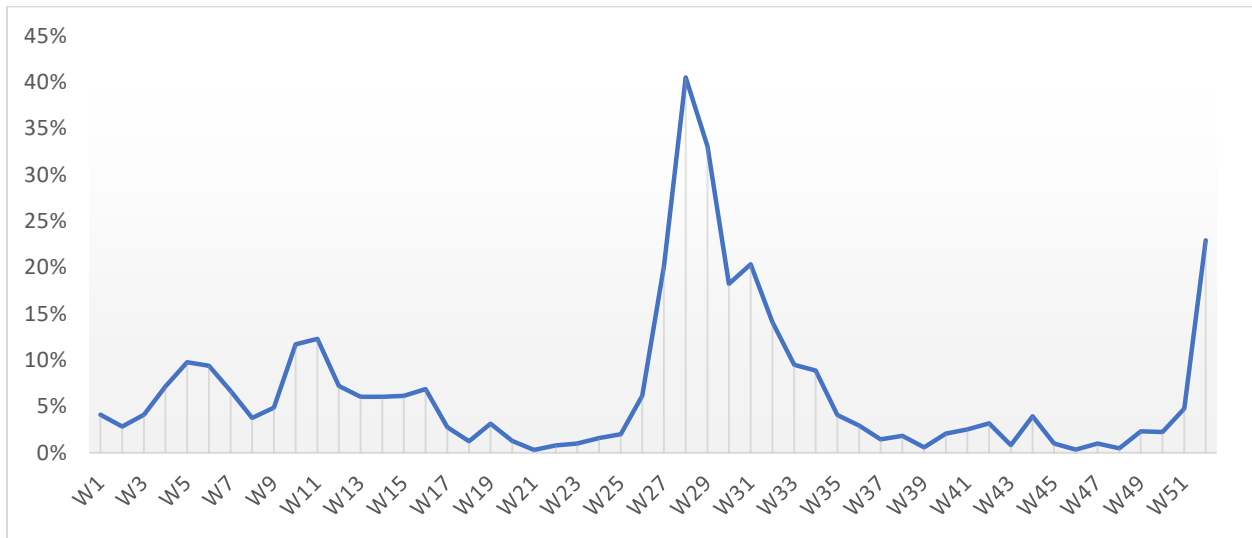
Lab Test Reason	Positive		Negative		Total	% Total
	Male	Female	Male	Female		
Contact of a case	0	1	2	0	3	0.5
Detected at point of entry	0	0	3	0	3	0.5
Determine COVID-19 related death	1	0	0	0	1	0.2
seeking healthcare due to suspicion of COVID-19	103	72	38	40	253	41.1
New Detainee	2	0	0	0	2	0.3
Incoming Traveler	1	2	193	89	285	46.3
Routine respiratory disease surveillance	0	0	0	0	0	0.0
To know COVID-19 status	2	1	11	2	16	2.6
Outgoing travelers	5	1	41	5	52	8.5
Unknown	0	0	0	0	0	0.0
Total	114	77	288	136	615	100.0

Table 31 below shows that 85.8% of COVID19 RDT test were conducted in WHR1. This is the same trend as the PCR test. Amazingly, not a single RDT test was recorded in URR and NBWR in 2021.

Table 31: COVID-19 RDT Conducted per Region in 2021, the Gambia

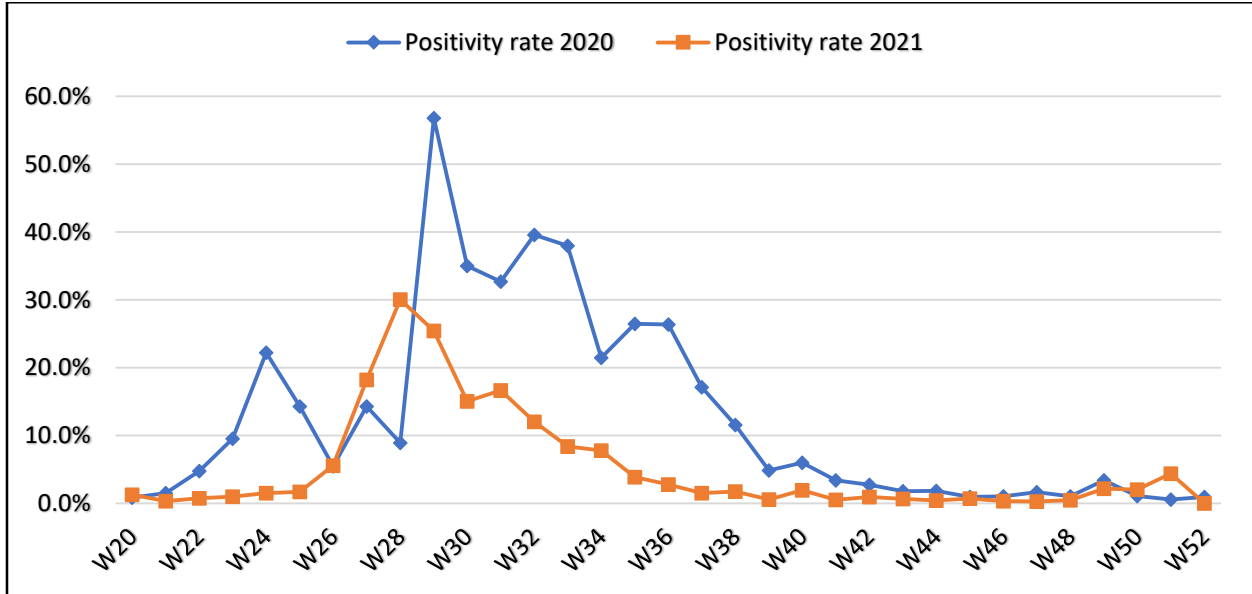
Region	Positive		Negative		Total	% Total
	Male	Female	Male	Female		
WHR1	132	94	333	158	717	85.8
NBER	10	8	27	33	78	9.3
WHR2	8	7	11	5	31	3.7
CRR	3	2	3	0	8	1.0
LRR	1	0	1	0	2	0.2
NBWR	0	0	0	0	0	0.0
URR	0	0	0	0	0	0.0
NATIONAL	154	111	375	196	836	100.0

Figure 35: Test Positivity rate (PCR and RDT) in 2021, The Gambia



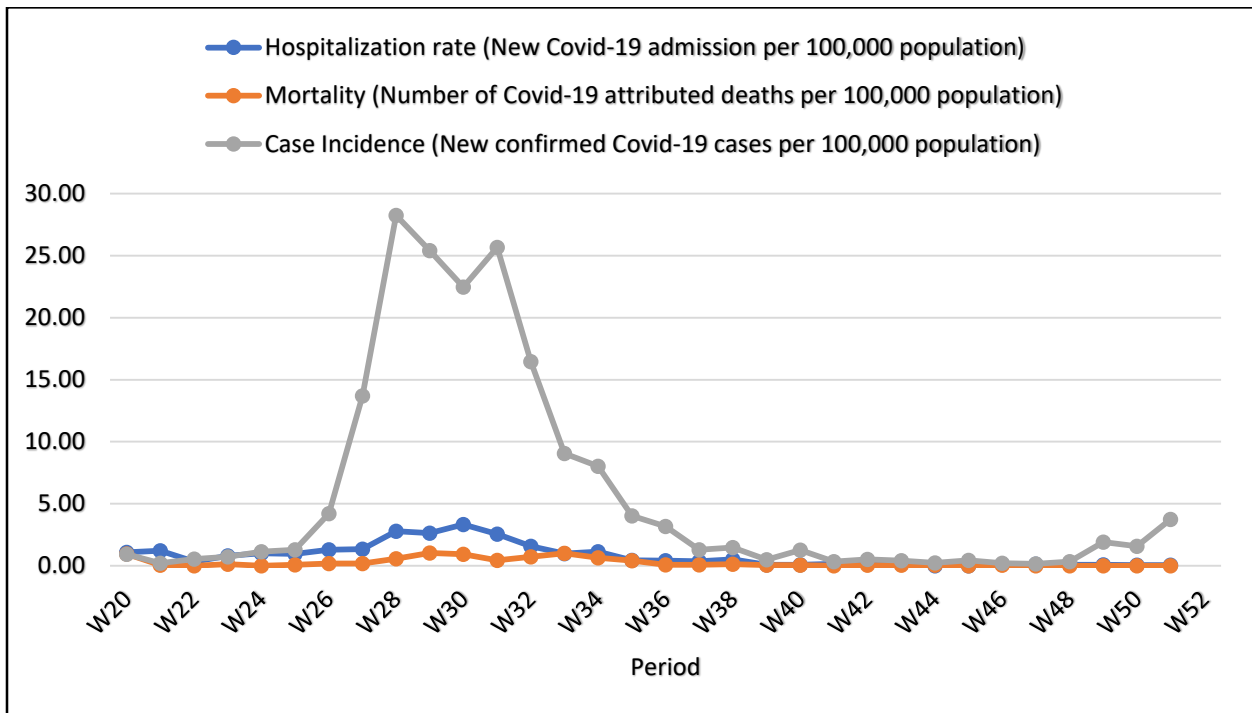
The figure above (**Error! Reference source not found.**) shows the weekly COVID19 test ositivity rate (PCR and RDT) from week 20 to week 52 of 2021. The chart shows a sharp increase in week 27 and then followed by a down ward trend up to week 37. The positivity rate started to increase significantly in week 49 and continued that trend into the year 2022.

Figure 36: Trends of Positivity rate for year 2020 & 2021



The figure above is comparing the test positivity rate between the years 2020 and 2021. Generally, the positivity rate was higher in 2020 compared to 2021.

Figure 37: Trends of key COVID-19 indicators per 100,000 population



The figure above (Figure 37) illustrates the weekly trend of COVID19 hospitalization rate, mortality rate and case incidence per 100,000 population in 2021. The chart shows a significant upsurge in the hospitalization rate between week 27 to 37.

Figure 38: Proportion of Occupied Hospital Beds for COVID-19 (estimated 60 beds capacity @ Treatment Center) in 2021

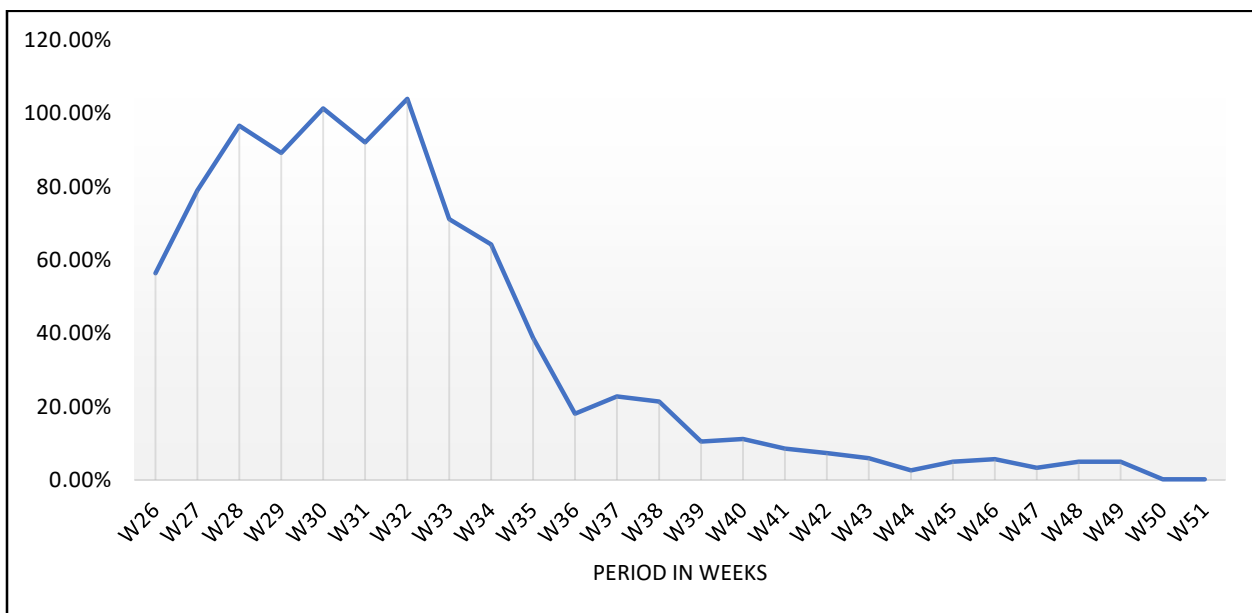


Figure 39: Weekly trend of COVID-19 Hospitalization in The Gambia, 2021

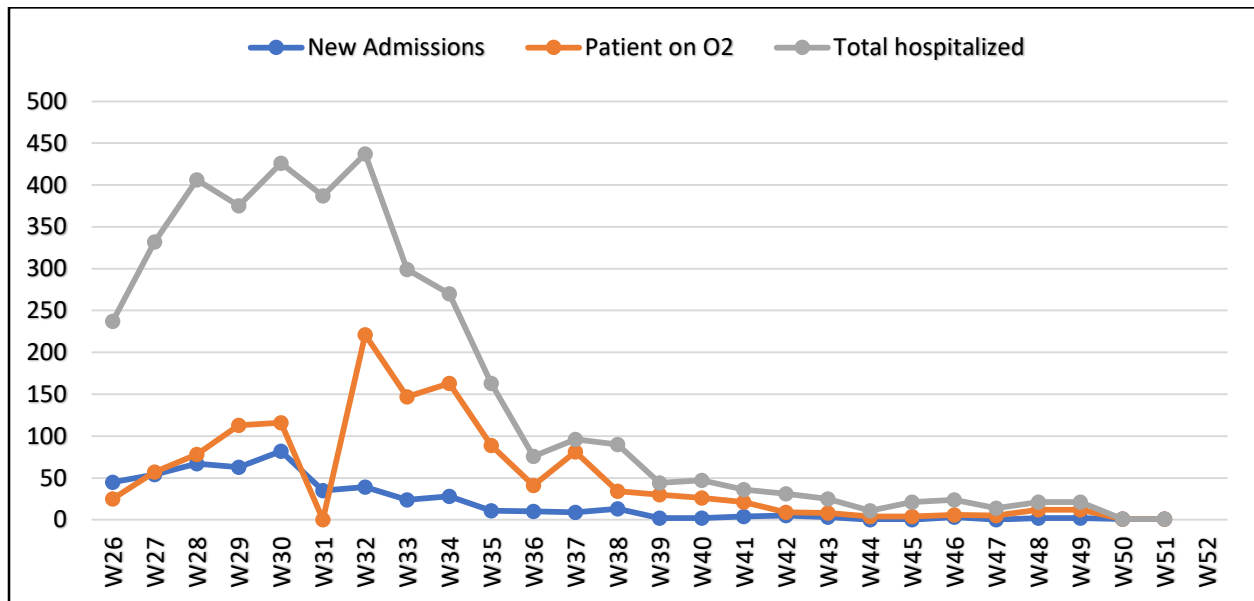


Figure 40: Weekly Trends of COVID-19 Hospitalization outcome

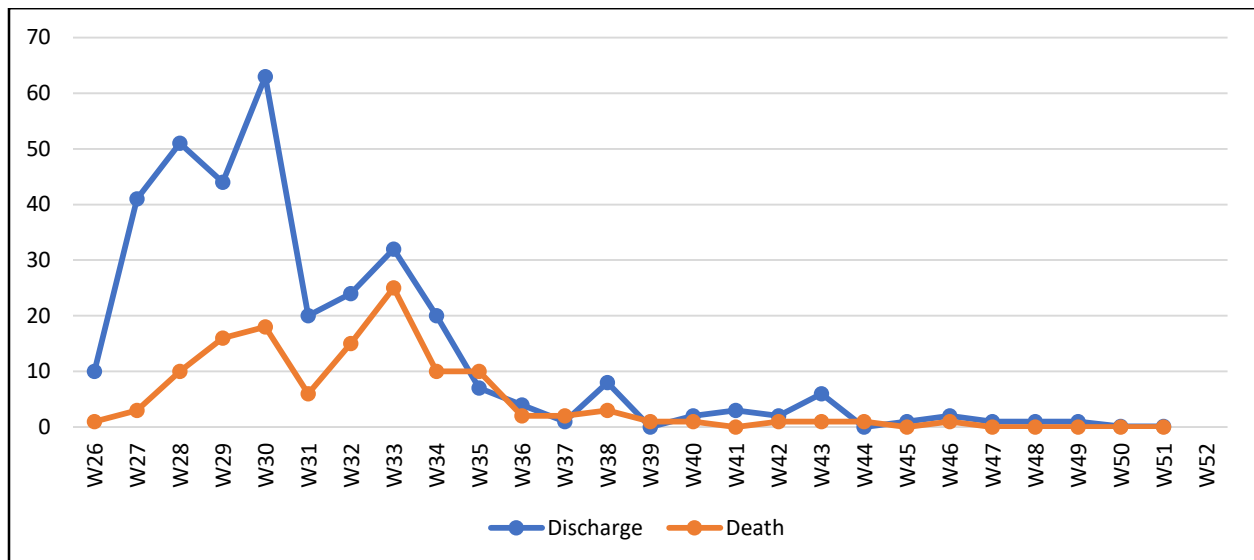


Figure 41: Percentage of people vaccinated against COVID-19 for all vaccines combined

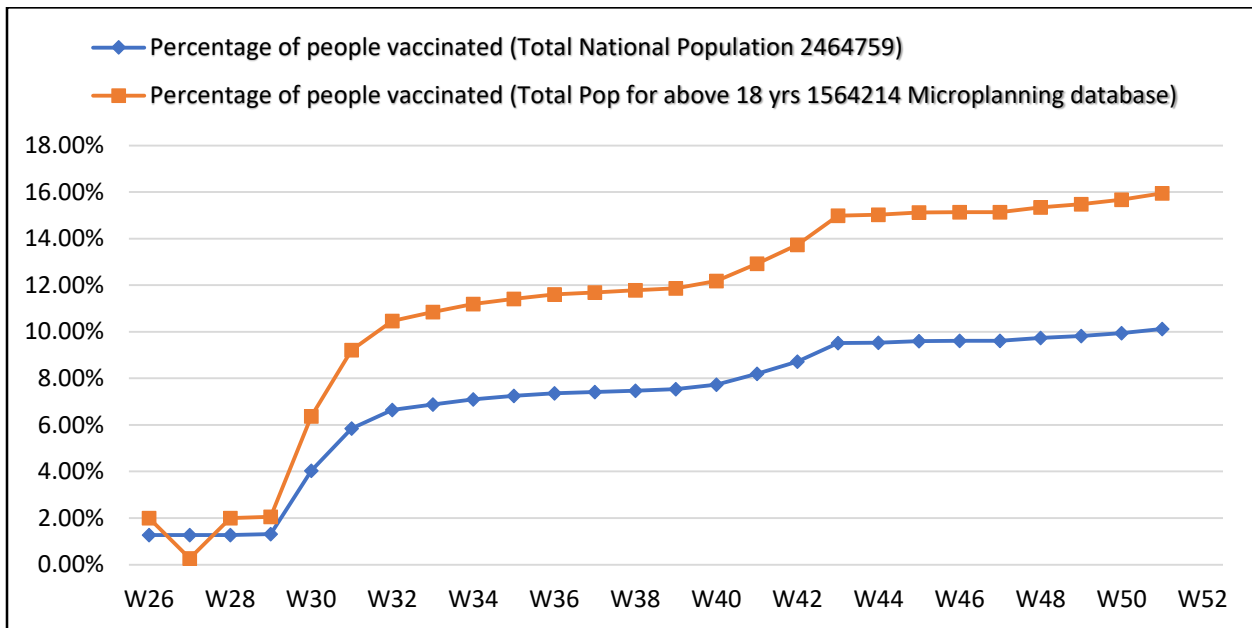
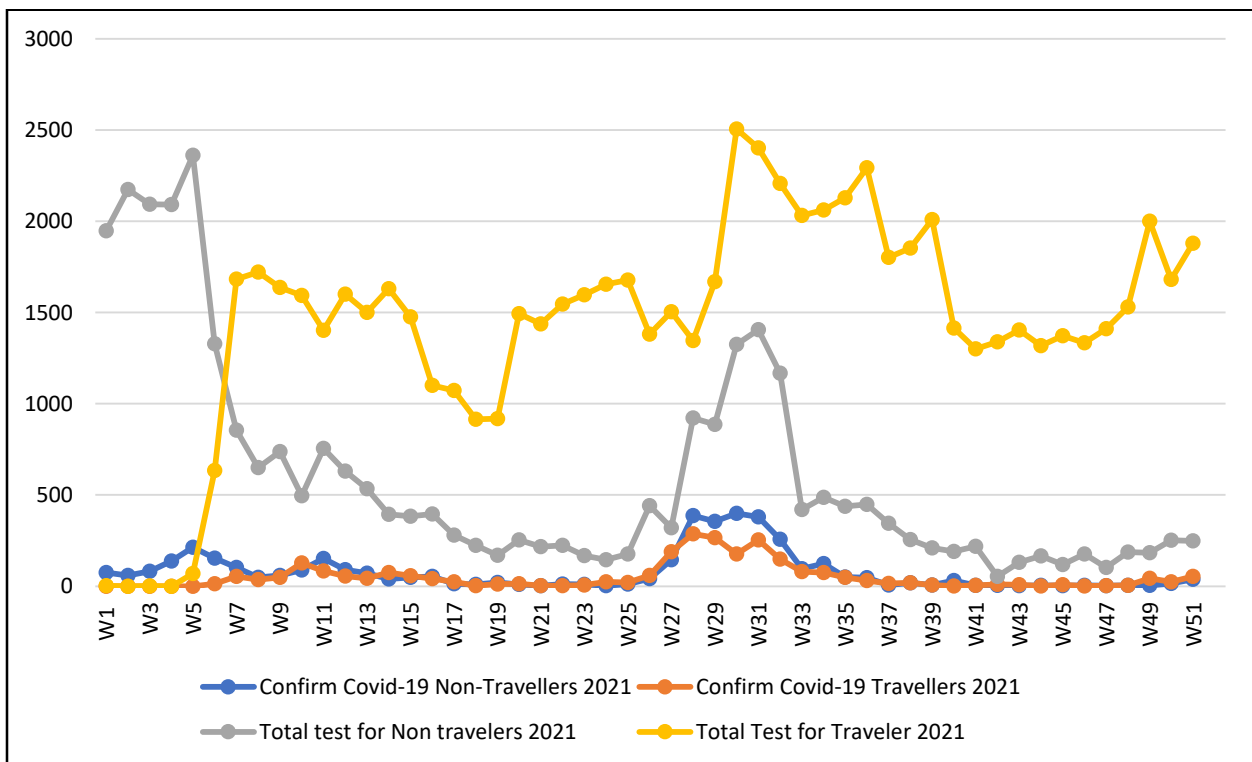


Figure 42: Trends of Covid-19 Case Investigation by Reason of Testing



Chapter 6 Noncommunicable Diseases

Non-communicable diseases are overtaking infectious diseases over the past two decades. This is largely attributable to certain lifestyle factors such as diet, sedentary behavior, alcohol consumption, cigarette smoking and many others. Stringent policies and intensive public health awareness campaigns are being implemented to curb the rising trend in cases but little success have been achieved so far.

Hypertension (64.1%) is the most prevalent noncommunicable disease in The Gambia followed by diabetes (20.8%) and asthma (8.7%). Hypertension accounts for 64.1% of NCD outpatients' visits, 39.3% of NCD admissions and 36.9% of the NCD deaths in 2021. Hypertension is closely followed by diabetes in the three categories.

Table 32: Number of Noncommunicable Diseases Episodes and Conditions seen at OPD by Gender, The Gambia 2021

Non-communicable diseases, major conditions	Male	Female	Total	Percent
Hypertension	30213	61832	92045	64.1
Diabetes	11355	18566	29921	20.8
Asthma	5407	7118	12525	8.7
Sickle cell	1271	1633	2904	2.0
Cardiac disorder	1246	1397	2643	1.8
women screen for cervical cancer		1013	1013	0.7
Women manage for cervical cancer		885	885	0.6
Renal failure	426	441	867	0.6
Liver Cancer (liver/Hep)	190	149	339	0.2
Cervical cancer		178	178	0.1
Prostate cancer	82		82	0.1
Lung cancer	52	13	65	0.0
Breast cancer		43	43	0.0
Other cancer	14	13	27	0.0
Total	50256	93289	143545	100.0

Table 33: Number of Non-Communicable Diseases Episodes and Conditions Admitted at Health Facilities by Gender, The Gambia 2021

Non-communicable diseases, major conditions	Male	Female	Total	Percent
Hypertension	791	886	1677	39.3
Diabetes	410	585	995	23.3
Cardiac disorder	249	299	548	12.8

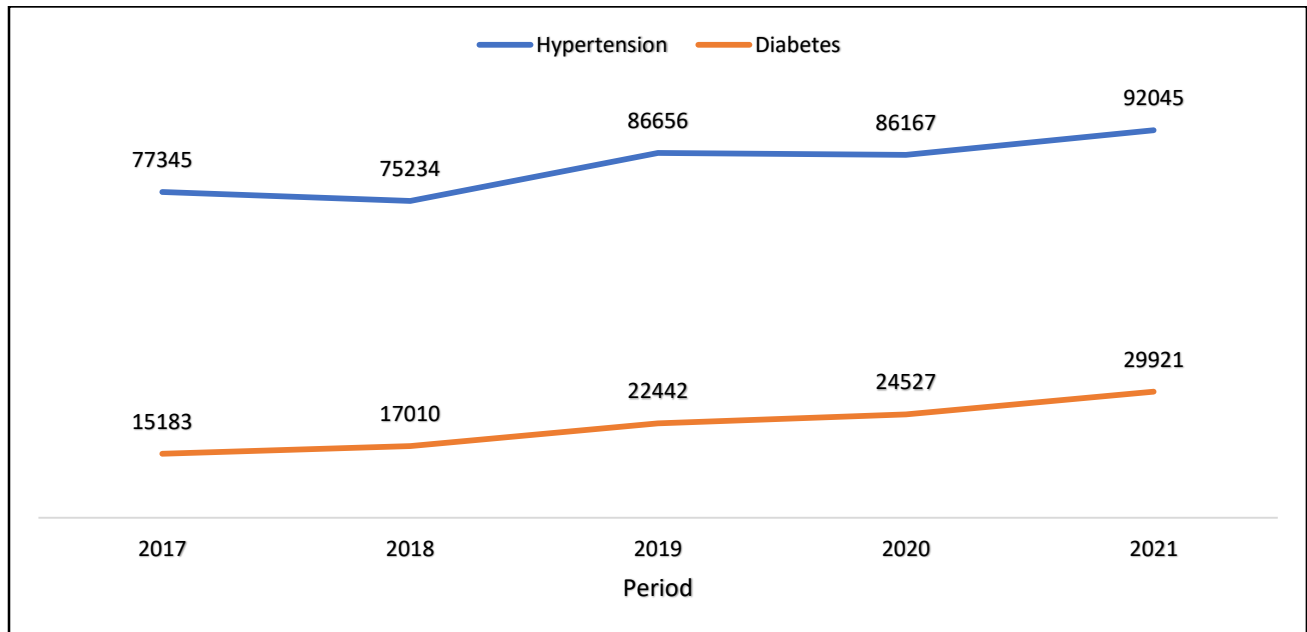
Asthma	229	105	334	7.8
Sickle cell	106	97	203	4.8
Renal failure	84	102	186	4.4
Other cancer	59	30	89	2.1
Liver Cancer (liver/Hep)	48	39	87	2.0
Cervical cancer		66	66	1.5
Lung cancer	26	9	35	0.8
Breast cancer		33	33	0.8
Women manage for cervical cancer		7	7	0.2
women screen for cervical cancer		6	6	0.1
Prostate cancer	3		3	0.1
Total	2005	2265	4270	100.0

The above table highlights number and proportion of morbidity and admissions cause by NCDs. However, hypertension, diabetes, cardiac disorder and asthma constitutes the greater percentage of all the reported NCDs admissions representing 39.3%, 23.3%, 12.8% and 7.8% respectively.

Table 34: Number of Non-Communicable Diseases Related Deaths by Gender, The Gambia 2021

Non-communicable diseases, major conditions	Male	Female	Total	Percent
Hypertension	74	90	164	36.9
Diabetes	37	57	94	21.2
Cardiac disorder	23	35	58	13.1
Renal failure	13	20	33	7.4
Prostate cancer	26		26	5.9
Liver Cancer (liver/Hep)	14	8	22	5.0
Other cancer	8	6	14	3.2
Lung cancer	10	2	12	2.7
Cervical cancer		8	8	1.8
Sickle cell	4	4	8	1.8
Asthma	2	1	3	0.7
Breast cancer-		2	2	0.5
Women manage for cervical cancer		0	0	0.0
women screen for cervical cancer		0	0	0.0
Total	211	233	444	100.0

Figure 43: Trend of Hypertension and Diabetes outpatient cases from 2017 to 2021



The figure above shows the trend of the two key NCD disease burden in the last five years. The data shows an increasing trend in the number of cases from 2017 to date.

Figure 44: Trend of Hypertension and Diabetes inpatient cases from 2017 to 2021

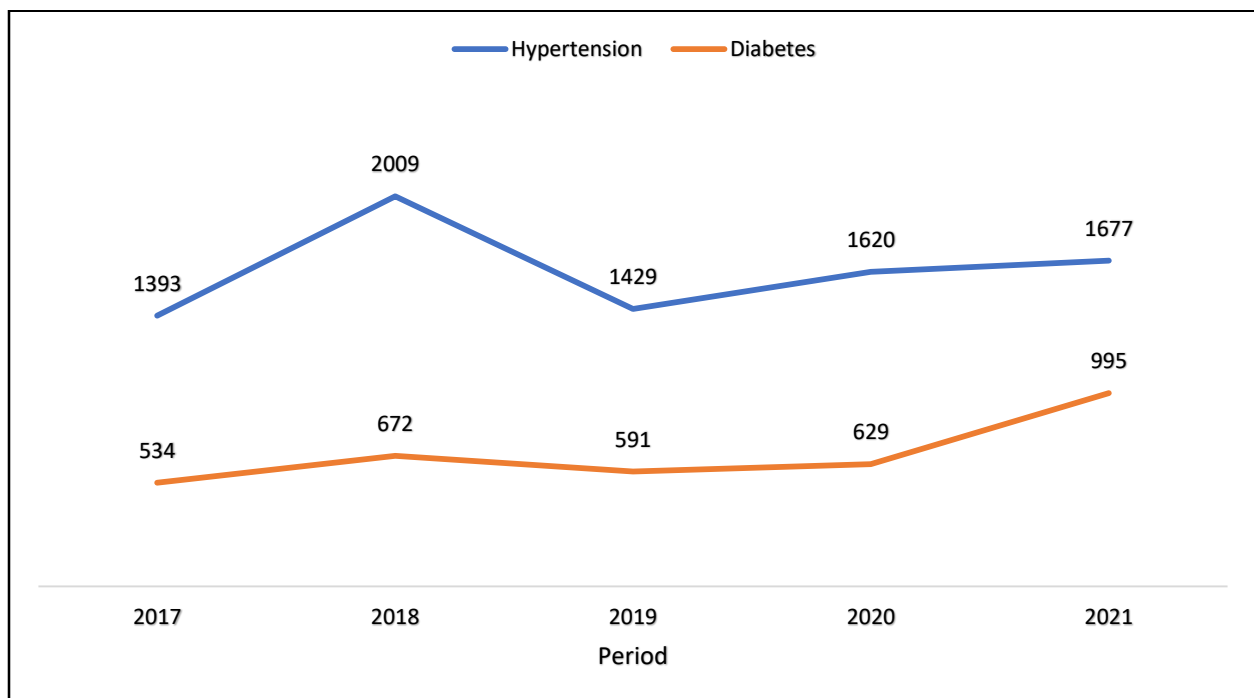
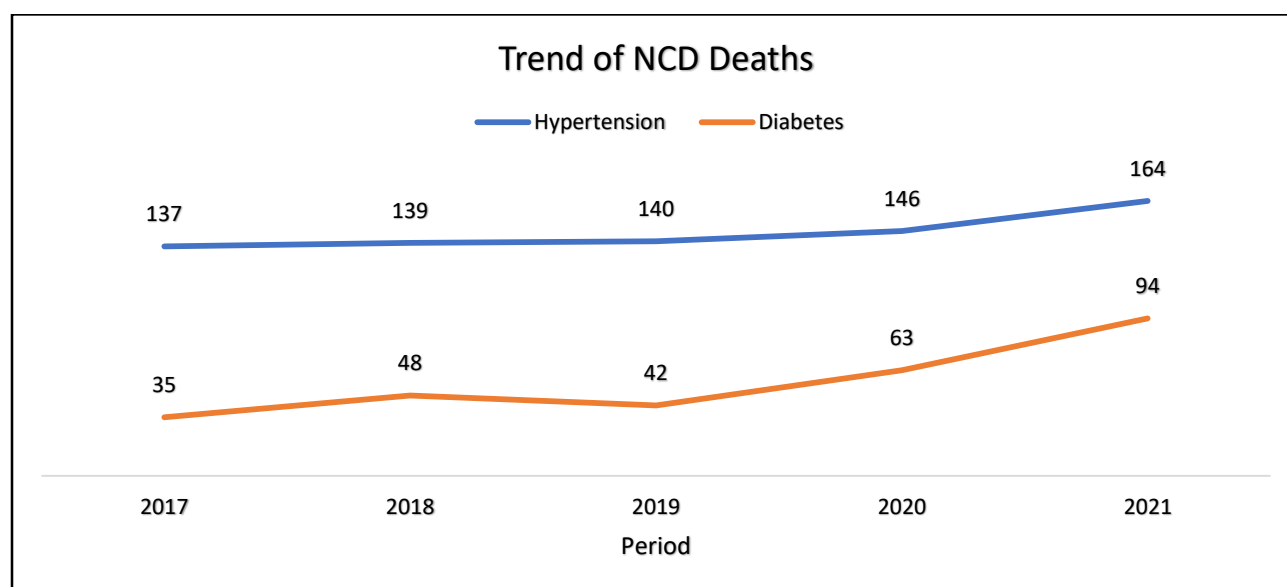


Figure 45: Trend of Hypertension and Diabetes inpatient deaths from 2017 to 2021



The figure above illustrates the trend of hypertension and diabetes deaths during the last five years. The chart shows an increasing trend over the last five years.

Table 35: Number of Hypertensive cases Reported per Region in The Gambia, 2021

Regions	OPD Cases	Inpatient cases	Deaths
CRR	14,505	174	16
LRR	6,311	60	4
NBER	7,841	139	11
NBWR	6,429	49	2
URR	12,815	390	26
WHR1	28,125	564	49
WHR2	16,019	301	56

Table 36: Number of Diabetes cases Reported per Regions in The Gambia, 2021

Regions	OPD Cases	Inpatient cases	Deaths
CRR	2,290	111	14
LRR	1,306	28	4
NBER	1,539	112	15
NBWR	1,662	46	1
URR	1,643	97	10
WHR1	17,194	481	45
WHR2	4,287	120	5

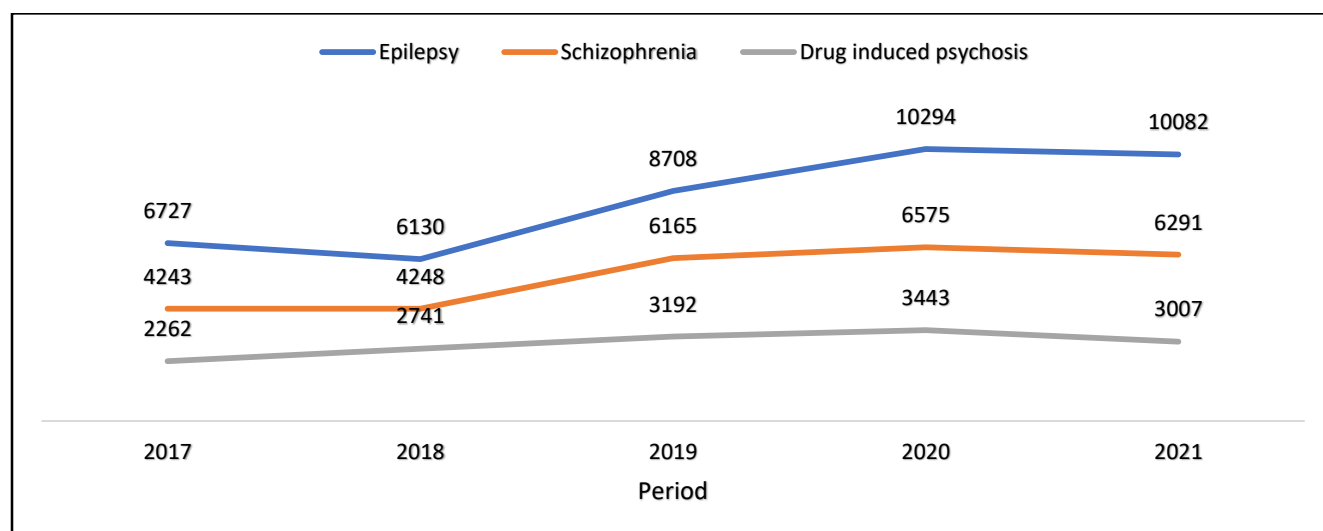
Section i Mental Health Disorders

The advent of COVID-19 has impacted tremendously on the mental health of people during the year 2021. The financial constraints increased the possible occurrence of conditions such as depression and anxiety disorders in the community. **Table 37** below illustrates the number of mental disorder cases at the outpatient and admissions in 2021 by hierarchy. Epilepsy, schizophrenia and drug induced depression are leading causes of mental disorders requiring health care intervention at both for outpatient clinic and admission.

Table 37: Number of mental disorders Reported at Health Facilities by Gender, The Gambia 2021

Mental Disorders	OPD Cases			Percent	Inpatient cases		Total	Percent
	Male	Female	Total		Male	Female		
Epilepsy	5,082	5,000	10,082	44.1	68	35	103	18.6
Schizophrenia	3,618	2,673	6,291	27.5	88	21	109	19.7
Drug induced psychosis	2,874	133	3,007	13.2	285	0	285	51.5
Organic psychosis	933	616	1,549	6.8	17	6	23	4.2
Anxiety disorder	181	399	580	2.5	0	1	1	0.2
Phobia	107	326	433	1.9	1	0	1	0.2
Depression	163	222	385	1.7	8	11	19	3.4
Dementia the elderly	82	149	231	1.0	3	3	6	1.1
Mania	43	43	86	0.4	2	0	2	0.4
Other mental disorders	27	56	83	0.4	0	0	0	0.0
Childhood mental Disorders	37	33	70	0.3	0	0	0	0.0
Malaria related mental disorders	21	25	46	0.2	2	1	3	0.5
Pregnancy related mental disorders		17	17	0.1		1	1	0.2
Total	13,168	9,692	22,860	100.0	474	79	553	100.0

Figure 46: Trend of Major Mental Disorders from 2017-2021 in the Gambia



The figure above shows the trend of outpatient visits and admission of the three most common causes of mental disorders in 2021. The chart shows an increasing trend from 2018 to 2021 for all the three disorders, followed by a slight drop in 2021.

Section ii Eye Conditions

Table 38: Number of OPD and Inpatient cases of Eye Conditions seen in the Gambia, 2021

Eye Conditions	ODP Cases			Percent	Inpatient cases			Percent
	Male	Female	Total		Male	Female	Total	
Conjunctivitis	14,156	17,901	32,057	73.5	86	131	217	13.0
Cataracts	3,394	3,746	7,140	16.4	688	695	1,383	82.7
Glaucoma	889	681	1,570	3.6	2	1	3	0.2
Refractive error	717	748	1,465	3.4	21	23	44	2.6
Ophthalmia neonatorum	523	590	1,113	2.6	7	9	16	1.0
Trachoma	79	163	242	0.6	1	9	10	0.6
Other eye conditions	7,321	7,730	15,051	34.5	204	213	417	24.9
Total	19,758	23,829	43,587	100	805	868	1,673	100

Table 39: Frequency of major eye conditions reported by region in the Gambia, 2021

Regions	Cataracts	Conjunctivitis	Glaucoma	Trachoma	Refractive error	Other eye conditions	ophthalmia neonatorum
CRR	1,701	3,373	206	135	9	2,650	26
LRR	369	1,851	165	10	85	1,664	84
NBER	636	2,052	139	3	54	1,507	28
NBWR	266	1,597	41	5	6	1,419	25
URR	1,346	4,011	578	17	317	2,468	215
WHR1	1,078	13,542	124	20	255	1,743	298
WHR2	1,744	5,631	317	52	739	3,600	437
National	7140	32057	1570	242	1465	15051	1113

Table 40: Frequency of major eye conditions reported by region in the Gambia, 2021

Regions	Other eye conditions	Refractive error	Trachoma	Ophthalmia neonatorum	Cataracts	Conjunctivitis	Glaucoma
CRR	84	0	0	0	320	2	0
LRR	1	0	0	0	78	0	0
NBER	3	0	0	0	258	0	0
NBWR	0	0	0	0	108	0	0
URR	30	0	0	0	177	17	0
WHR1	121	19	1	16	30	197	3
WHR2	178	25	9	0	412	1	0
NATIONAL	417	44	10	16	1383	217	3

Figure 47: Percentage trend of major eye conditions reported at OPD from 2017 to 2021 in the Gambia

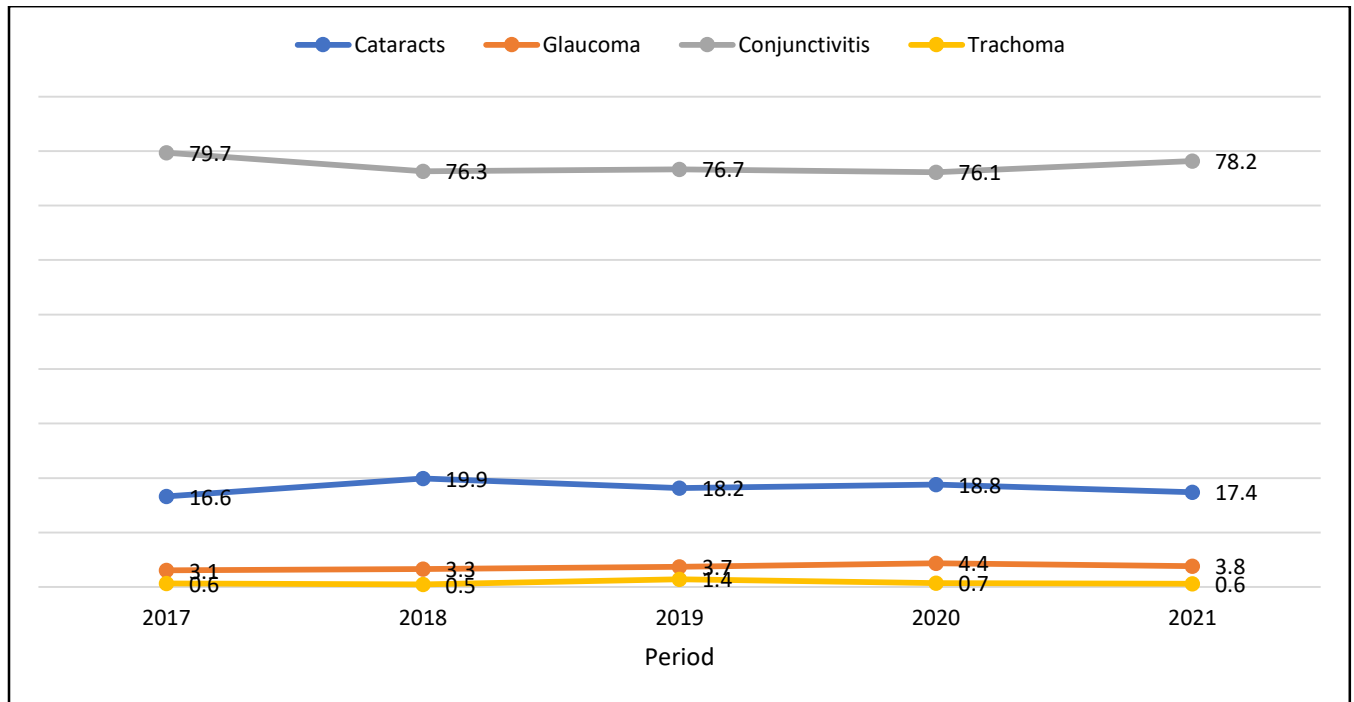
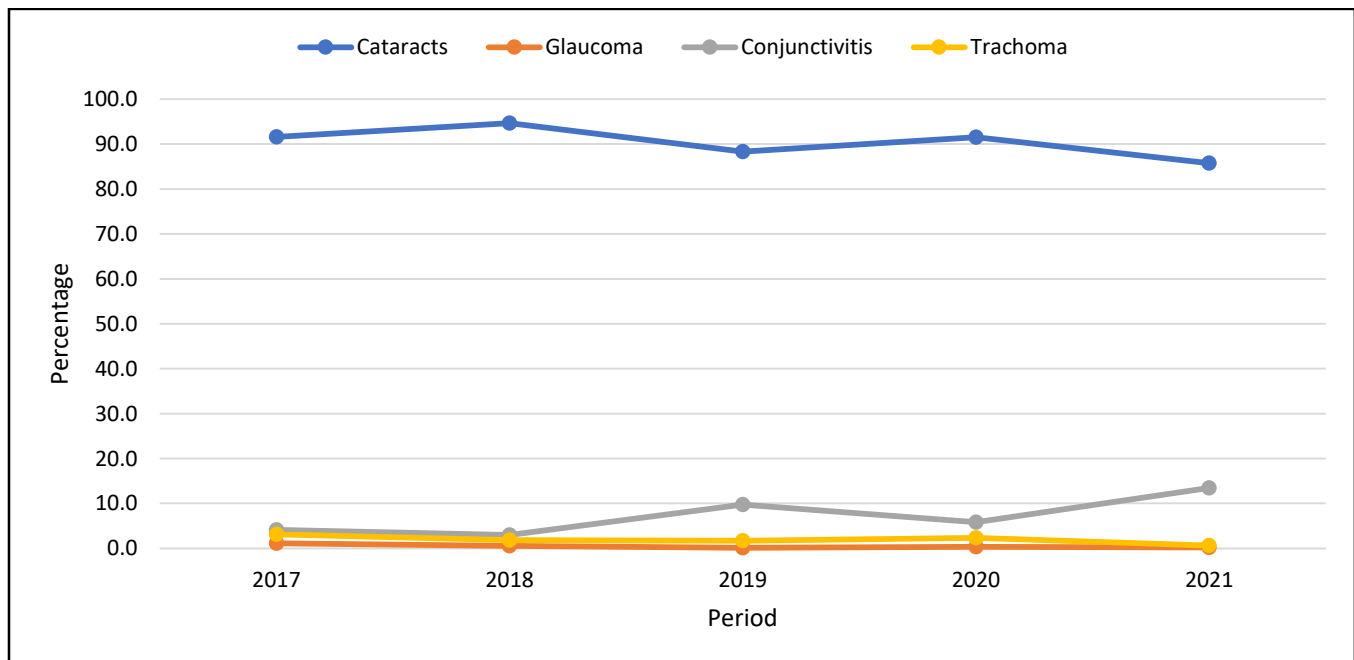


Figure 48: Percentage trend of major inpatient eye conditions reported from 2017 to 2021 in the Gambia



Section iii Oral and Dental Conditions

Table 41: Number and percentage of major oral and dental conditions reported in the Gambia, 2021

CONDITIONS	OPD Cases				Percent	Inpatient Cases			
	Male	Female	Total	Percent		Male	Female	Total	Percent
Toothache	11,113	16,869	27,982	57.8	168	9	177	53.8	
Dental abscess	3,702	5,283	8,985	18.6	60	67	127	38.6	
Oral thrust/ulcer	3,769	5,215	8,984	18.6	12	4	16	4.9	
Gingivitis	1,073	1,363	2,436	5.0	5	4	9	2.7	
Other oral disorders	8,827	12,539	21,366	44.2	25	17	42	12.8	
Total	28,484	41,269	48,387	100.0	270	101	329	100.0	

Table 42: Frequency of major oral and dental conditions reported at OPD by region in the Gambia, 2021

Regions	Dental abscess	Gingivitis	Oral thrust/ulcer	Toothache	Other oral disorders
CRR	907	92	936	2,993	2,571
LRR	414	154	641	1,574	597
NBER	1,572	114	444	2,430	887
NBWR	520	57	840	1,641	469
URR	1,042	294	1,624	2,926	1,163
WHR1	3,540	1,459	3,331	10,207	11,233
WHR2	990	266	1,168	6,211	4,446
NATIONAL	8985	2436	8984	27982	21366

Table 43: Frequency of major inpatient oral and dental conditions reported by region in the Gambia, 2021

Regions	Oral thrust/ulcer	Gingivitis	Dental abscess	Toothache	Other oral disorders
CRR	3	0	21	3	1
LRR	6	1	5	13	6
NBER	0	0	45	1	0
NBWR	3	0	6	7	7
URR	1	1	6	2	0
WHR1	3	2	38	148	28
WHR2	0	5	6	3	0
NATIONAL	16	9	127	177	42

Figure 49: Percentage trend of major oral and dental condition reported at OPD from 2017 to 2021 in the Gambia

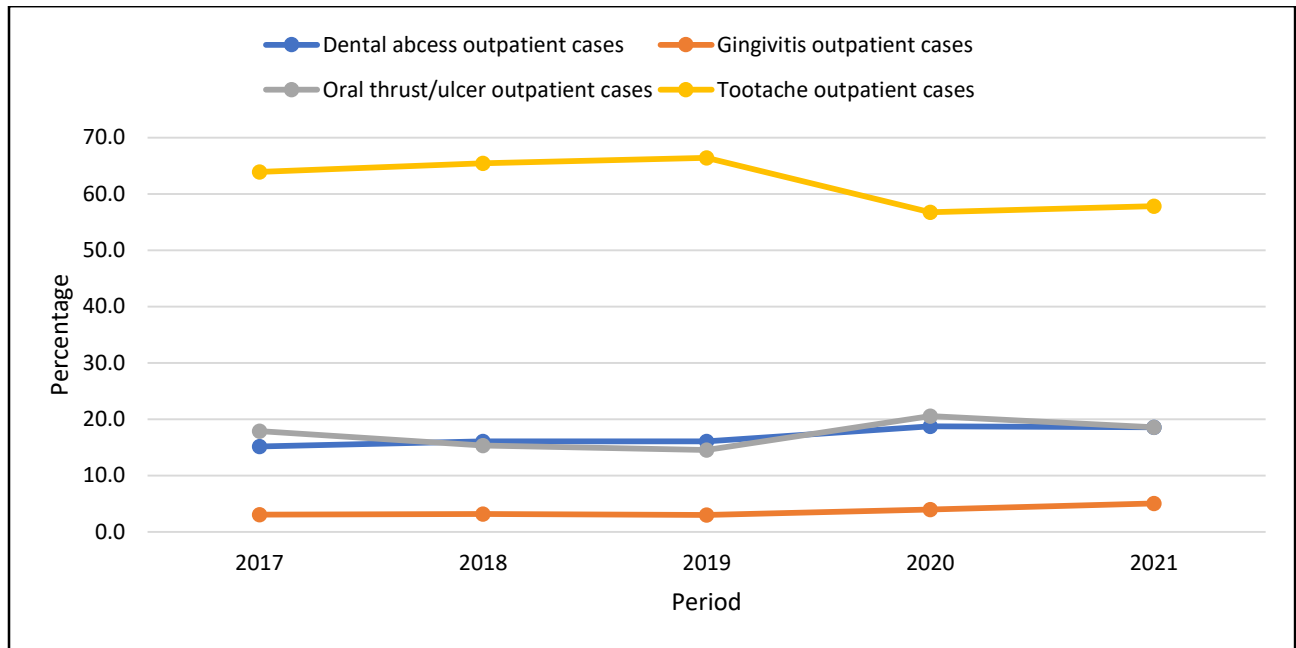
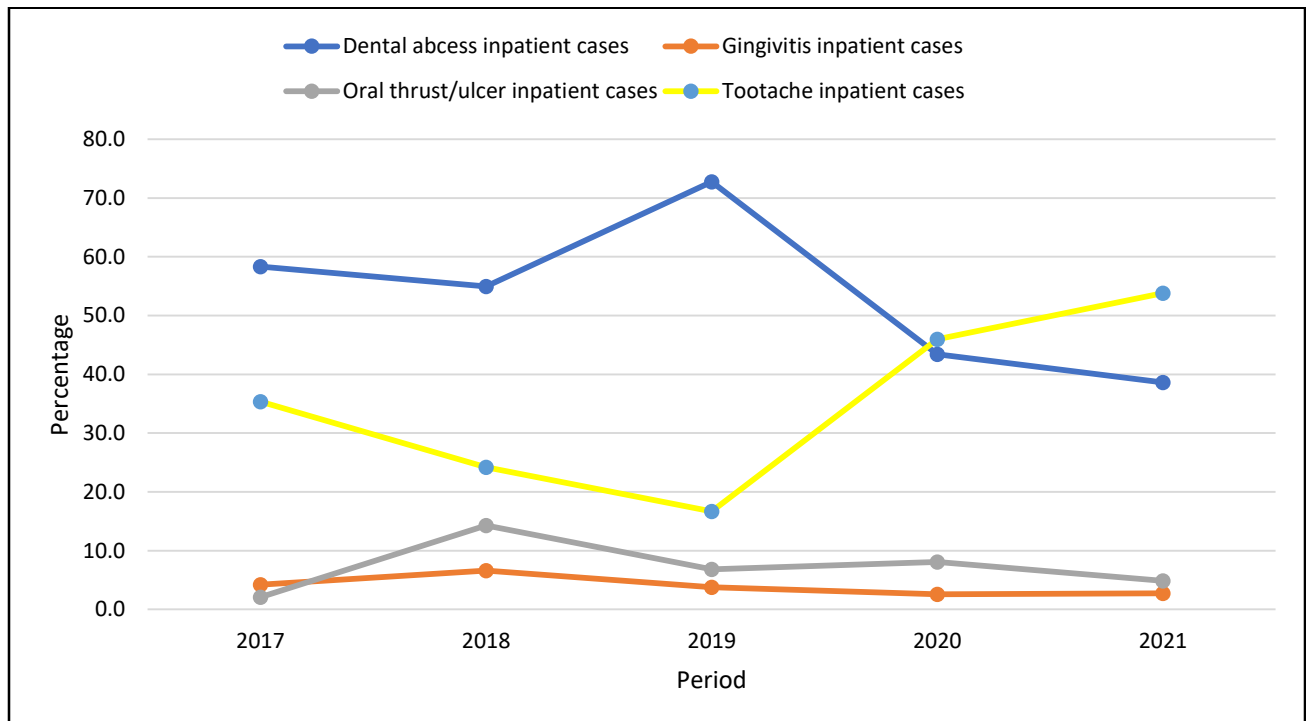


Figure 50: Percentage trend of major oral and dental conditions reported at inpatients from 2017 to 2021 in the Gambia



Section iv Health Facilities Referrals

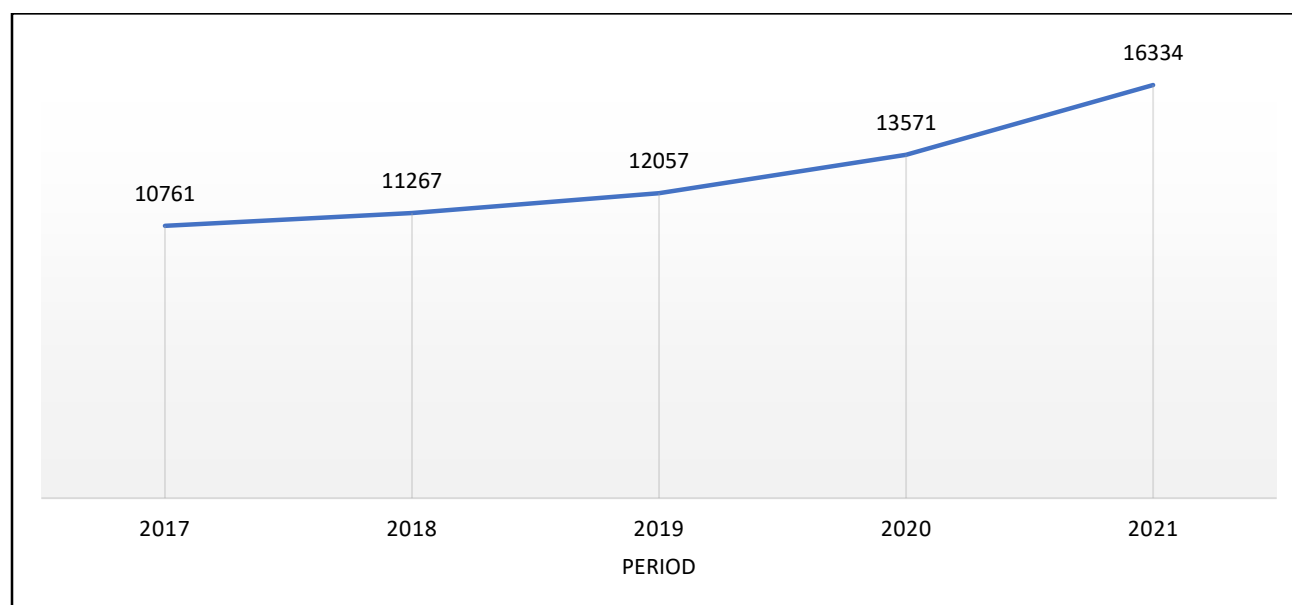
Having an appropriate clinical referral can improve the transition between primary and secondary care specialist. A timely referral can save the lives of patient who need special care.

The table below shows twenty-one of the most common causes of referrals by region and national hierarchically. Skin disorders are the main causes of referrals. The table also shows that pre- and post-natal complications are a major cause of referrals, they account for eight conditions amongst the most common causes of referrals.

Table 44: Most common causes of referrals by region, The Gambia, 2021

CONDITIONS	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2	National	%
Skin disorders	416	234	18	60	152	1733	75	2688	16.5
Other NCDs	201	42	74	179	103	308	266	1173	7.2
Delayed or Obstructed Labor	112	134	51	133	215	223	172	1040	6.4
Neonates referred for complications	105	90	49	123	106	139	371	983	6.0
Other Obstetric complication	93	108	45	93	126	247	257	969	5.9
Other injuries	93	47	53	120	53	375	106	847	5.2
Hypertension	124	46	50	90	128	280	90	808	4.9
Severe pneumonia	82	60	73	84	154	248	72	773	4.7
PIH / Pre-eclampsia	79	67	29	70	131	185	165	726	4.4
Anemia	89	47	15	31	233	207	96	718	4.4
Anemia in pregnancy	123	102	16	20	132	133	98	624	3.8
Fracture	64	24	56	57	38	189	127	555	3.4
Antepartum Hemorrhage	82	72	24	62	112	56	83	491	3.0
Diabetes	44	35	17	51	53	153	59	412	2.5
Abortion	81	55	23	48	30	94	72	403	2.5
Malpresentation	58	37	15	42	49	35	58	294	1.8
Severe malaria	36	36	1	9	71	87	50	290	1.8
Cardiac disorder	23	29	11	31	23	105	11	233	1.4
Eclampsia	25	32	21	14	27	28	72	219	1.3
Post-partum Hemorrhage	41	24	13	24	43	47	22	214	1.3

Figure 51: Trend of referrals in the Gambia from 2017-2021



The figure above depicts the referral pattern over the previous five years. The graph shows an annual increase in referrals from 10,761 in 2017 to 16,334 in 2021, a 51.8 percent and 20.4 percent increase in 2021 compared to 2017 and 2020 respectively. Each year, more patients are evacuated to the next level of treatment, according to the data.

The table below (**Table 45**) is looking at the most common referrals due to maternal and neonatal complications. Maternal and neonatal complications are an area of special focus for the Ministry of Health. Evacuating maternal and neonates to secondary care is critical in reducing maternal and neonatal deaths in the country.

Table 45: Trend of maternal and neonatal referrals in the Gambia from 2017-2021

CONDITIONS	2017	2018	2019	2020	2021
Delayed or Obstructed Labour	730	806	1,052	984	1,040
Neonates referred for complications	555	557	631	652	983
Hypertension	821	764	761	707	808
PIH / Pre-eclampsia	456	575	635	750	726
Anaemia in pregnancy	349	383	513	721	624
Antepartum Haemorrhage	402	482	558	524	491
Abortion	205	258	230	267	403
Malpresentation	173	155	274	253	294
Eclampsia	194	231	237	266	219
Postpartum Haemorrhage	182	207	174	171	214
Intrapartum Haemorrhage	56	77	58	37	66
Retained Placenta	52	48	51	64	58

Moderate Malnutrition + anaemia < 5	54	22	40	49	46
FGM/C Complication	101	54	33	78	40
Cervical Cancer	20	19	22	13	13
Severe Malaria in Pregnancy	1	7	6	5	12
Breast Cancer	14	17	2	10	8
Prostate Cancer	10	6	8	7	4
Obstetric and deliveries	205	141	35	8	3

Section v Reproductive Maternal Neonatal Child Adolescent Health Services

In 2021, a total of 8,432 Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) clinics were scheduled, with 96 percent (n = 8,092) being held and 4% (n = 340) being cancelled. See **Table 46** for more information. Over 90% of clinic schedules had been conducted in all of the regions. Only NBER has held all their scheduled clinics in 2021. The holidays were the primary cause of clinic cancellations.

Table 46: Number of RMNCAH clinics held and cancelled by region and nationally in 2021

Region	Clinics Scheduled	Clinics Held	Clinics Cancelled	Percentage Cancelled
CRR	1208	1206	2	0.2
LRR	759	757	2	0.3
NBER	561	561	0	0.0
NBWR	673	666	7	1.0
URR	1162	1144	18	1.5
WHR1	2977	2701	276	9.3
WHR2	1092	1057	35	3.2
NATIONAL	8,432	8,092	340	4.0

Table 47: Percentage of RMNCAH Clinic Held by Health Region, The Gambia 2021

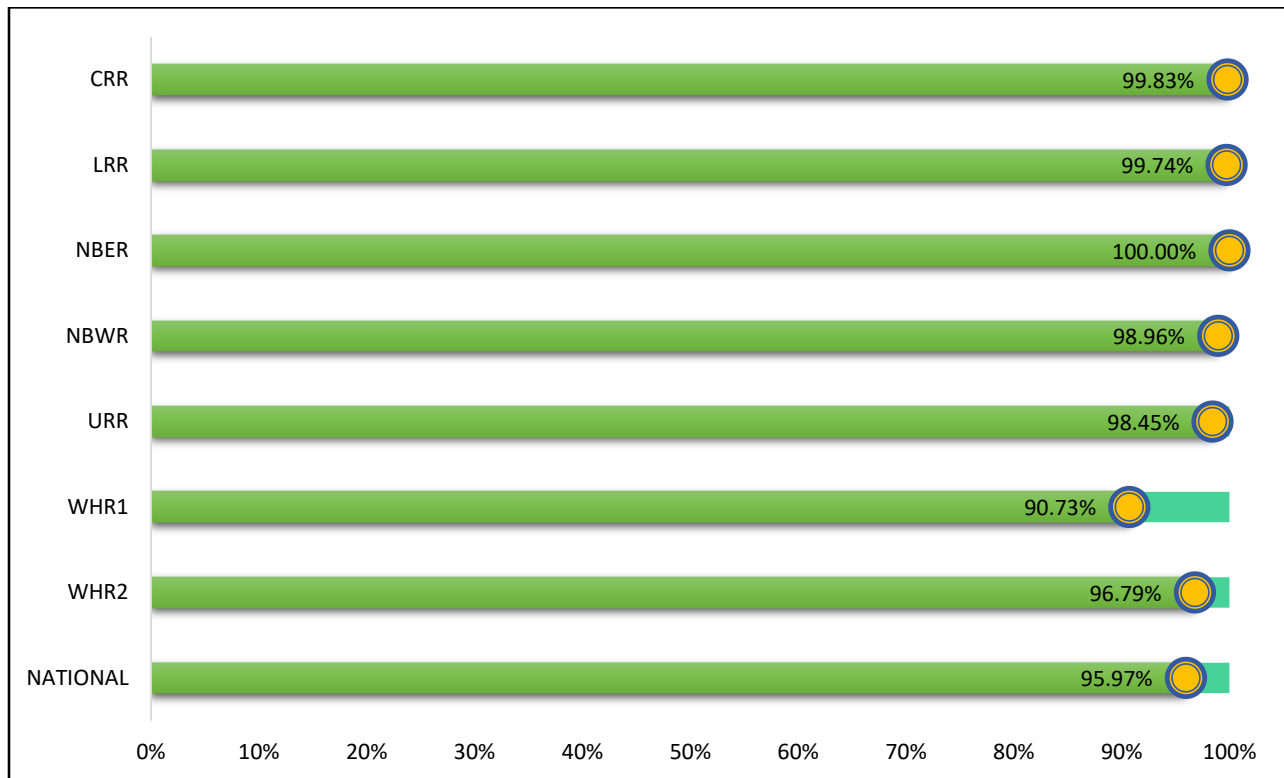
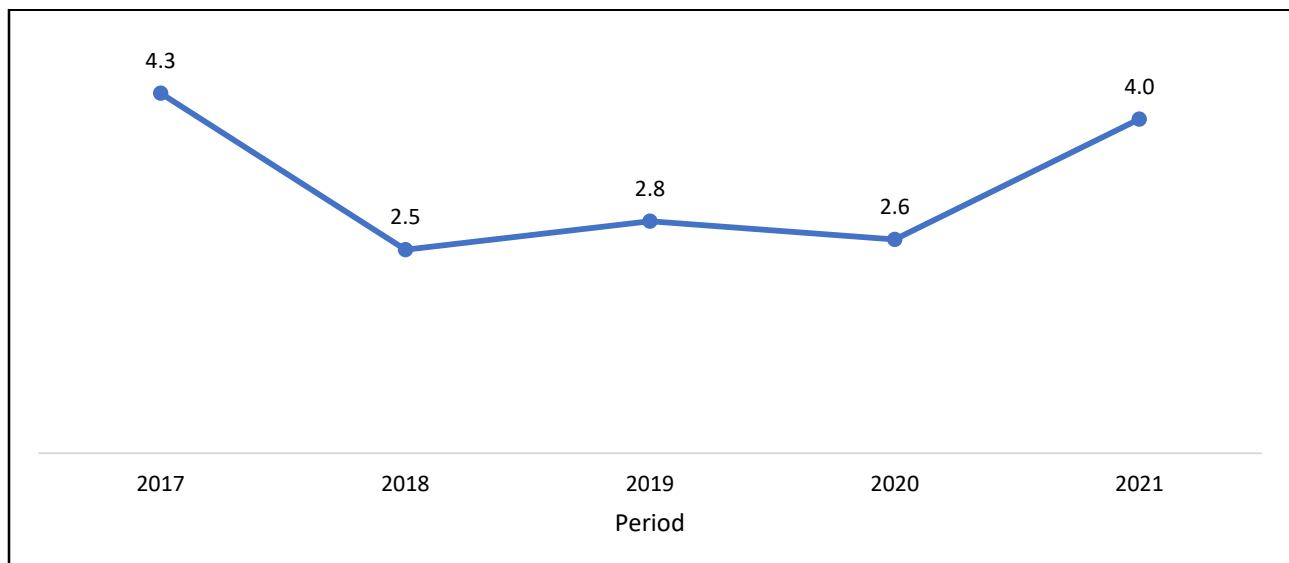


Figure 52: Trend of clinics cancelled in percentage from 2017-2021



Heading A Antenatal care services

In the Gambia, seventy-nine thousand, six hundred and fifty (79,650) women registered for antenatal care in 2021. Nearly 15% (n = 11,580) of individuals who registered were under the age of 20, and 85% (n = 68,070) of those who registered were women aged 20 and over. Nearly 29% (n = 22,871) of prenatal women have registered in their first trimester across the country. CRR and WHR1 had the most early antenatal bookings in the regions, accounting for 16.9% and 30% of pregnant women registered in their first trimester, respectively. See **Table 48** for more information. The lowest ANC first trimester visits were recorded by the LRR (5%) and WHR2 (6.6%).

Table 48: Number of antenatal clinic (ANC) attendance by age group and region, The Gambia 2021

Region	First attendance < 20 years	First attendance 20 years of age and over	ANC first trimester visit	Antenatal who Completing 3 other scheduled visits	Antenatal who Completed 7 other scheduled visits	Antenatal who Received iron supplementation
CRR	2,303	9,030	3,869	180	857	38,942
LRR	618	3,826	1,209	0	0	14,249
NBER	1,081	4,504	2,147	233	114	14,528
NBWR	737	4,876	2,478	12	100	18,357
URR	1,690	9,601	4,801	0	198	33,075
WHR1	3,575	23,434	6,858	2,119	3,586	81,966
WHR2	1,576	12,799	1,509	199	1,887	35,125
NATIONAL	11,580	68,070	22,871	2,743	6,742	236,242

Figure 53: Percentage of pregnant women who received Iron supplementation by region in the Gambia, 2021

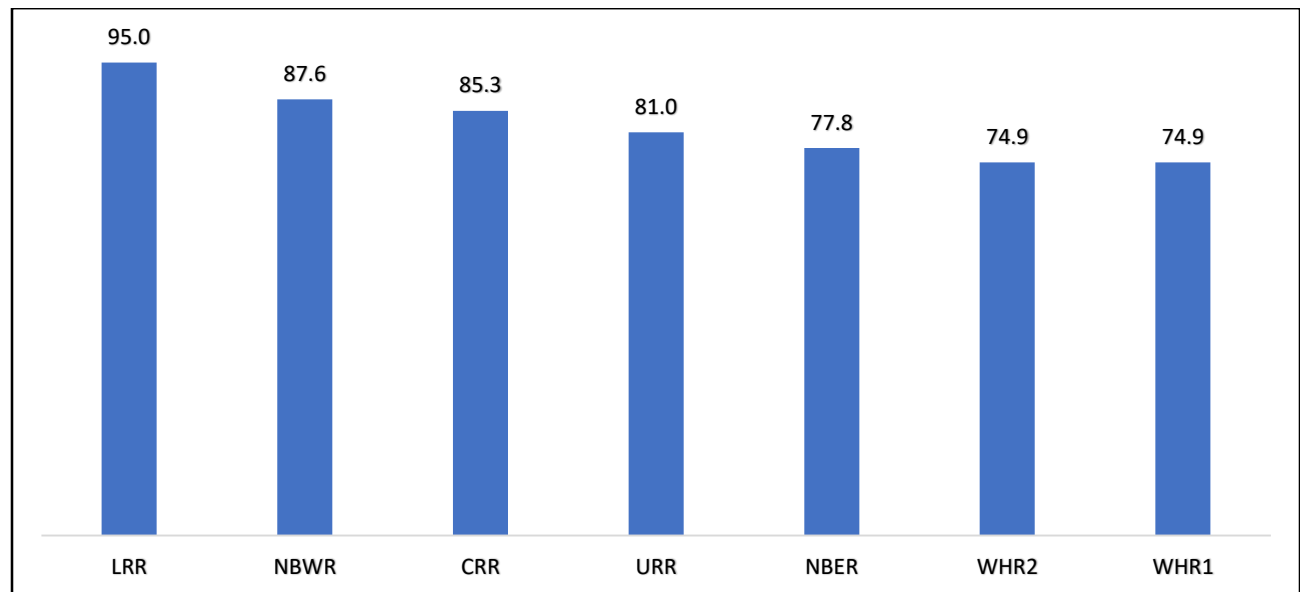
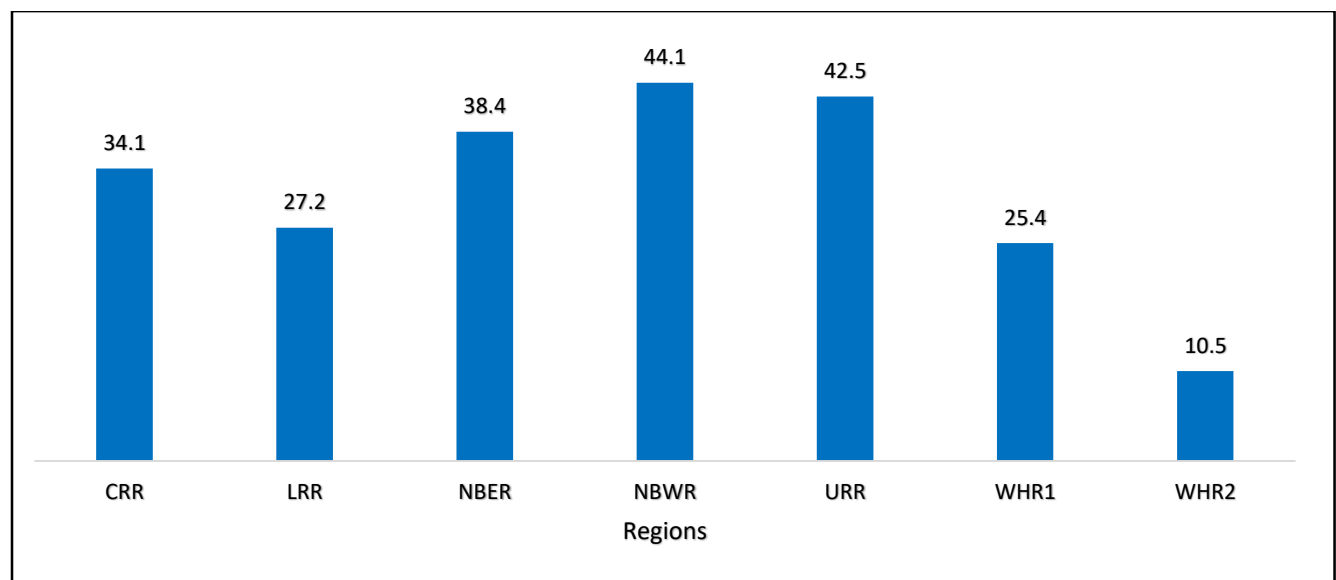
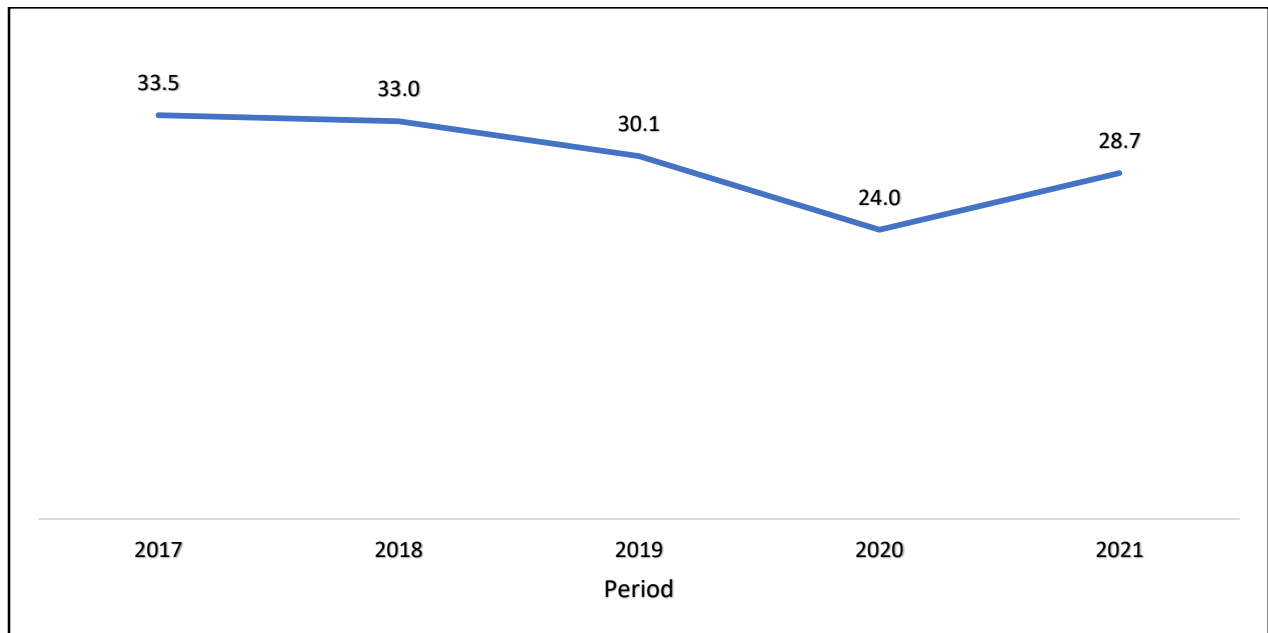


Figure 54: Percentage of ANC first trimester visits, by region, The Gambia 2021



The figure above (Figure 54) illustrates the percentage of women who booked in their first trimester during pregnancy is seen in. Pregnant women who book in their first trimester are less likely to encounter difficulties during their pregnancy, according to research. This indicator has a very low performance across the regions and nationwide, particularly in the two largest regions, WHR1 and WHR2. Because the race to prevent maternal problems and mortality begins during the first trimester, women should be urged to visit clinics during those times.

Figure 55: Percentage trend of first-trimester ANC Visit in the Gambia



The figure above shows the trend of the ANC first trimester in the Gambia from 2017 to 2021. There has been a consistent decrease in ANC first-trimester bookings from 2017 to 2020. However, 2021 registered 19.5% increase in attendance compared to 2020.

Figure 56: Antenatal Visits Conducted by CBC at the Community in 2021

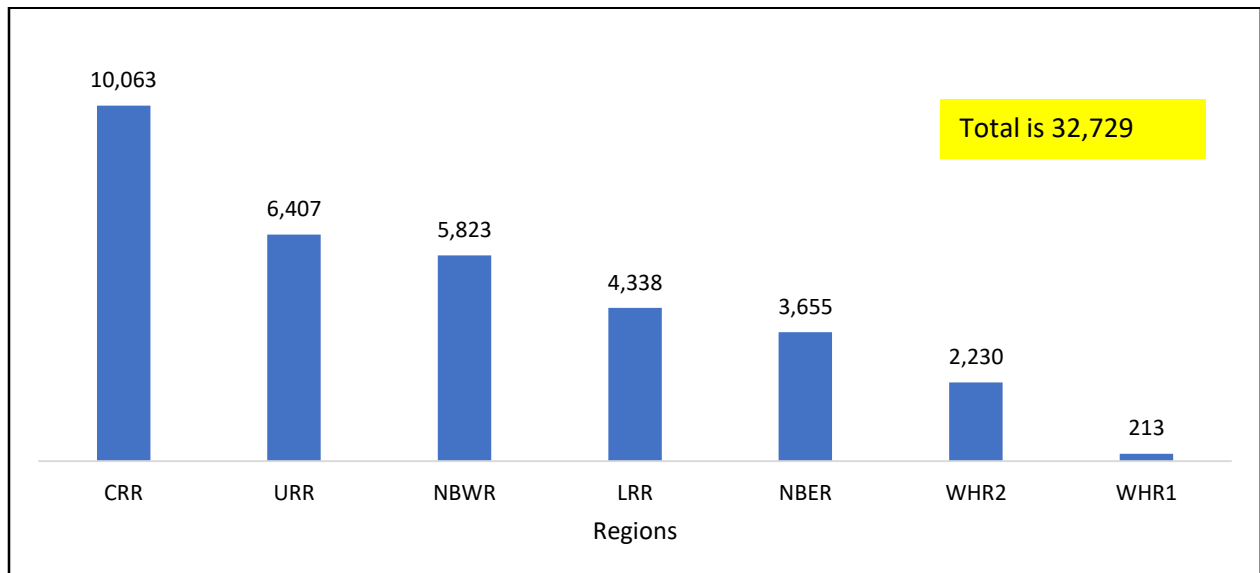
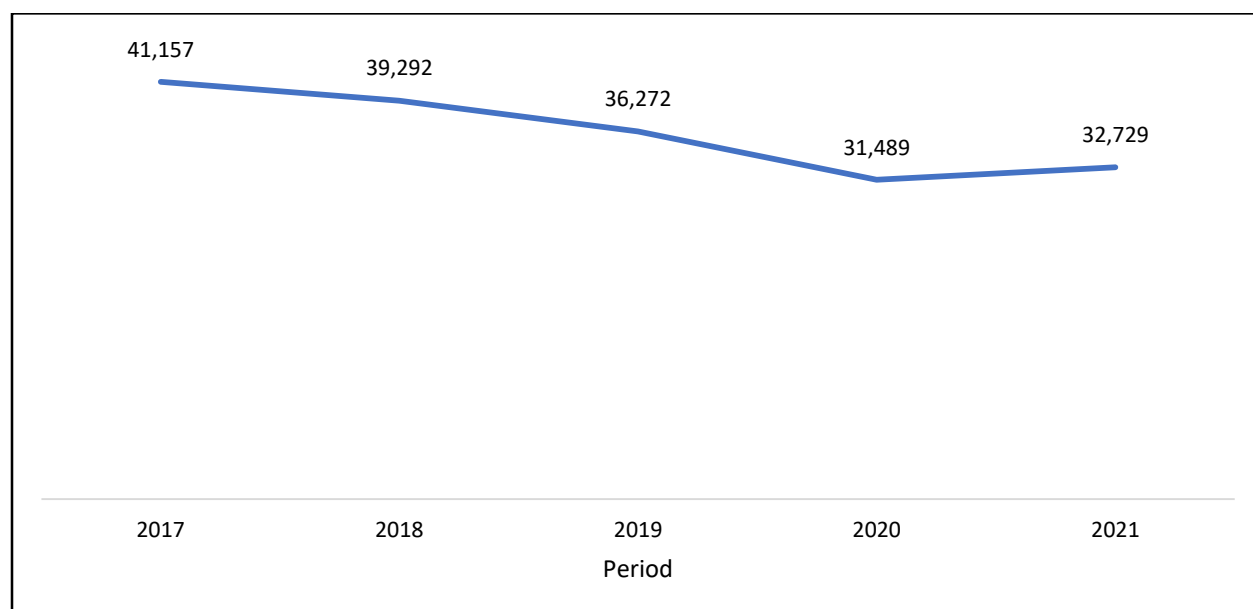


Figure 57: Trend of CBC Antenatal visits conducted at Community



Heading BPostnatal Care Clinic Attendance

Postnatal services are provided to women immediately after delivery and according to the RMNCAH Policy, all women must complete three post-natal care services within forty-two days after delivery.

In 2021, 62.9% (n = 33,993) of all postnatal mothers in the Gambia had completed three postnatal care services. Only WHR1 (37.2%) and WHR2 (57.7%) had less than 60% of women completed three post-natal visits in 2021, while NBWR and CRR had the highest rates, at 85.2 % and 80.8 %, respectively.

Table 49: Number of postnatal care clinic attendances made by region, The Gambia 2021

Region	Total postnatal attendance	Completing 3 postnatal care services	Percentage completion
CRR	9910	8006	80.8
LRR	2925	2108	72.1
NBER	3882	2501	64.4
NBWR	4498	3834	85.2
URR	9342	6958	74.5
WHR1	14489	5386	37.2
WHR2	9009	5200	57.7
NATIONAL	54055	33993	62.9

Figure 58: Percentage of postnatal who completed three postnatal care services

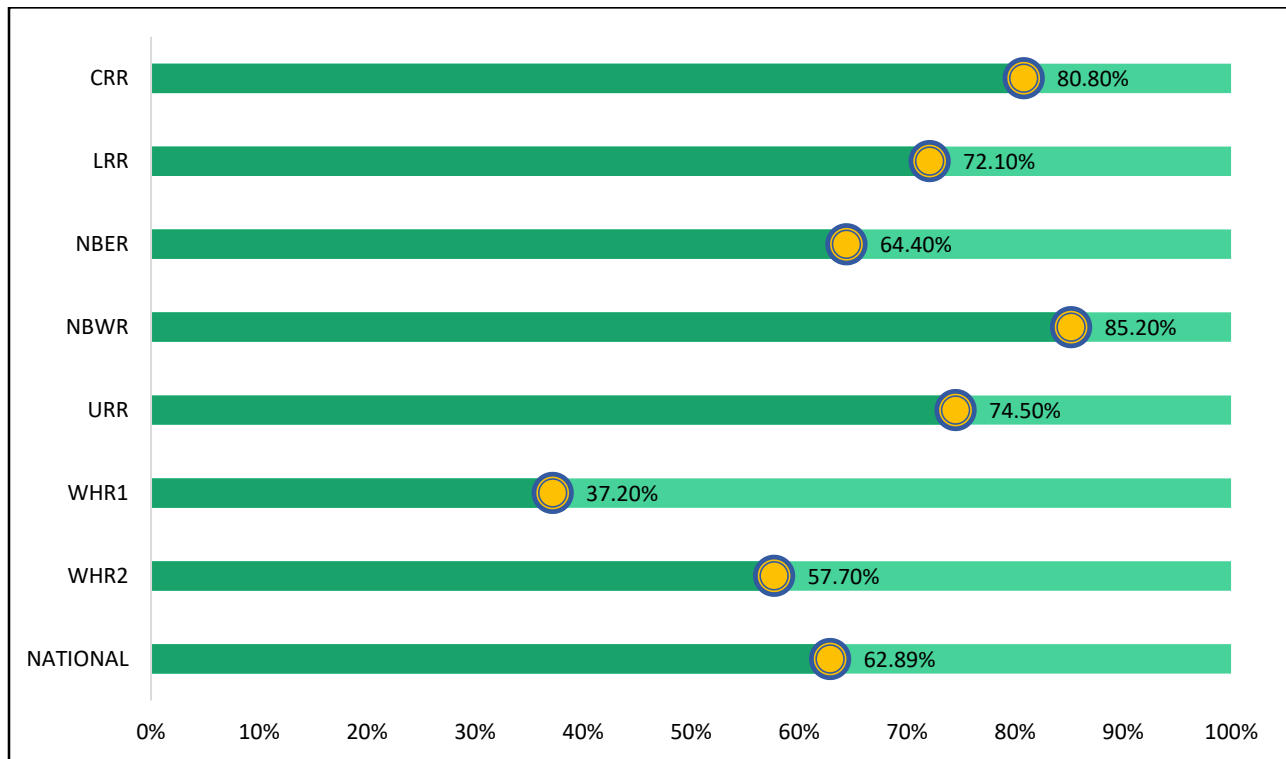
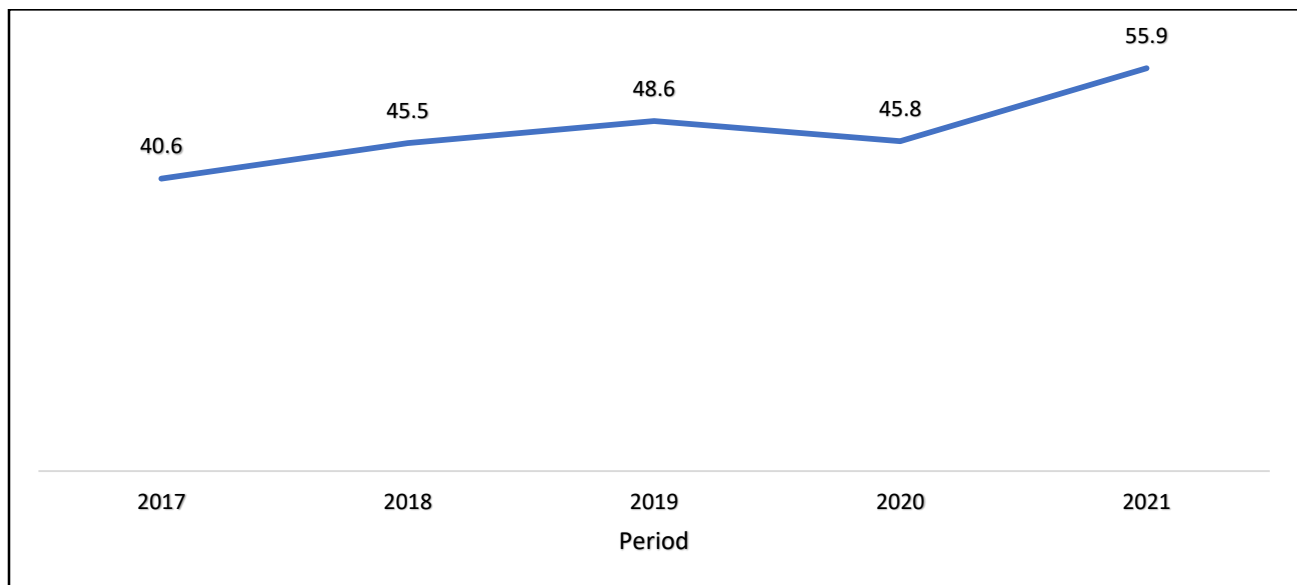


Figure 59: Percentage trend of women who complete three postnatal care visits by a skilled attendant



The figure above shows the highest percentage of women who completed three postnatal care visits by a skilled attendant in the Gambia compared to the previous years.

Table 50: postnatal conditions reported in 2021

CONDITIONS	< 15 years	15-24 years	> 24 years	Total	Percentage
well women	375	15929	27542	43846	79.1
anemia	12	1554	2184	3750	6.8
Perineal tear	36	1471	1517	3024	5.5
Postpartum hypertension	10	609	1370	1989	3.6
care others	22	350	453	825	1.5
Postpartum hemorrhage	0	212	369	581	1.0
severe lower abdominal pain	0	230	288	518	0.9
Puerperal Sepsis	2	101	188	291	0.5
Septic episiotomy	2	120	88	210	0.4
FGM complications	0	132	77	209	0.4
breast abscess	0	34	27	61	0.1
uncomplicated malaria	0	21	22	43	0.1
Puerperal mental disorder	0	8	35	43	0.1
severe malaria	0	13	8	21	0.0
oedema	0	2	2	4	0.0
NATIONAL	459	20786	34170	55415	100.0

Figure 60: Postnatal visits rendered by CBCs at the community, by region, in 2021

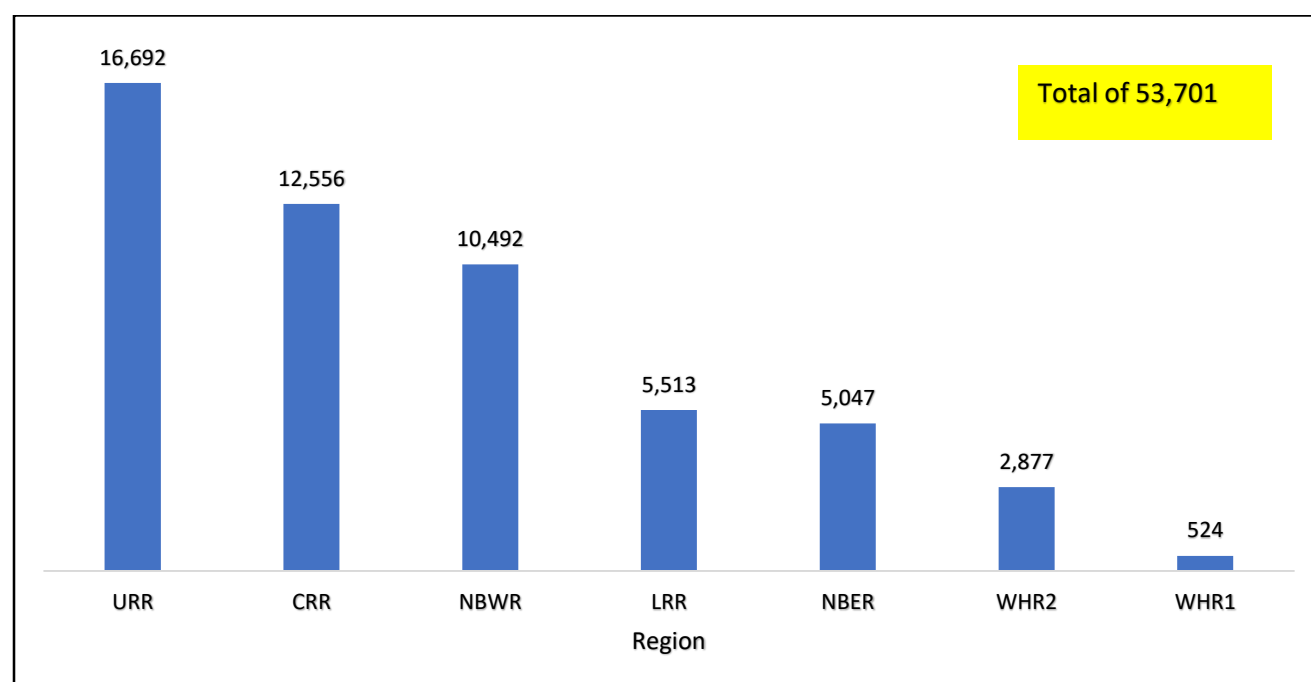


Figure 61: Trend of Postnatal visits made by CBC from 2017-2021

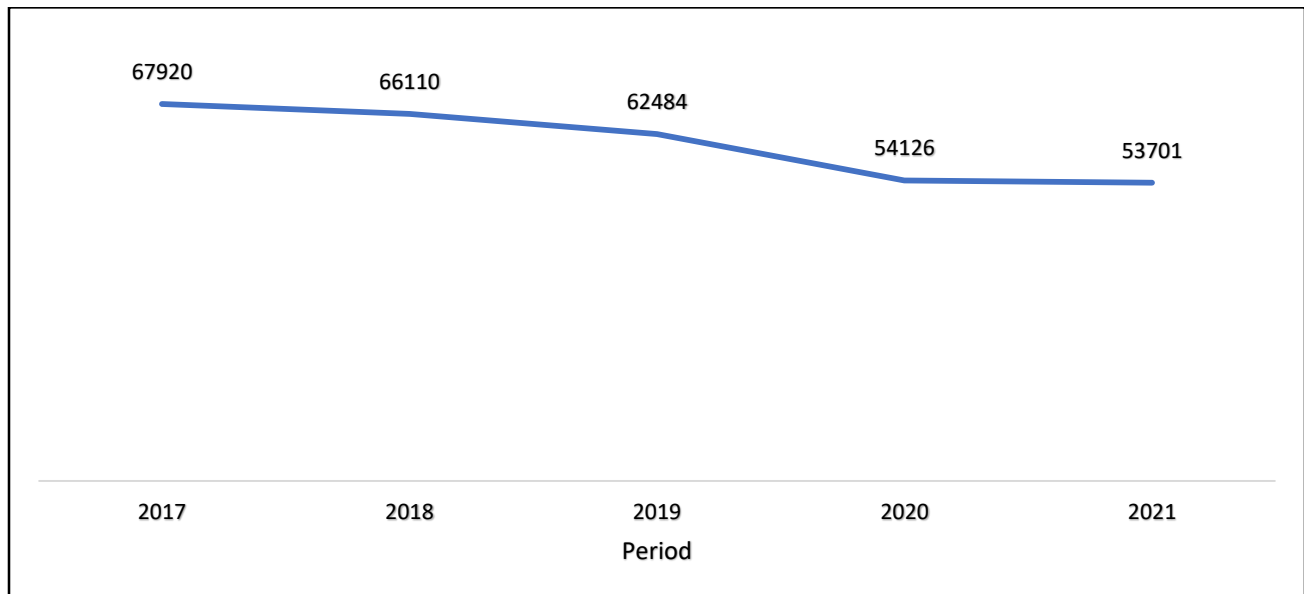


Figure 61 shows that CBC's postnatal visits have been on the decline from 2017 to 2021, with a 26 % decrease from 2017 to 2021 and almost a 1 percentage point decrease from 2020 to 2021.

Heading C: Obstetric, labor and delivery conditions

Error! Reference source not found. below depicts the complications that occur before and after elivery at various health facilities in the Gambia. Complications from anemia during pregnancy and abortion are two of the most common. The most prevalent reasons for secondary care referrals are labor and delivery. This emphasizes the need of encouraging women in The Gambia to have the necessary eight plus one prenatal consultation with health care providers and three post-natal visits after delivery to decrease pre- and post-natal problems.

Figure 62: Percentage of obstetric, labor and delivery complications recorded at health facilities, The Gambia, 2021

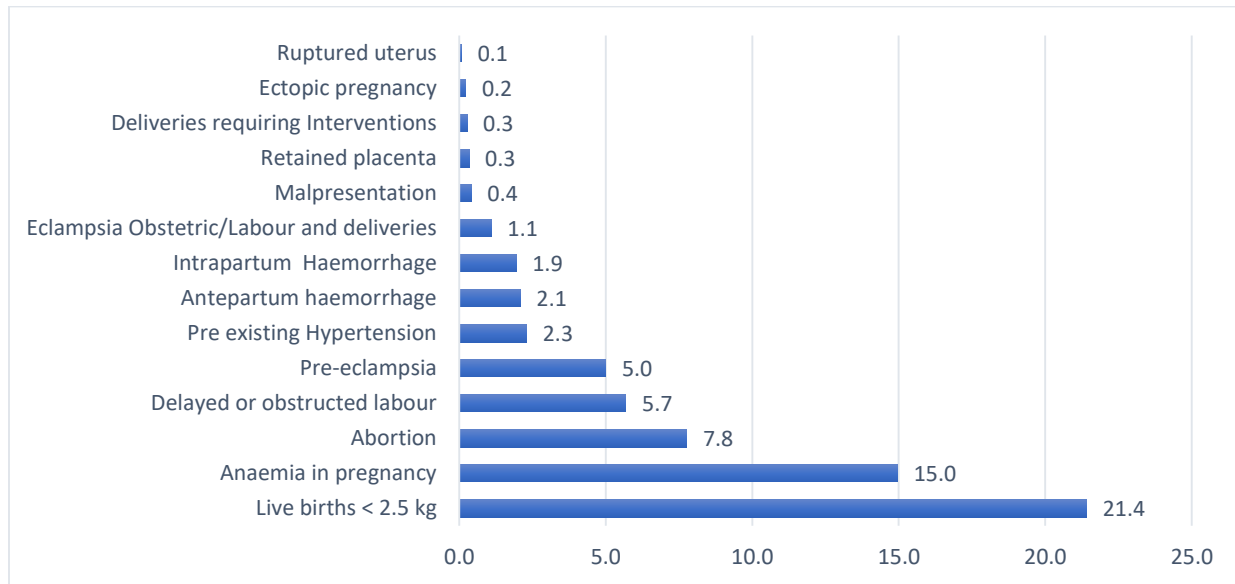
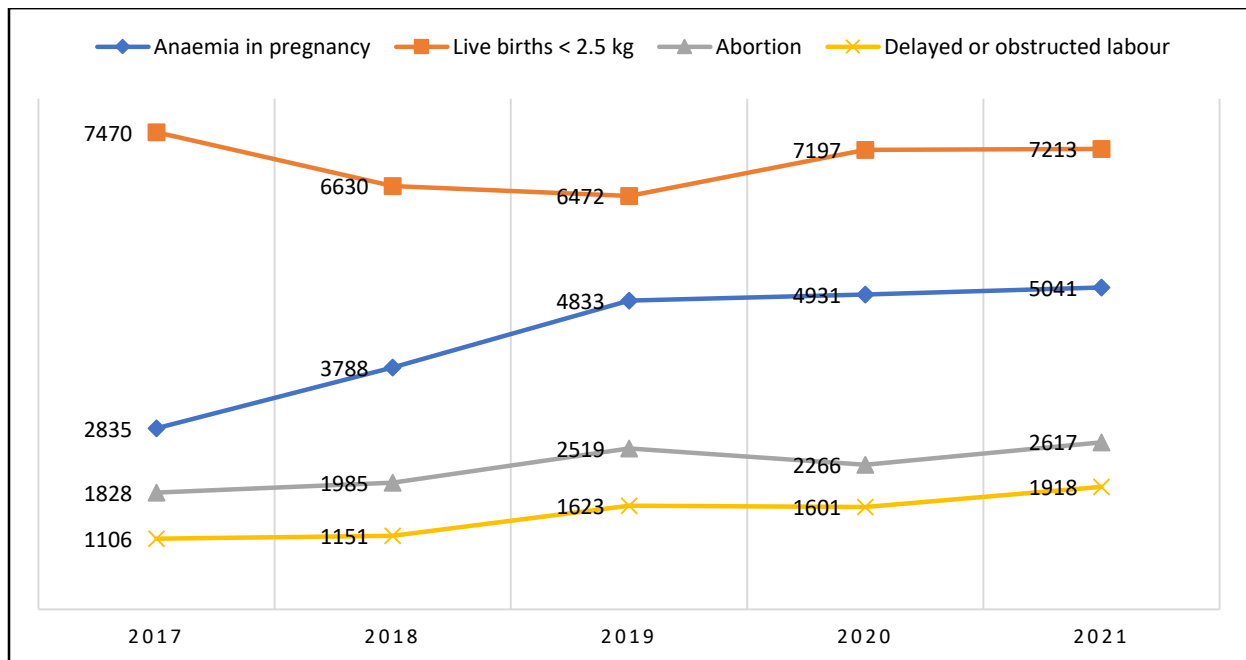


Figure 63: Trend of major obstetric cases in The Gambia, 2021



Heading D: Institutional Deliveries

The availability of nurse midwives and gynecologists at public and private health facilities is highlighted in this chapter. It is critical that these personnel are available in order to provide safe delivery services. Nonetheless, in Gambia, the majority of qualified medical personnel are concentrated in the Greater Banjul Area, with only a few specialists ready to work in rural areas.

This factor, combined with a lack of medical equipment, is compromising safe delivery services in remote areas.

Table 51: Number of live births, skill deliveries, macerated stillbirths and fresh stillbirths conducted in The Gambia 2021

Region	Total deliveries	Skilled deliveries	Live births < 2.5 kg	Live births > 2.5 kg	Macerated Stillbirths ≥ 2.5kg	Macerated stillbirths < 2.5kg	Fresh Stillbirths ≥ 2.5 kg
CRR	8,603	8,553	746	7,511	77	139	56
LRR	2,797	2,729	279	2,427	14	35	14
NBER	4,624	4,234	339	4,008	36	68	73
NBWR	4,273	4,031	403	3,760	21	31	24
URR	8,182	8,010	716	7,149	75	110	67
WHR1	24,726	23,277	3,399	20,462	163	269	206
WHR2	12,609	11,765	1,331	10,787	79	154	113
NATIONAL	65,814	62,599	7,213	56,104	465	806	553

Figure 64: Percentage of skill deliveries conducted per region in the Gambia, 2021

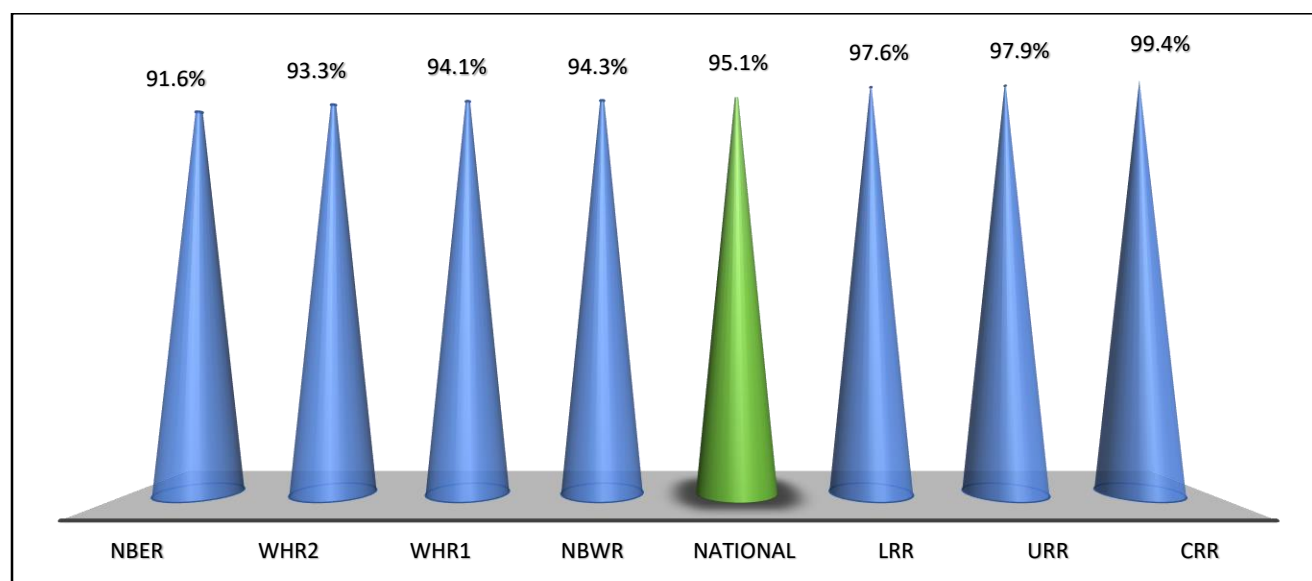


Figure 65: Total number of babies delivered by gender and region in the Gambia, 2021

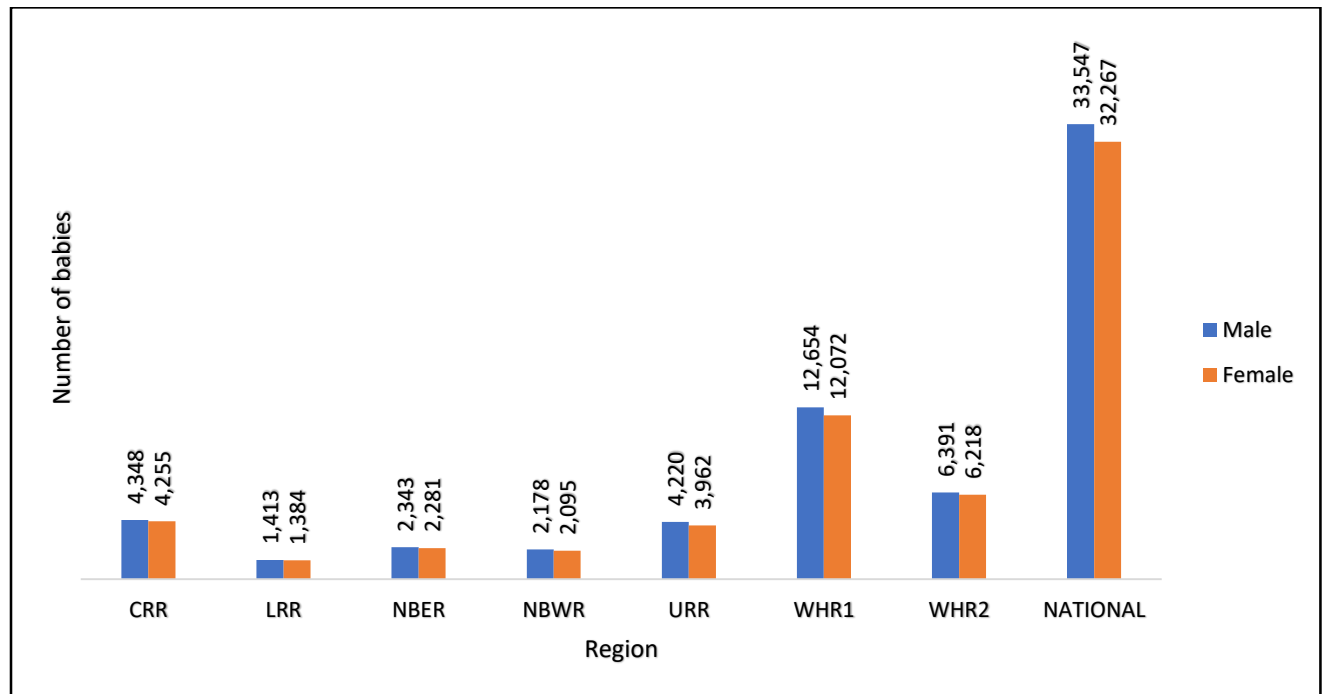


Figure 66: Percentage Trend of Skilled and Institutional Deliveries

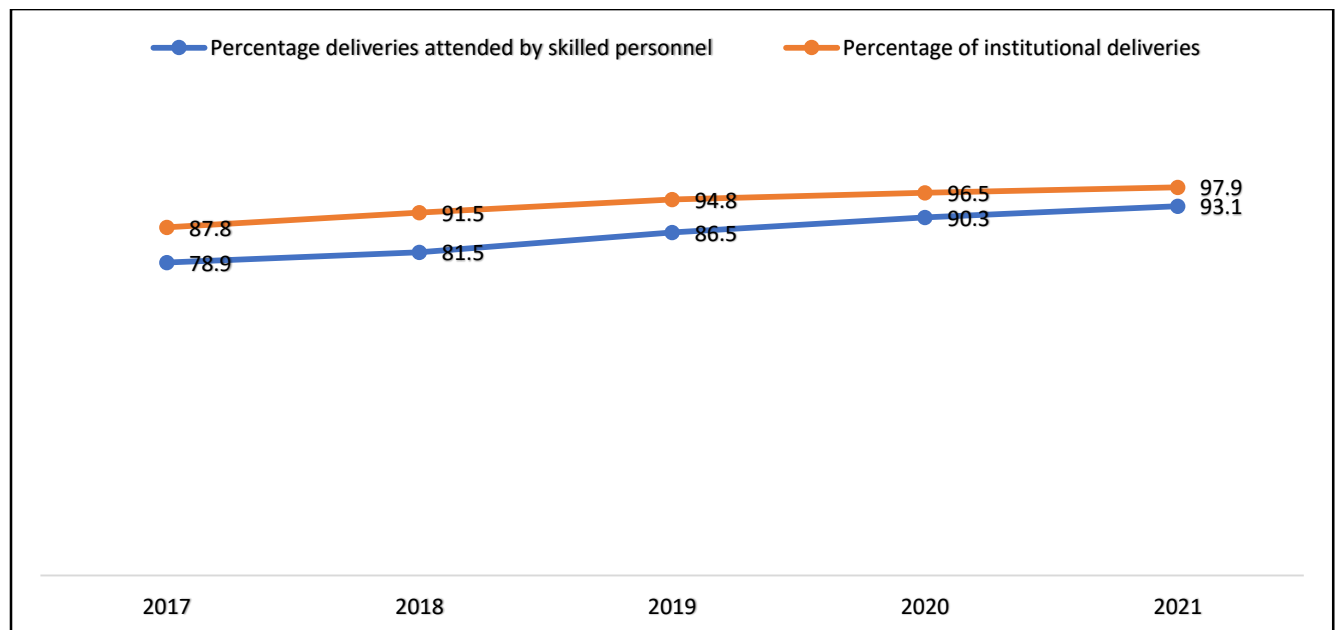


Table 52: Percentage of Birth Types by Kg and Region in the Gambia, 2021

Region	Live births < 2.5 kg	Live births > 2.5 kg	Macerated Stillbirths ≥ 2.5kg	Macerated stillbirths < 2.5kg	Fresh Stillbirths ≥ 2.5 kg	Fresh stillbirths < 2.5 kg
CRR	8.7	87.3	0.9	1.6	0.7	0.6
LRR	10.0	86.8	0.5	1.3	0.5	0.8
NBER	7.3	86.7	0.8	1.5	1.6	1.4
NBWR	9.4	88.0	0.5	0.7	0.6	0.5
URR	8.8	87.4	0.9	1.3	0.8	0.6
WHR1	13.7	82.8	0.7	1.1	0.8	1.0
WHR2	10.6	85.6	0.6	1.2	0.9	0.9
NATIONAL	11.0	85.2	0.7	1.2	0.8	0.0

The table below shows the various type of deliveries by region i.e., normal delivery, caesarean section, breech, vacuum delivery and other forms of delivery. The other forms of delivery are delivery types that are not listed above.

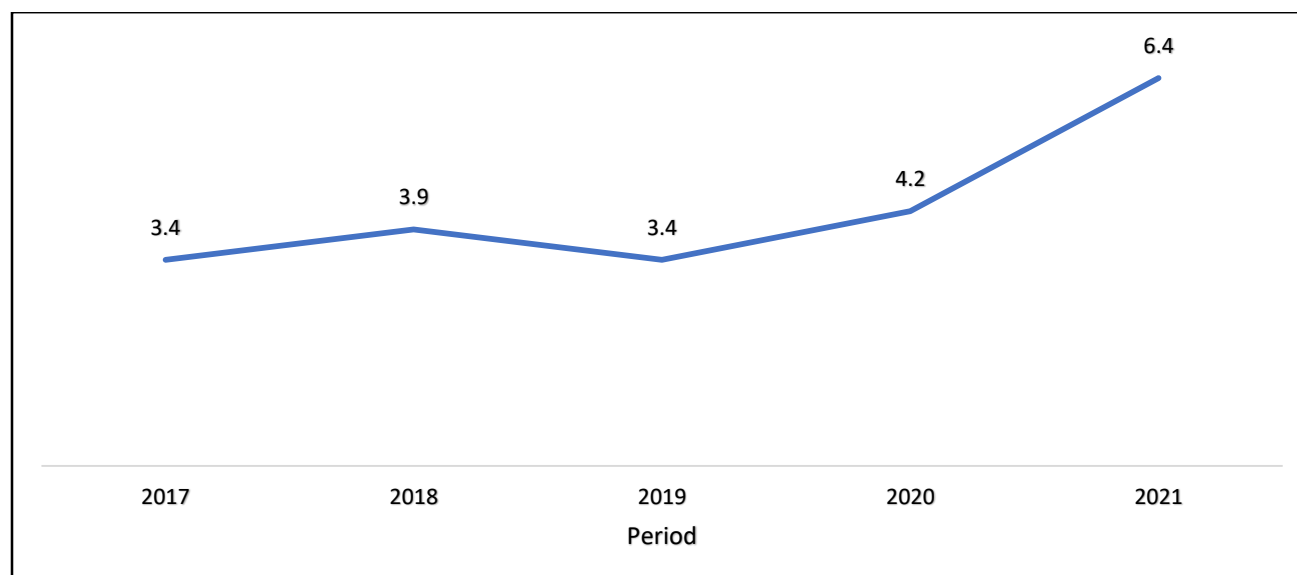
Table 53: Number of deliveries by type conducted at the health facilities in The Gambia, 2021

Region	Normal delivery	Caesarean sections	Breech	Vacuum delivery	Other delivery
CRR	7,990	442	109	70	58
LRR	2,650	1	55	30	63
NBER	4,282	237	34	11	24
NBWR	4,016	81	77	1	101
URR	7,873	101	132	87	13
WHR1	20,895	2,666	484	403	205
WHR2	11,116	692	286	57	449
NATIONAL	58,822	4,220	1,177	659	913

Table 54: Percentage of deliveries' type conducted at the health facilities in The Gambia, 2021

Region	Normal delivery	Caesarean sections	Breech	Vacuum delivery	Other delivery
CRR	92.2	5.1	1.3	0.8	0.7
LRR	94.7	0.0	2.0	1.1	2.3
NBER	93.3	5.2	0.7	0.2	0.5
NBWR	93.9	1.9	1.8	0.0	2.4
URR	95.9	1.2	1.6	1.1	0.2
WHR1	84.8	10.8	2.0	1.6	0.8
WHR2	88.2	5.5	2.3	0.5	3.6
NATIONAL	89.4	6.4	1.8	1.0	1.4

Figure 67: Percentage of deliveries conducted by caesarean section from 2017-2021 in The Gambia



Heading E: Deliveries Conducted at the Village Health Service Level

CBCs performed 1,433 deliveries at the community level in 2021, accounting for 2.1% of all deliveries. The region with the most CBC delivery was URR (33.1%), followed by CRR (19.6%) and WHR1 (13%). In 2021, the total number of live births registered in the communities was 1,388, accounting for 96.9% of all CBC deliveries.

Table 55: Number of Deliveries at Health Facilities and VHS Reported by Regions, in The Gambia, 2021

Region	Number of overall Deliveries	Health Facility deliveries	HF Percentage	CBC Deliveries	CBC Percentage
CRR	8,884	8,603	96.8	281	3.2
LRR	2,976	2,797	94.0	179	6.0
NBER	4,673	4,624	99.0	49	1.0
NBWR	4,334	4,273	98.6	61	1.4
URR	8,657	8,182	94.5	475	5.5
WHR1	24,922	24,726	99.2	196	0.8
WHR2	12,801	12,609	98.5	192	1.5
NATIONAL	67,247	65,814	97.9	1,433	2.1

Table 56: Number of Livebirths and Stillbirth Attended by the CBCs at the Community by Regions, in The Gambia, 2020

Region	Live births at Community	Live Percentage	Stillbirths at Community	Stillbirth percentage
CRR	264	94.0	17	6.0
LRR	174	97.2	5	2.8
NBER	46	93.9	3	6.1
NBWR	55	90.2	6	9.8
URR	470	98.9	5	1.1
WHR1	193	98.5	3	1.5
WHR2	186	96.9	6	3.1
NATIONAL	1388	96.9	45	3.1

Figure 68: Comparing trend of facility deliveries VS community deliveries against overall deliveries

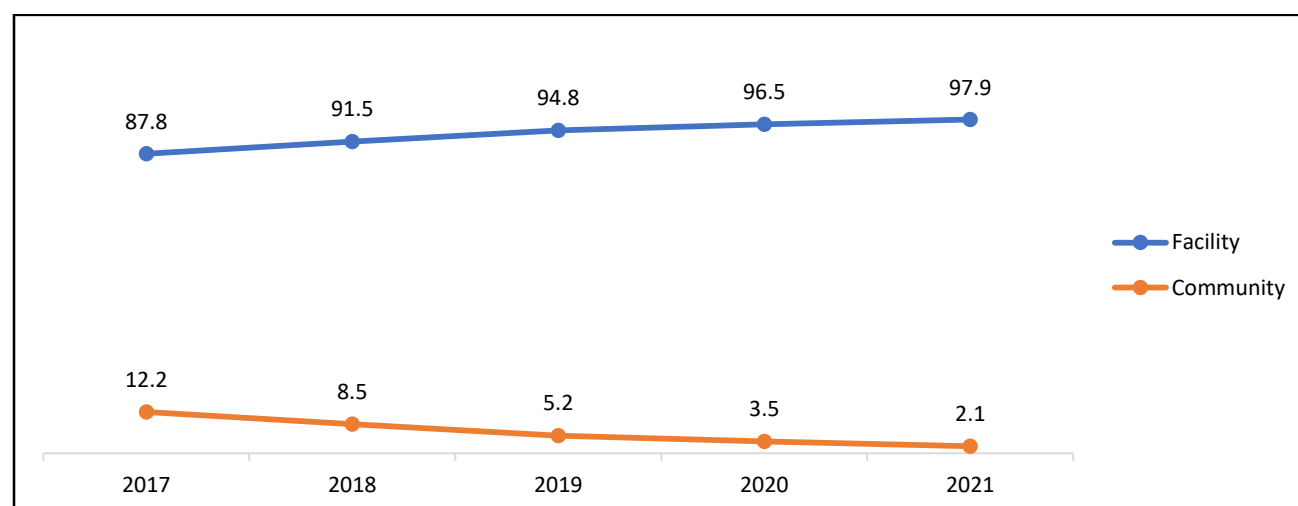


Figure 68 shows a consistent decrease in trend of community deliveries conducted by CBCs thus, reflecting a consistent increase in trend of facility deliveries from 2017 to 2021.

Heading F: Family Planning Services²

Family planning (FP) has many societal benefits including reduction of maternal and infant mortality, improved economic development through increased women participation in the labour force.

² The world health organization defines family planning as: “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births”.

Table 57: Family planning services in The Gambia, 2021

Clients	< 15 years	15-24 years	> 24 years	Total
Total women seen	389	36,492	79,022	115,903
Total men seen	14	4,399	7,163	11,576
Counselled only	157	8,756	15,572	24,485

Table 58: Number and Percentage of Family Planning Services New Acceptors and revisits offered at Health Facilities, the Gambia 2021

Family Planning Methods	New acceptors				Revisits			
	< 15 years	15-24 years	24 years	Total	< 15 years	15-24 years	> 24 years	Total
Microgynon	19	1,877	3,856	5,752	23	2,982	7,352	10,357
Neogynon	0	4	11	15	0	0	7	7
Marvelon	0	4	20	24	1	8	43	52
Emergency Contraceptives (Norlevo)	11	294	391	696				
Depo	80	7,522	15,178	22,780	109	14,112	30,353	44,574
Jadelle implant	3	203	917	1,123				
Microlut	1	628	1,279	1,908	13	1,185	2,169	3,367
Noristat	4	1,067	2,084	3,155	34	1,803	4,420	6,257
Male condom	22	2,641	4,747	7,410	17	3,103	3,323	6,443
Bilateral Tubal Ligation	44	23	203	270				
Vasectomy	0	6	0	6				
Female condom	0	1	46	47	0	18	31	49
Foam	0	0	0	0	0	0	0	0
IUCD	1	165	542	708				
Implanon	20	5,410	10,672	16,102				
VSC	0	16	62	78	0	3	1	4
Norigynon	0	12	23	35	0	12	11	23
Other	5	148	241	394	1	169	457	627
Total	97	15,745	31,391	47,233	246	24,268	49,616	74,130

Figure 69: Percentage of the most frequent Family Planning usage by commodity in The Gambia, 2021

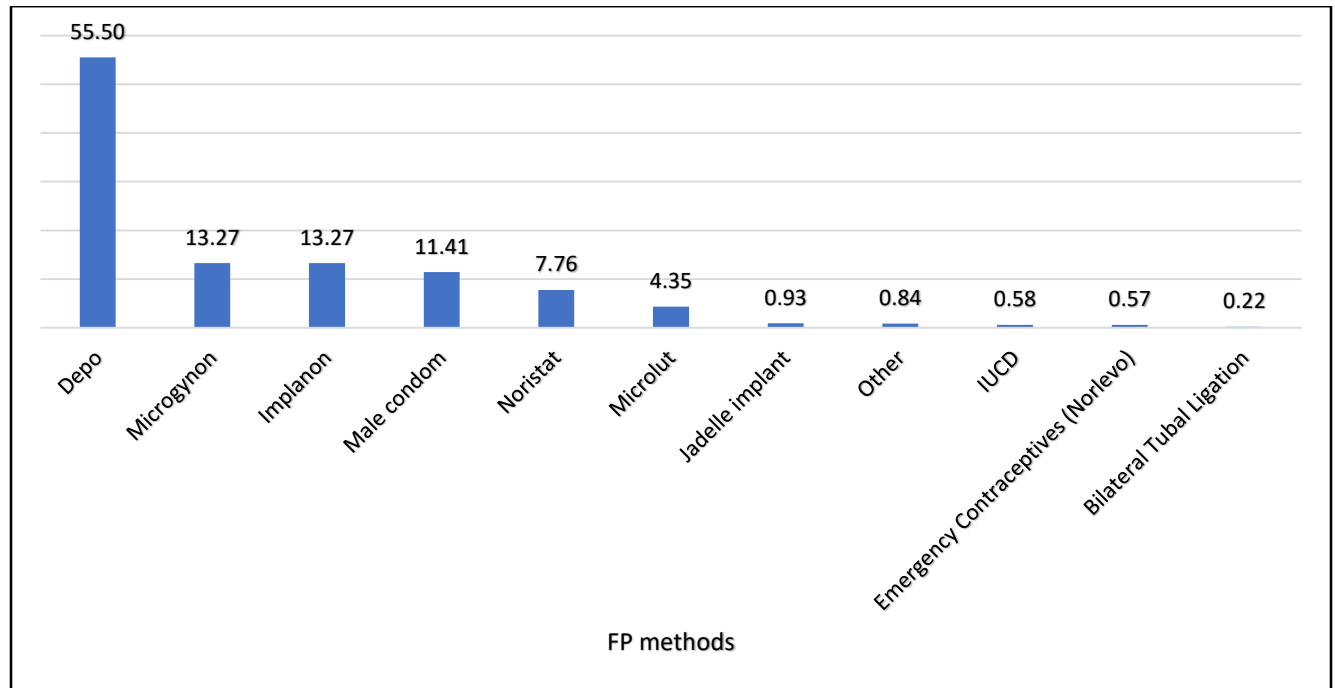


Figure 70: Trend of FP new acceptors and revisits in The Gambia

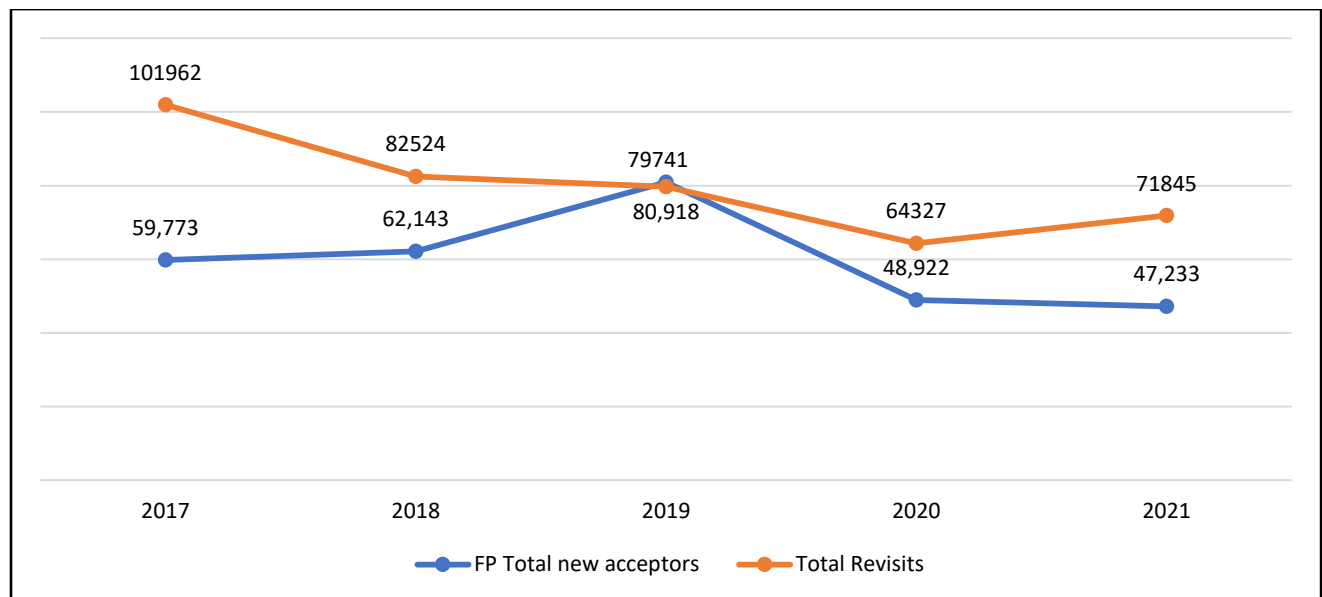
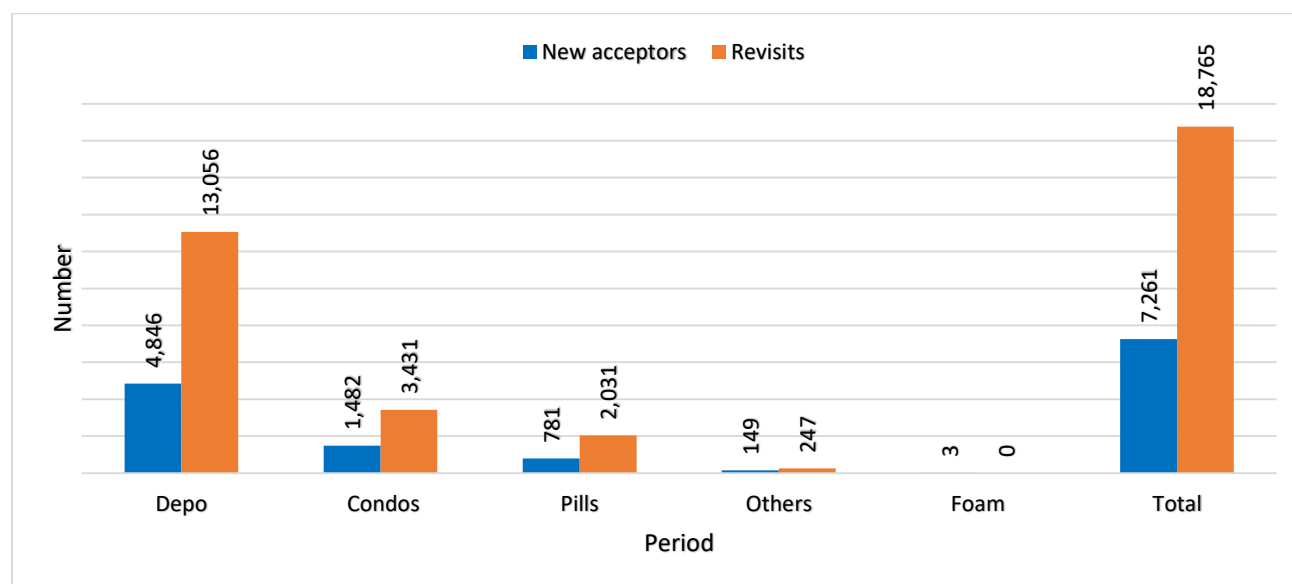


Figure 71: PHC family planning Usage in 2021



Section vi Integrated Management of Neonatal and Childhood Illnesses (IMNCI)

Table 59: Number of under five years outpatient cases, by region, The Gambia

Region	No pneumonia: Cough or cold	Pneumonia	Serious possible bacterial infection	Acute ear infection	Eye infection	Anemia	Diarrhea with some dehydration	Chronic ear infection	SAM patients treated according to the protocol
CRR	21,267	8,163	2,316	790	841	993	946	309	373
LRR	8,705	7,057	711	634	673	929	778	48	92
NBER	7,417	8,475	362	665	401	705	227	25	168
NBWR	6,327	5,231	672	490	334	207	604	34	20
URR	18,582	10,814	3,081	1,067	722	2890	808	188	517
WHR1	27,909	5,568	4,730	1,860	888	5918	413	714	140
WHR2	17,087	7,985	1,035	798	889	678	552	112	21
NATIONAL	107,294	53,293	12,907	6,304	4,748	12,320	4,328	1,430	1,331

Table 60: Number of skin disorders by region, The Gambia, 2021

Regions	Outpatient	Inpatients	Deaths
CRR	4944	12	0
LRR	5460	11	0
NBER	4090	11	0
NBWR	3948	14	0
URR	7849	11	0
WHR1	13248	35	2
WHR2	9489	17	0
NATIONAL	49028	111	2

Figure 72: Trend of the Most Frequent IMNCI OPD cases in The Gambia

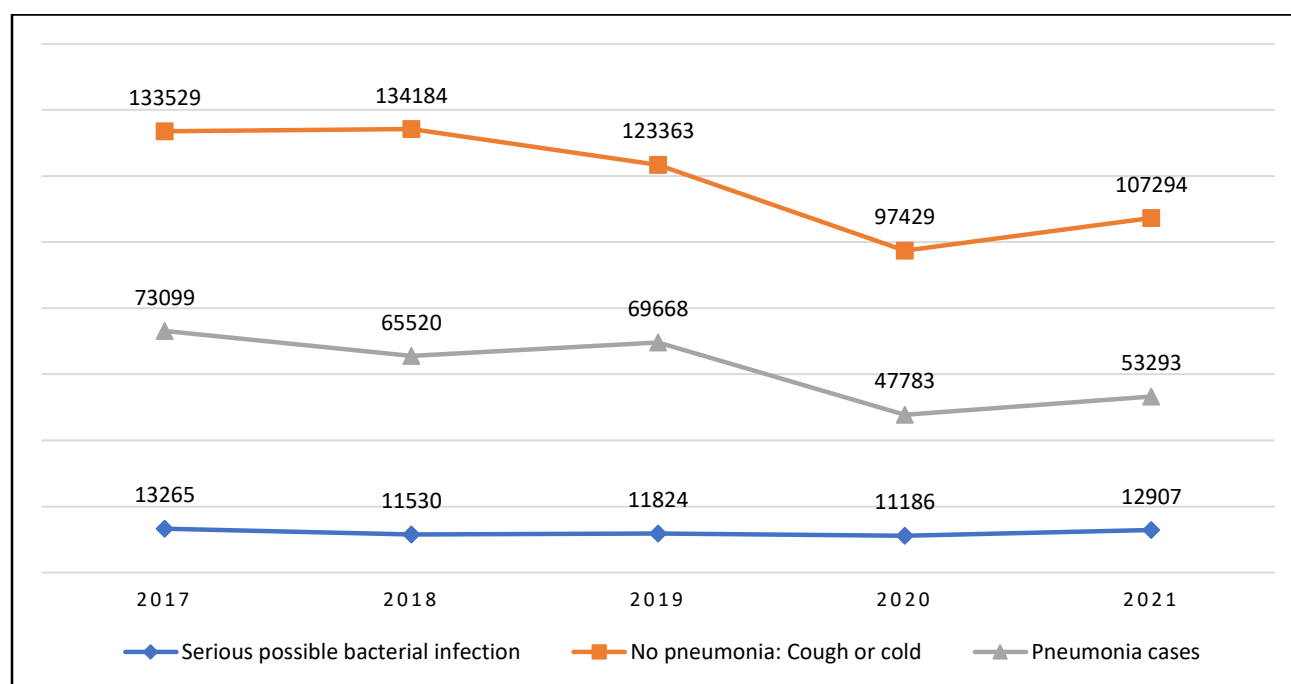


Table 61: Number of under five years inpatient cases by region, The Gambia, 2021

Region	Severe pneumonia cases	Serious possible bacterial infection	Severe acute malnutrition	SAM patients treated according to the protocol	Severe anemia inpatient cases	Severe acute malnutrition
CRR	842	300	81	112	98	7
LRR	150	14	43	16	16	1
NBER	631	185	61	94	45	120

NBWR	236	94	28	13	8	10
URR	1055	140	567	3	103	12
WHR1	1021	704	132	183	143	163
WHR2	379	27	27	60	63	54
NATIONAL	4314	1464	939	481	476	367

Figure 73: Trend of Most Frequent IMNCI Inpatient cases in 2021

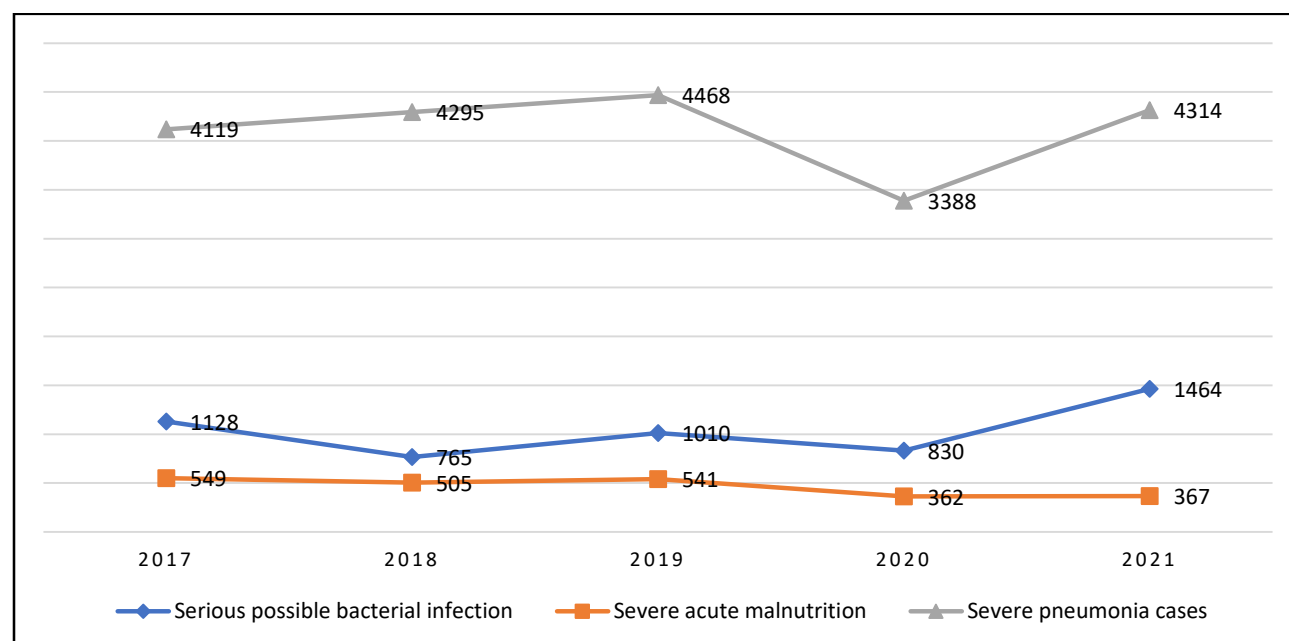
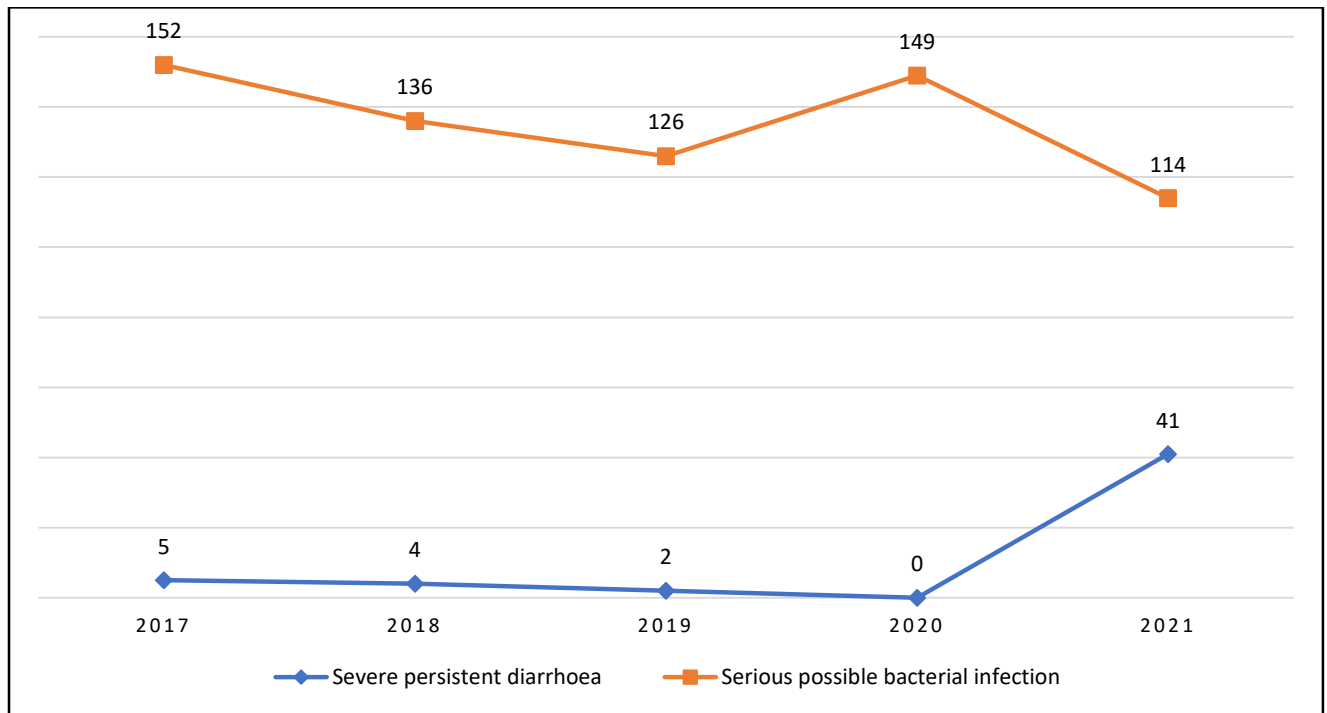


Table 62: Number of under five years inpatient deaths by region, The Gambia 2021

Region	Severe pneumonia	Serious possible bacterial infection	Severe persistent diarrhea
CRR	61	63	33
LRR	6	0	0
NBER	55	19	0
NBWR	10	1	6
URR	13	2	0
WHR1	86	28	2
WHR2	40	1	0
NATIONAL	271	114	41

Figure 74: Trend of the Most Frequent IMNCI Deaths Cases



Chapter 7 IMMUNIZATION SERVICES

A high immunization coverage provides protection for large part of the population from vaccine preventable diseases, especially children under five years of age. The figure below (Figure 75) shows that all of the antigens have national coverage above 80% in 2021 except for the first dose of Measles-Rubella vaccine which was 79.5%.

Figure 75: Vaccination coverage by region in 2021, The Gambia

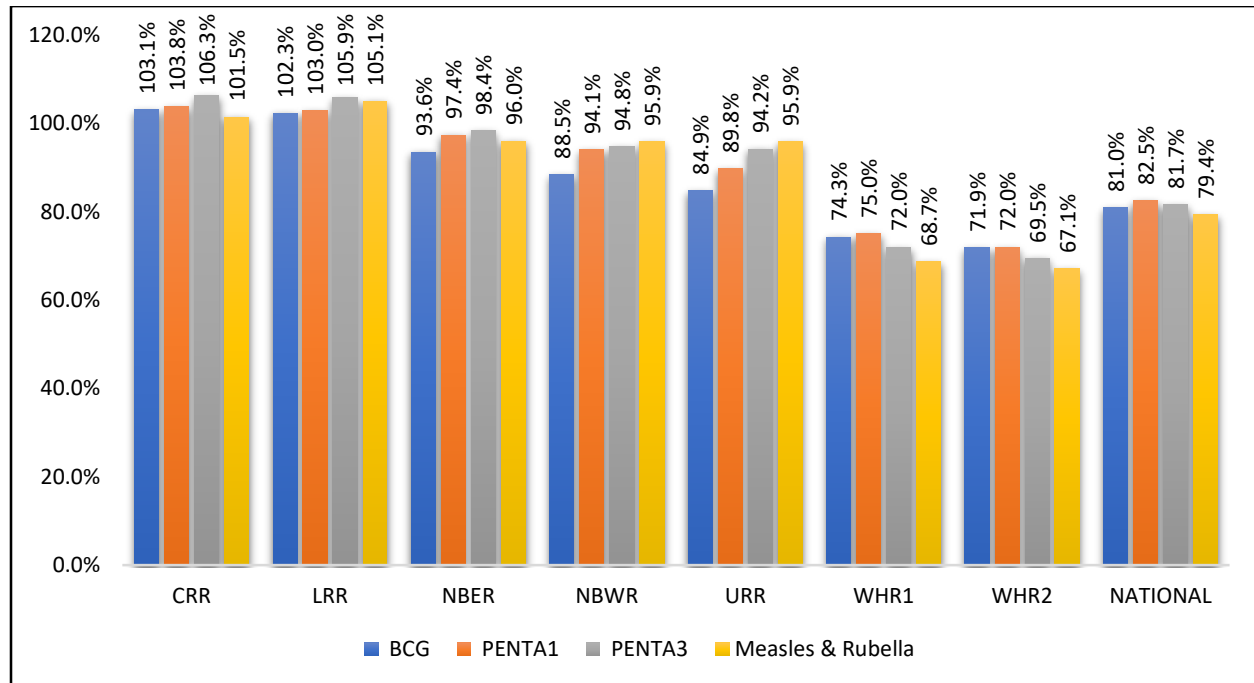


Figure 76: Penta Dropout rate (Penta 1 versus Penta3) by region in 2021, The Gambia

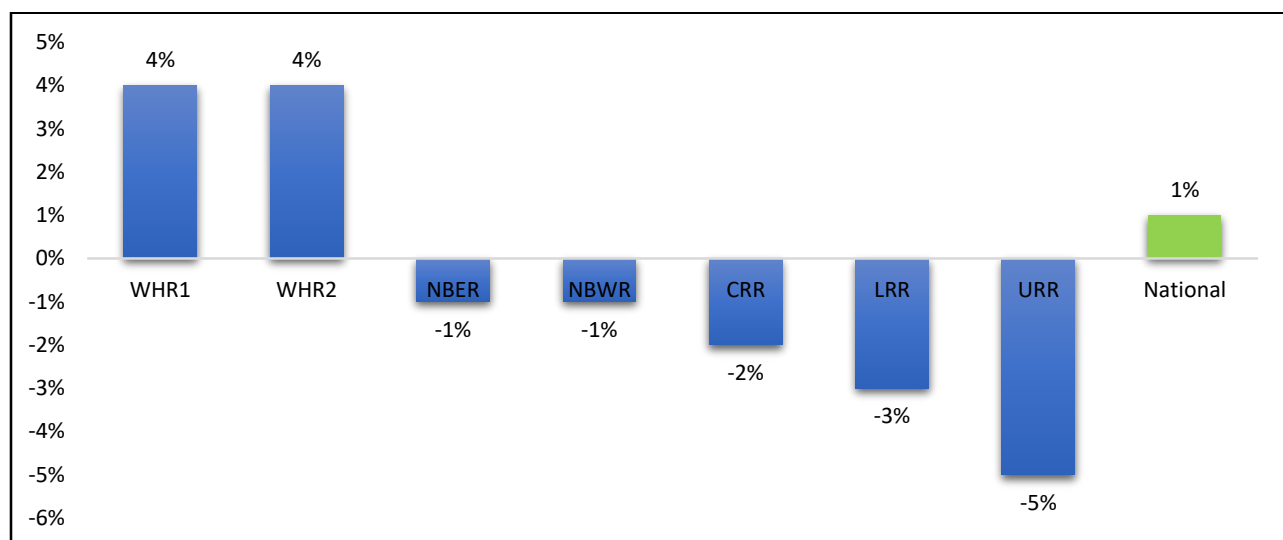


Figure 77: BCG VS MR 1 dropout rate (%) by region in 2021, The Gambia

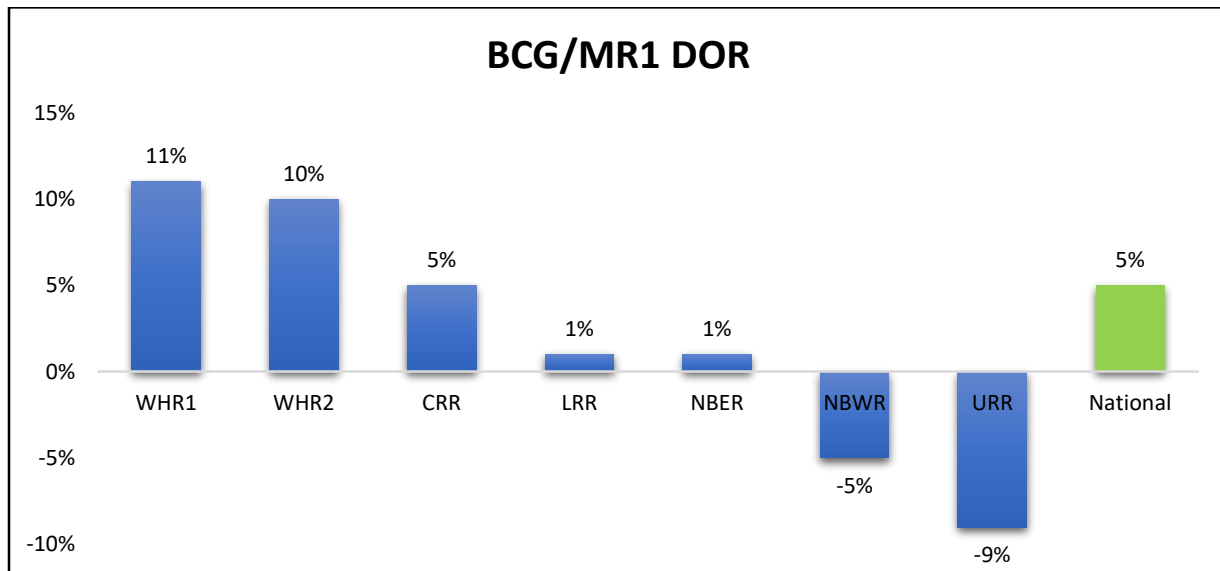


Figure 78: Measles-Rubella 1 – 2 dropout rates by region in 2021, the Gambia

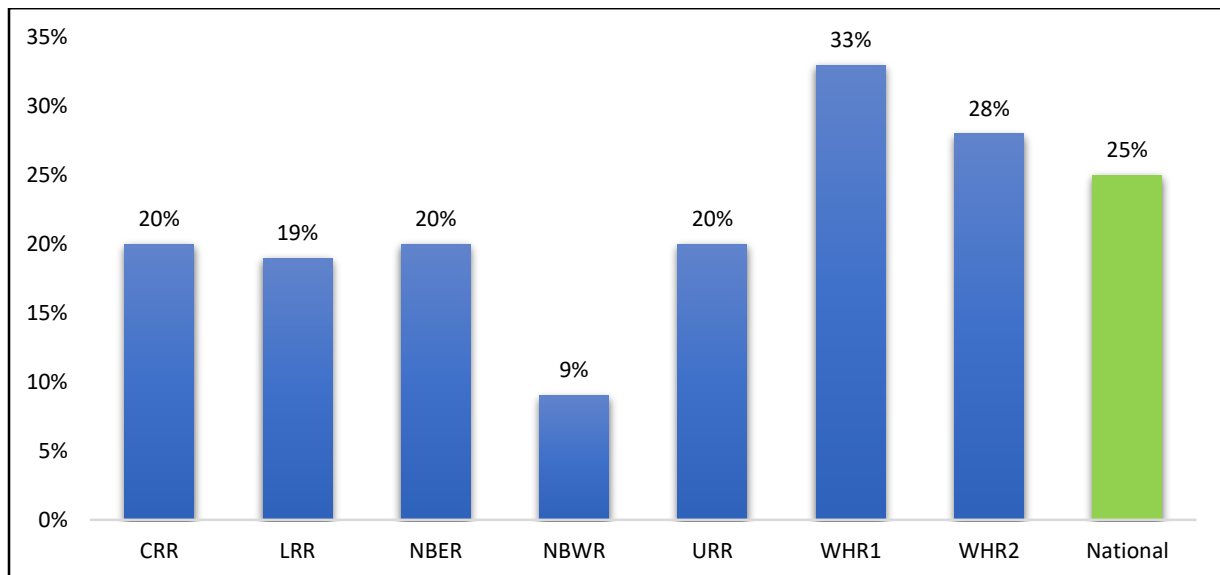


Figure 79: BCG open vial wastage rate (%) by region in 2021, The Gambia

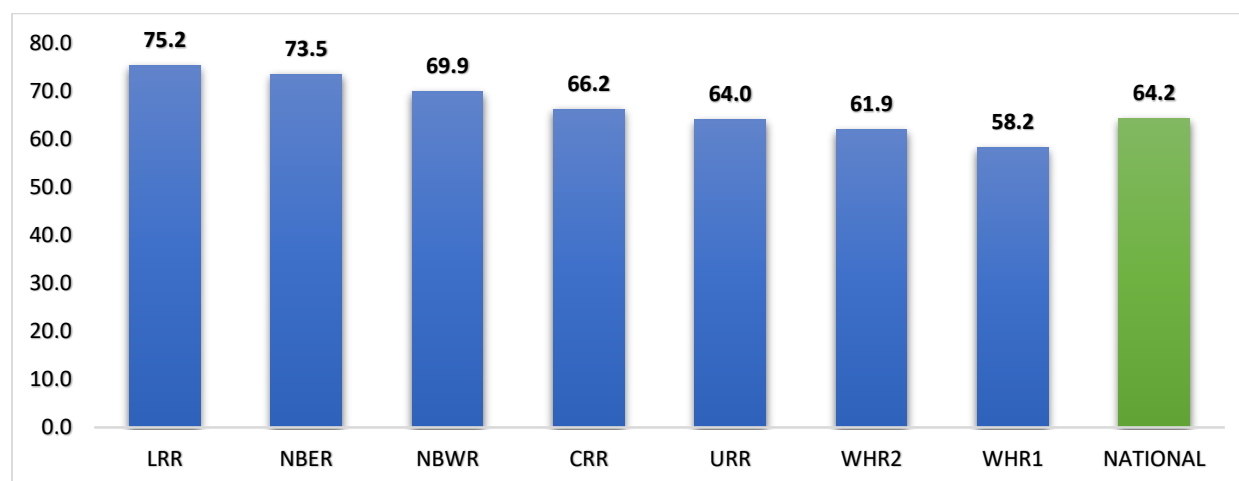


Table 63: Number and Percentage of Ante natal women Vaccinated against TT1 and TT2+, The Gambia 2021

Regions	TT1 Vaccination	TT2+ Vaccination	TT1 COV	TT2+ COV
CRR	2225	6408	22%	64%
LRR	868	2671	26%	79%
NBER	967	3537	19%	70%
NBWR	828	3197	16%	63%
URR	2101	6677	19%	60%
WHR1	7164	18519	19%	49%
WHR2	3052	9253	15%	45%
NATIONAL	17205	50262	19%	54%

Table 64: Number and Percentage of Children Vaccinated against IPV and DPT, The Gambia 2021

Regions	IPV	DPT Booster	IPV COV	DPT COV
CRR	9621	7528	106%	93%
LRR	3254	2587	106%	94%
NBER	4418	3630	97%	89%
NBWR	4334	4052	94%	99%
URR	9460	7826	94%	87%
WHR1	24447	16816	72%	55%
WHR2	13156	9267	70%	55%
NATIONAL	68690	51706	82%	69%

Table 65: Number of doses of Vitamin A and Mebendazole administered for Prevention by region, The Gambia 2021

Regions	Vitamin A			Mebendazole 500 mg
	6-11 months	12-59 months	Post-partum	
CRR	8746	18920	4003	21017
LRR	3026	8097	1425	8723
NBER	4073	10238	2756	10653
NBWR	3834	13091	1178	13611
URR	9073	21262	4126	23033
WHR1	21689	43124	10690	41846
WHR2	12073	24217	4292	26335
NATIONAL	62514	138949	28470	145218

Chapter 8 Deaths

Table 66: Deaths at Facility by Region, The Gambia, 2021

Region	Neonatal death at facility	Infant death at facility	Maternal death at facility	Deaths Child < 5 years	Deaths Child 5-14 years	Deaths Over 14 years
CRR	122	61	26	44	29	174
LRR	17	4	1	1		13
NBER	76	27	5	18	12	211
NBWR	16	1	3	4	1	30
URR	13	3	7	7	4	82
WHR1	672	182	74	154	66	1,915
WHR2	11	3	5	19	25	249
NATIONAL	927	281	121	247	137	2,674

Table 67: Number of deaths on arrival recorded at the health facilities, The Gambia 2021

Region	Maternal brought in dead	Maternal death on arrival	Other brought in dead	Other deaths on arrival
CRR	1	0	46	13
LRR	1	0	11	2
NBER	1	0	25	
NBWR	3	0	21	1
URR	1	0	17	9
WHR1	4	1	1696	7
WHR2	2	0	72	2
NATIONAL	13	1	1888	34

Figure 80: Trend of maternal deaths from 2017 to 2021 in the Gambia

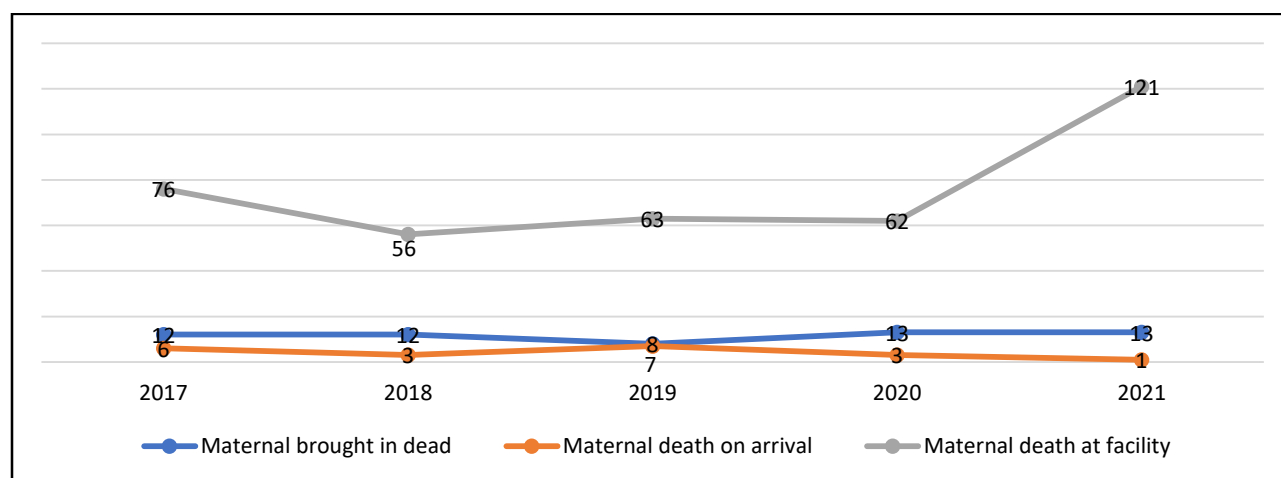


Figure 81: Trend of infant and neonatal deaths in the Gambia from 2017 to 2021

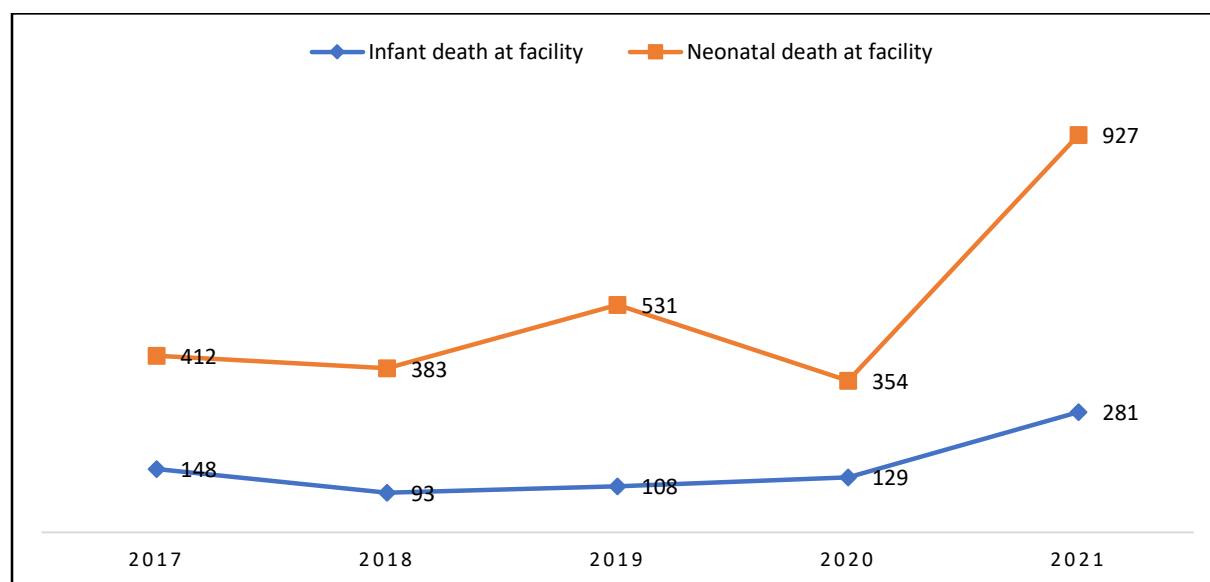


Table 68: Number of Deaths that occurred at the Community level in 2021

Region	Maternal deaths at Community	Neonatal death at Community	Infant deaths
URR	1	9	24
CRR	0	7	13
NBWR	1	13	20
LRR	3	7	12
NBER	0	1	2
WHR2	1	8	5
WHR1	0	2	4
NATIONAL	6	47	80

Figure 82: Trend of Maternal, Infant and Neonatal Deaths registered at the community level in the Gambia from 2017 to 2021

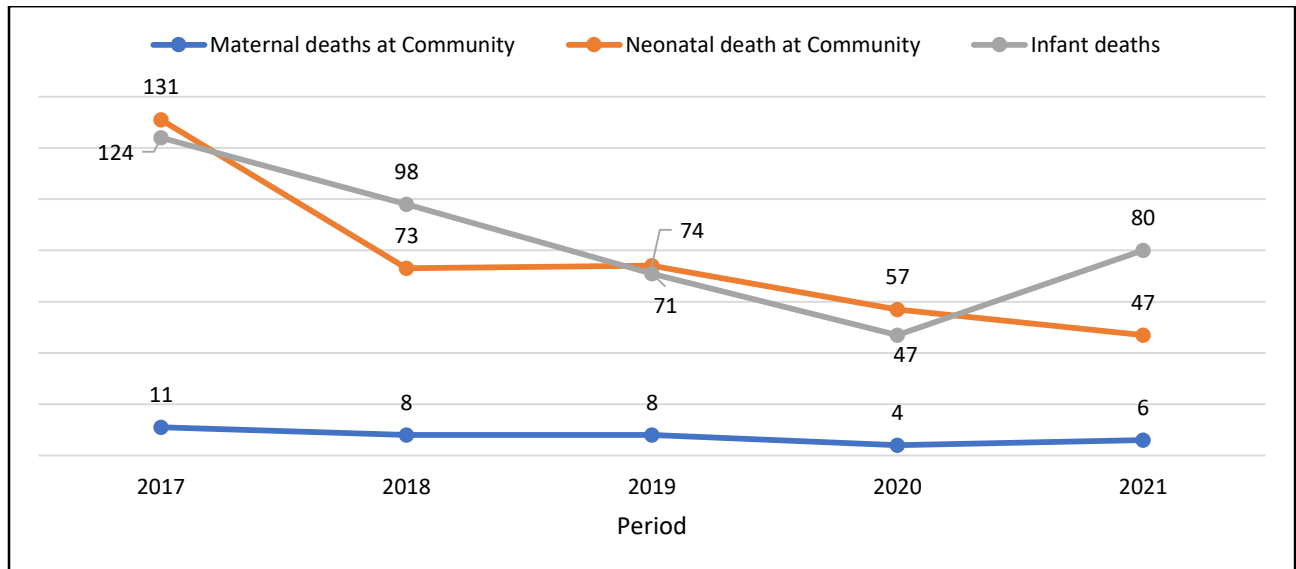
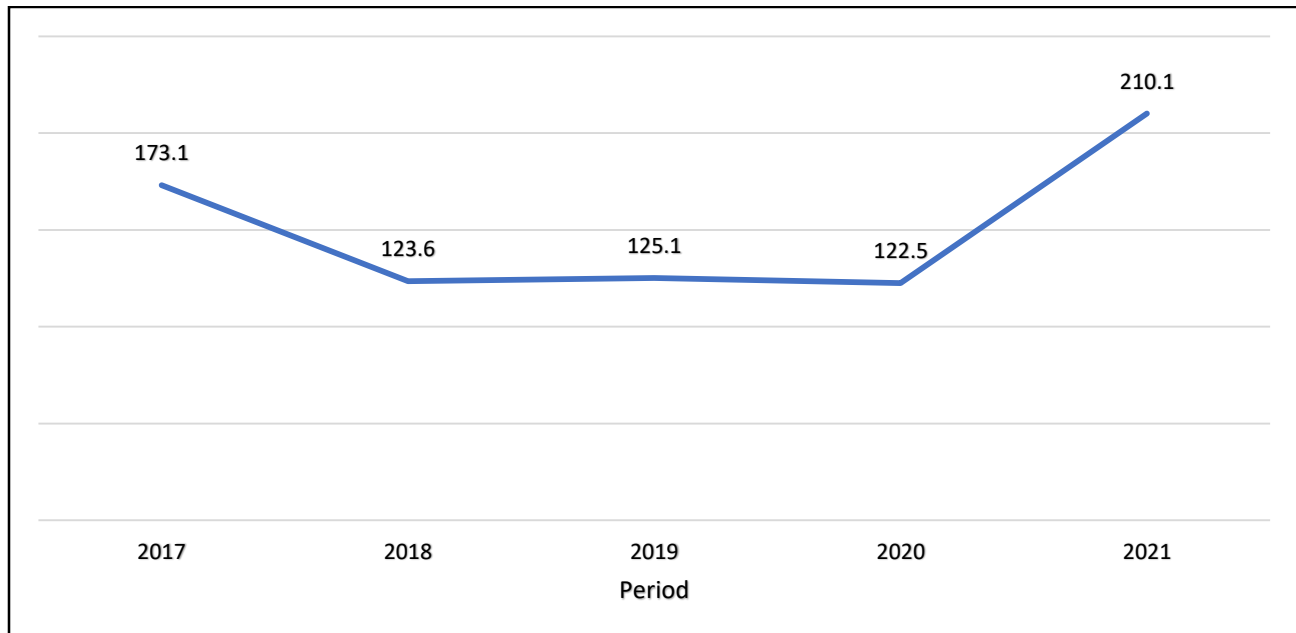


Figure 83: Trend of Institutional MMR per 100000 population in the Gambia



Chapter 9 Health Service Delivery at the Community

Figure 84: Total patients seen at the community level by VHWs in 2021, the Gambia

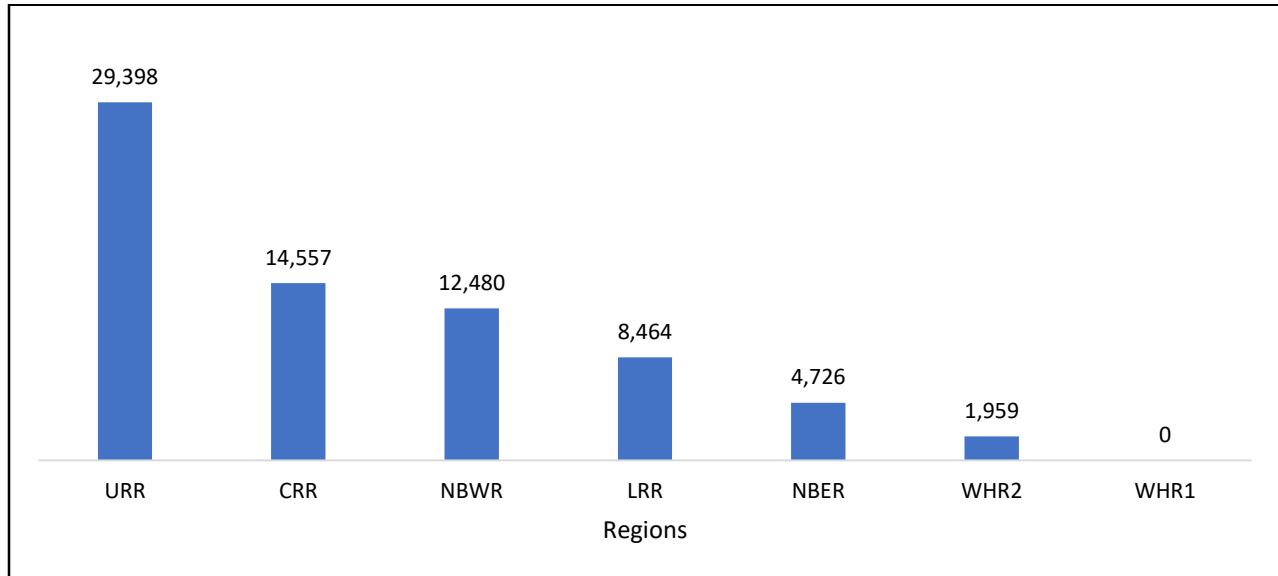


Figure 85: Trend of total patients seen at the community level by VHWs in the Gambia

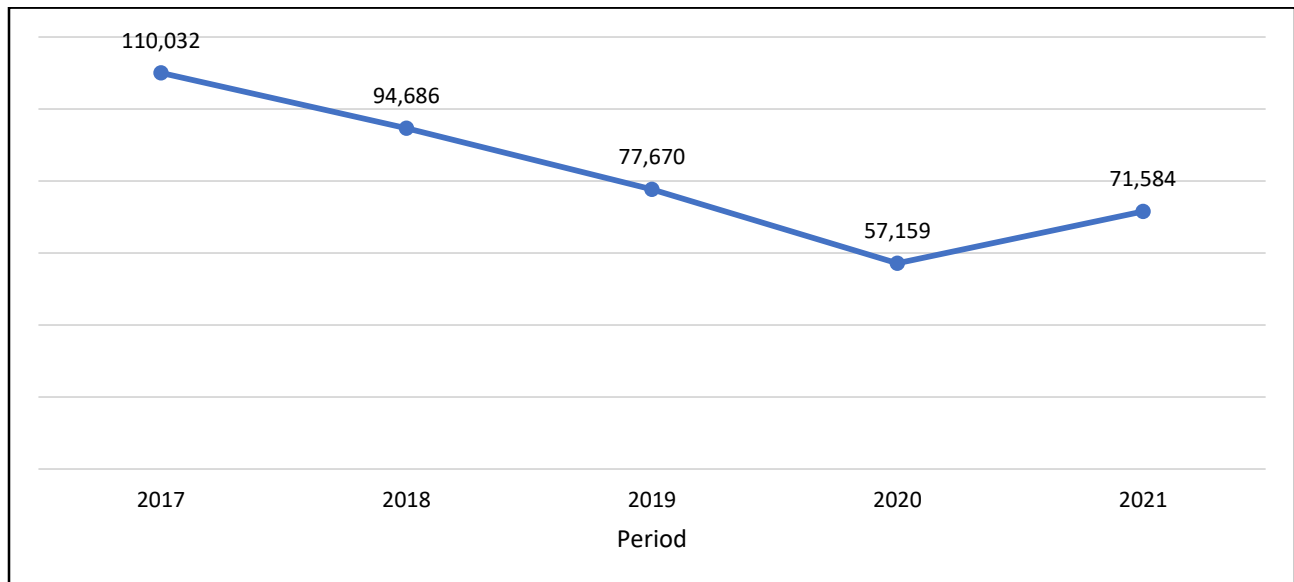


Table 69: Number of services conducted by community health nurses at village health service in The Gambia, 2021

SERVICES PROVIDED	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2	NATIONAL
Community meetings attended	657	310	34	305	501	6	100	1,913
Others (Include all SBCC activities)	866	723	29	476	428		125	2,647
RCH clinics attended	1,098	761	159	601	892	153	470	4,134
At risk children visited	1,336	1,015	108	769	583	39	352	4,202
Mothers with identified problem visited	202	87	20	52	397	11	45	814
SAM patients treated according to the protocol	220	159	28	103	375	36	170	1,091
Severe acute malnutrition (SAM)	868	251	196	502	1,020	34	401	3,272
Severe malnutrition with anemia	3	1	3	35	2	12	2	58
Severe malnutrition with other medical complications	21	2	1	9	8	1	9	51
Supervisory visits	3,015	1,965	610	1,906	2,026	186	1,211	10,919
moderate acute malnutrition	4,082	1,679	188	2,181	3,327	63	795	12,315
CHN Presumptive TB cases	22	68	2	20	38	10	22	182
TB patients receiving DOTS in the village	18	90	0	38	60	49	121	376

Table 70: Number of services conducted by VHW at village health service level in 2021

SERVICES PROVIDED	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2	NATIONAL
Clients given condoms	916	709	42	278	754	189	544	3,432
Cough less than two weeks	951	263	115	682	1,496	0	45	3,552
Diarrhea	3,100	1,732	273	2,443	3,284	0	170	11,002
Fast breathing	1,686	232	23	745	1,295	0	24	4,005
Home visits (No. of compounds)	9,663	5,781	862	4,563	4,798	1,188	2,472	29,327
Number of condoms issued	3,168	3,683	274	997	3,127	2,703	2,719	16,671
Referral to health facilities	6,919	6,565	1,015	2,763	9,598	118	1,760	28,738
Suspected measles	44	9	1	20	116	0	10	200
Conjunctivitis	285	696	21	434	345	0	59	1,840
Diarrhea with blood	94	26	12	96	473	0	5	706
follow up visit	3,366	2,280	428	1,418	2,420	76	886	10,874
malnutrition	1,401	355	2	301	503	0	93	2,655
suspected malaria cases	353	237	93	1,631	1,964	0	99	4,377

Figure 86: Number of home visits (No. of compounds) conducted by VHWs from 2017 to 2021 in the Gambia

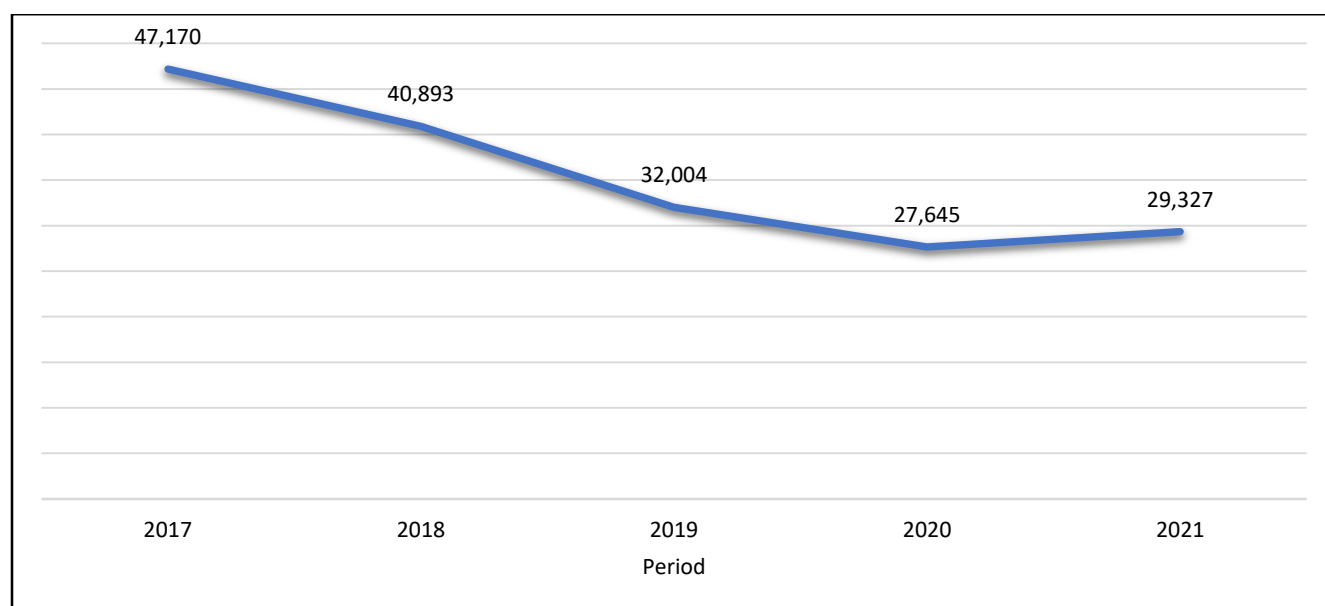


Figure 87: Trend of diarrhea and fast breathing seen by VHW from 2017 to 2021 in the Gambia

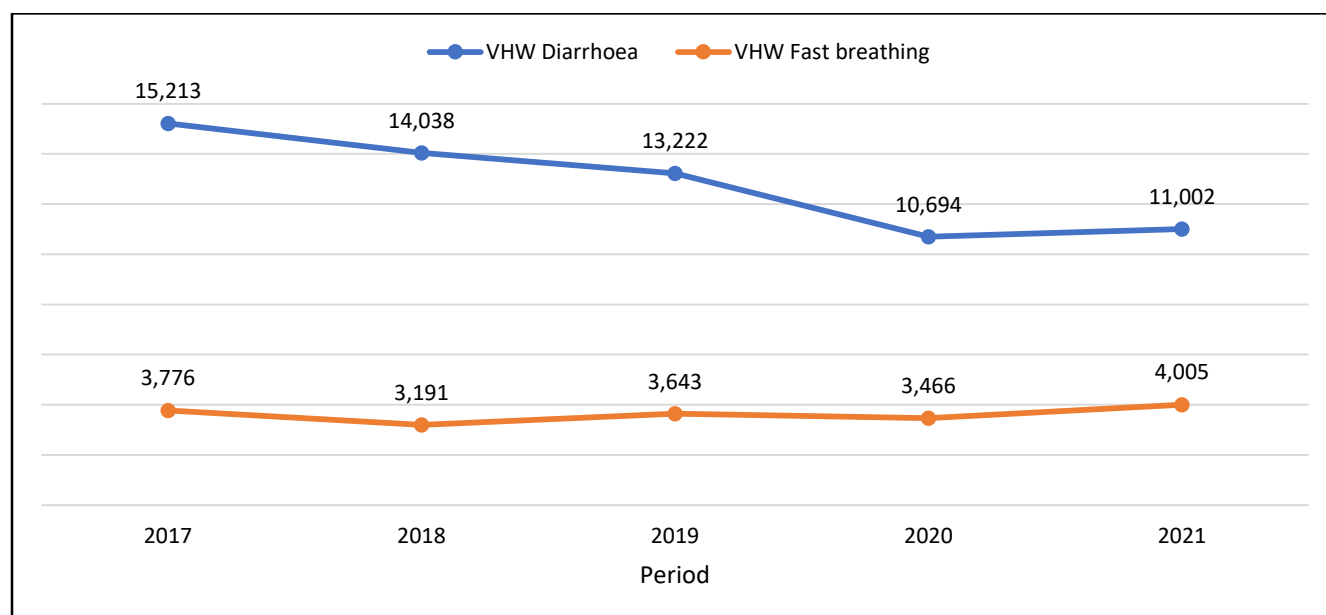


Table 71: Number of Services Conducted and Reported by CBCs per Region, 2021

SERVICES PROVIDED	CRR	LRR	NBER	NBWR	URR	WHR1	WHR2	NATIONAL
Women given pills at the Community	85	21	9	45	143	336	76	715
Cycles of pills issued	159	18	1	48	293	1,036	88	1,643
Family Planning Motivations given	378	359	51	652	866	232	167	2,705
Neonatal conjunctivitis	11	13	12	57	7	1	4	105
Neonatal tetanus	2	3	0	0	6	0	5	16
Referrals for family planning	172	97	44	443	907	152	101	1,916
Referrals to health facility	2,447	889	571	1,307	1,973	104	425	7,716
Referrals of mothers with complications	9	5	10	63	367	5	10	469
Referrals of neonates	2	7	8	37	26	25	13	118

Figure 88: Trend of CBC Referrals to health facility from 2017 to 2021 in the Gambia

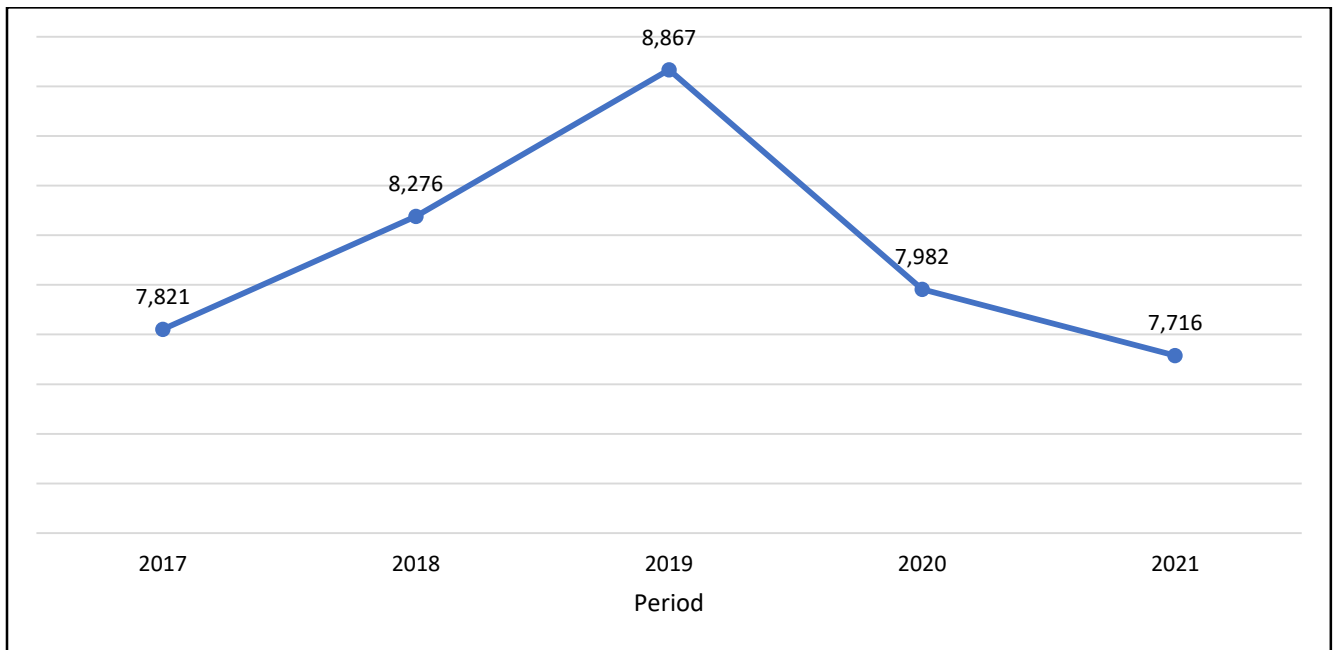
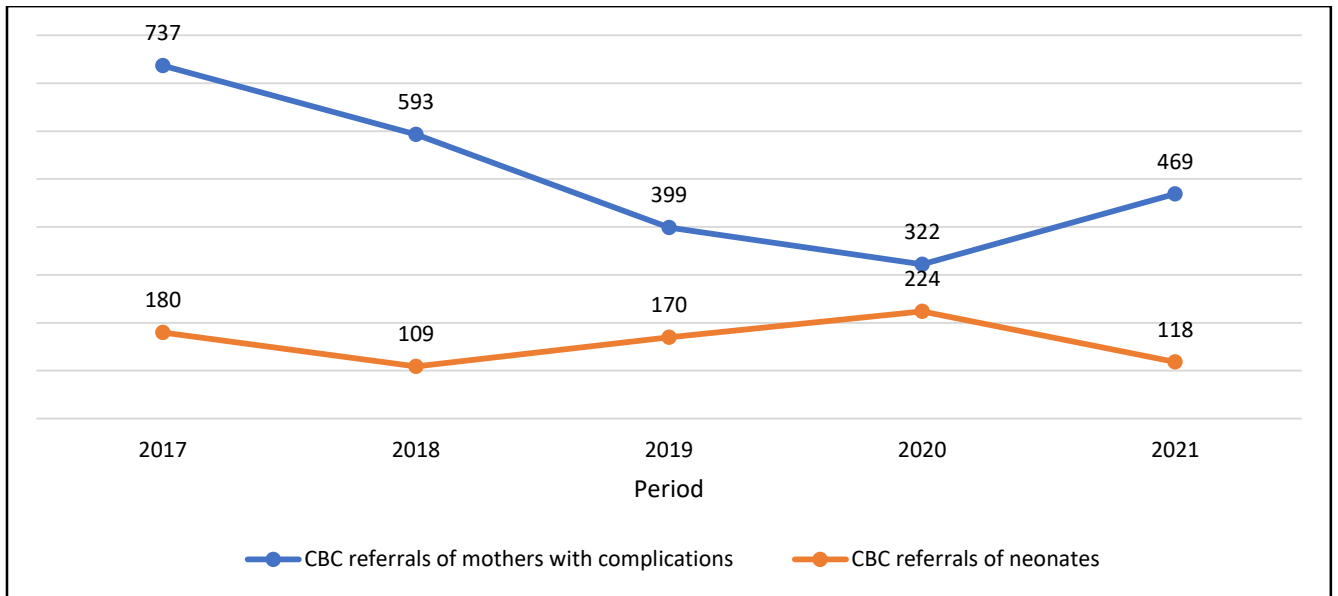


Figure 89: Trend of CBC referrals of mothers with complications and neonates to health facility in 2021



Chapter 10 INSPECTIONS

Table 72: Number and percentage of public and environmental health inspections carried out in 2021

Premises	Number	Percentage
Residences	1733	36.6
Food handling and service establishments	1481	31.3
Nursery and lower basic schools	570	12.0
Health and other institutions	315	6.7
Secondary schools	216	4.6
Others	174	3.7
Entertainment establishments	97	2.0
Public conveniences	89	1.9
Hotels and boarding houses	25	0.5
Tertiary institutions	25	0.5
Building plans inspected	8	0.2

Figure 90: Trend of public and environmental health Inspections carried out from 2017 to 2021 in the Gambia

Premises	2017	2018	2019	2020	2021
Food handling and service establishments	4,285	3,486	3,129	1,340	1,481
Residences	3,034	2,833	3,139	1,455	1,733
Nusery and lower basic schools	513	617	612	364	570
Health and other institutions	440	444	436	265	315
Secondary schools	194	245	227	193	216
Entertainment establishments	202	150	149	65	97
Public conveniences	71	43	138	109	89
Hotels and boarding houses	85	27	18	10	25
Tertiary institutions	10	16	19	18	25
Building plans inspected	5	9	24	13	8
Others	135	59	72	78	174
Total	8,974	7,929	7,963	3,910	4,733

Table 73: Number of public and environmental health Inspections carried out by region in 2021

REGION	BUILDING PLANS	ENTERTAINMENT ESTABLISHMENTS	FOOD HANDLING AND SERVICE ESTABLISHMENTS	HEALTH AND OTHER INSTITUTIONS	HOTELS AND BOARDING HOUSES	PUBLIC CONVENIENCES
CRR	4	4	585	63	5	33
LRR	0	10	325	49	4	11
NBER	0	34	107	17	0	5
NBWR	1	10	211	38	2	7
URR	3	4	13	56	2	8
WHR1	0	35	202	91	12	25
WHR2	0	0	38	1	0	0
NATIONAL	8	97	1481	315	25	89

Table 74: Number of residence and school premises visited by region in the Gambia, 2021

REGION	RESIDENCES	NURSERY AND LOWER BASIC SCHOOLS	SECONDARY SCHOOLS	TERTIARY INSTITUTIONS	OTHERS
CRR	242	149	46	3	37
LRR	254	67	19	1	3
NBER	55	31	24	0	14
NBWR	201	48	30	10	110
URR	339	48	35	8	6
WHR1	641	227	61	3	4
WHR2	1	0	1	0	0
NATIONAL	1733	570	216	25	174

Table 75: Complains on public and environmental health issues received by region in the Gambia, 2021

REGIONS	AIR POLLUTION	ANIMALS	FOOD AND/OR WATER	INFESTATIONS	LIQUID REFUSE	SOLID REFUSE	OTHER	TOTAL	PERCENTAGE
WHR1	0	9	91	21	112	52	4	289	56.7
LRR	0	1	27	2	23	13	2	68	13.3
CRR	1	4	11	2	8	18	8	52	10.2
NBWR	1	6	15	6	14	4	0	46	9.0
URR	1	2	3	1	16	7	0	30	5.9
NBER	0	3	1	4	14	3	0	25	4.9
WHR2	0	0	0	0	0	0	0	0	0.0
NATIONAL	3	25	148	36	187	97	14	510	100.0

Table 76: Abatement notices served by region in the Gambia, 2021

REGIONS	COMPLIED WITH	COURT CASES	NUMBER UPHELD	SERVED	TOTAL	PERCENTAGE
WHR1	44	0	4	57	105	57.1
URR	17	0	1	23	41	22.3
CRR	9	0	0	11	20	10.9
LRR	1	0	1	7	9	4.9
NBWR	3	0	0	6	9	4.9
NBER	0	0	0	0	0	0.0
WHR2	0	0	0	0	0	0.0
NATIONAL	74	0	6	104	184	100.0

Table 77: Meat inspections carried out by region in the Gambia, 2021

REGIONS	NUMBER OF ANIMALS SLAUGHTERED	CARCASSES INSPECTED	CARCASSES CONDEMNED	TOTAL	PERCENTAGE
CRR	513	370	1	884	60.1
NBER	241	115	12	368	25.0
URR	73	69	0	142	9.7
NBWR	20	20	0	40	2.7
LRR	13	17	7	37	2.5
WHR1	0	0	0	0	0.0
WHR2	0	0	0	0	0.0
NATIONAL	860	591	20	1471	100.0

Chapter 11 BIRTH REGISTRATION

Table 78: Percentage and Number of Births Registered by Age Category and Region in The Gambia, 2021

Region	Early registration 0-11 months		Late registration 1-5 years		Late registration over 5 years	
	Male	Female	Male	Female	Male	Female
WHR1	3,232	3,138	4,199	4,490	12,284	11,231
WHR2	2,265	2,401	1,371	1,398	4,369	4,513
URR	1,519	1,402	1,420	1,393	3,947	3,277
CRR	1,176	1,161	1,638	1,692	2,572	2,724
LRR	784	788	858	882	2,444	2,517
NBER	669	665	562	569	1,114	1,073
NBWR	141	156	155	149	1,046	807
NATIONAL	9,786	9,711	10,203	10,573	27,776	26,142
Percentage	20.7		22.1		57.2	

Figure 91: Trend of Births Registered from 2019 to 2021 in the Gambia

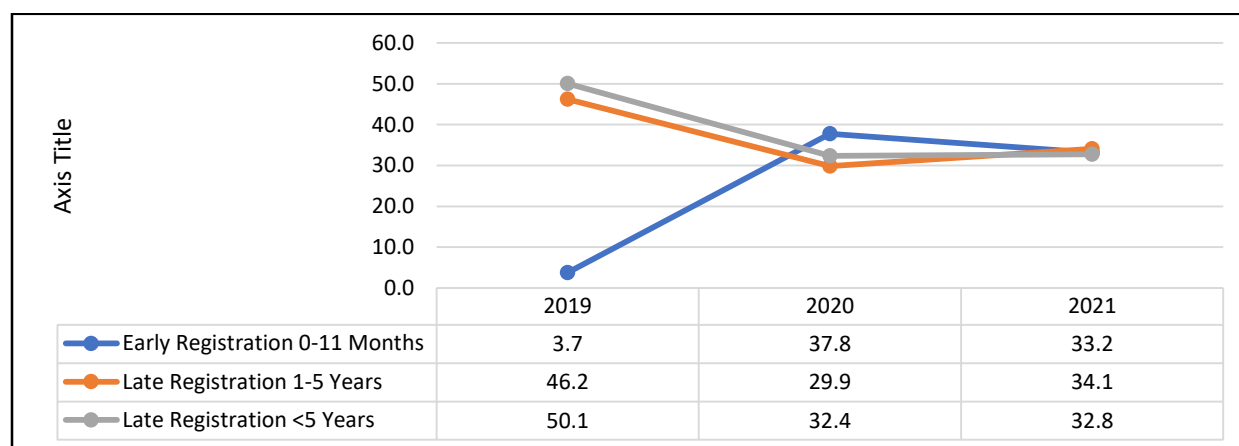


Table 79: Number of Deaths Registered by Region, The Gambia 2021

Regions	Deaths neonatal		Fetus deaths		Deaths < 1 years	
	Male	Female	Male	Female	Male	Female
CRR	0	0	0	0	0	0
LRR	0	0	0	0	1	0
NBER	39	33	0	0	13	13
NBWR	0	0	0	0	0	0
URR	0	0	0	0	0	0
WHR1	0	0	0	0	0	0
WHR2	0	0	0	0	0	0
NATIONAL	39	33	0	0	14	13

Table 80: Number of Deaths Registered by Age and Region in The Gambia, 2021

Regions	Deaths 1-5 years		Deaths 6-14 years		Deaths > 14 years	
	Male	Female	Male	Female	Male	Female
CRR	0	0	0	0	1	0
LRR	0	0	1	1	22	11
NBER	10	5	8	3	114	85
NBWR	0	0	1	0	15	2
URR	0	0	1	2	12	3
WHR1	0	1	3	3	106	42
WHR2	1	0	0	0	37	15
NATIONAL	11	6	14	9	307	158

Figure 92: Trend on the Number of <1 years, neonatal, and fetus Deaths Registered in the Gambia from 2017 to 2021

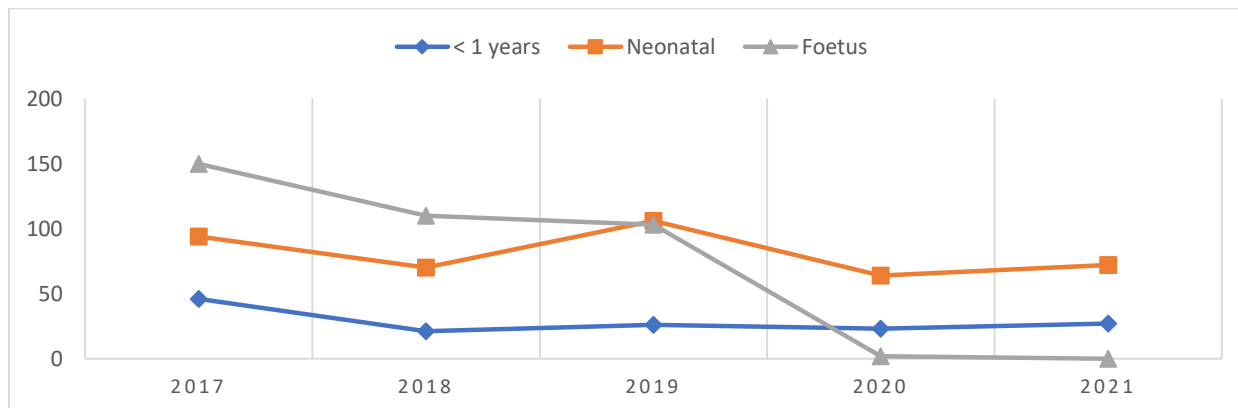
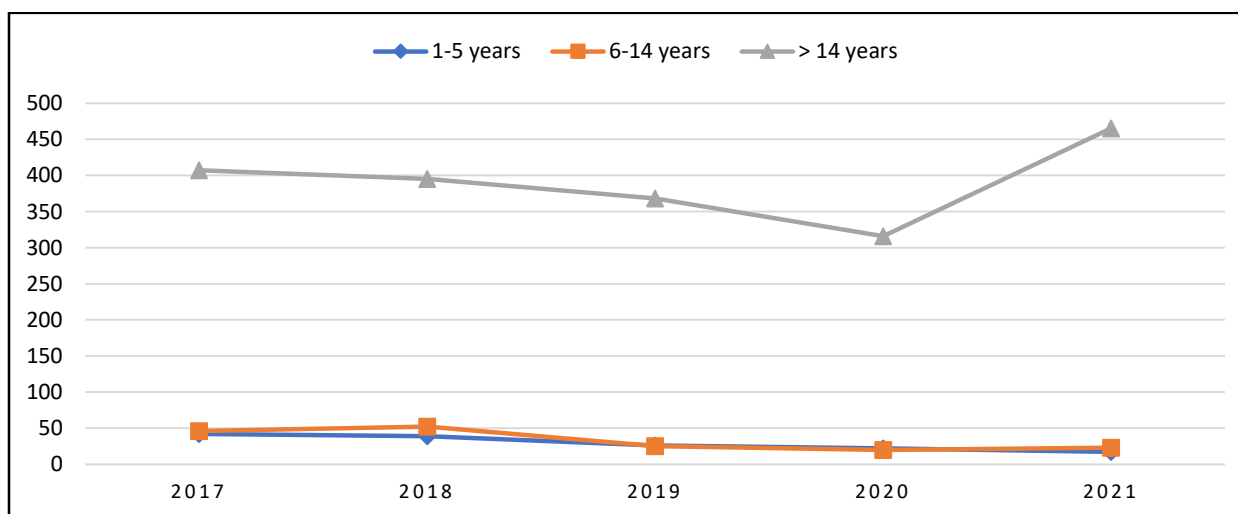


Figure 93: Trend on the Number of 1-5 years, 6-15 years, and >14 years Deaths Registered in the Gambia from 2017 to 2021



Chapter 12 TIMELINESS AND COMPLETENESS

Figure 94: Timeliness and completeness of health facility monthly reports by region in the Gambia, 2021

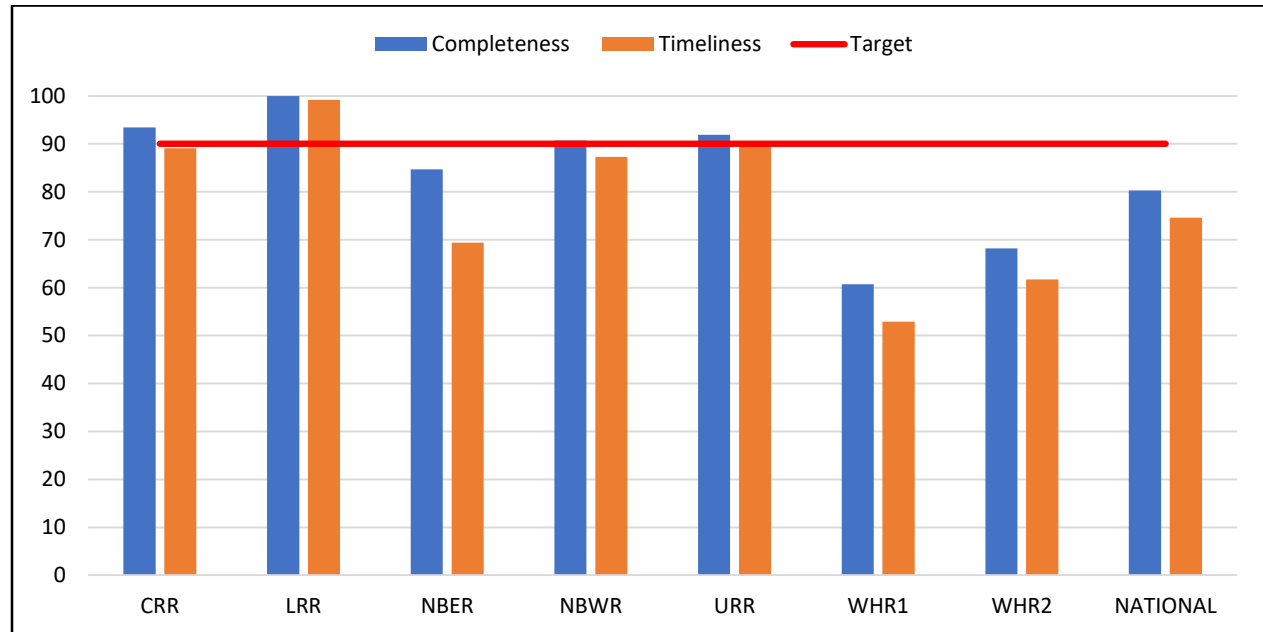


Figure 95: Trend of timeliness and completeness of health facility monthly reports from 2019 to 2021 in the Gambia

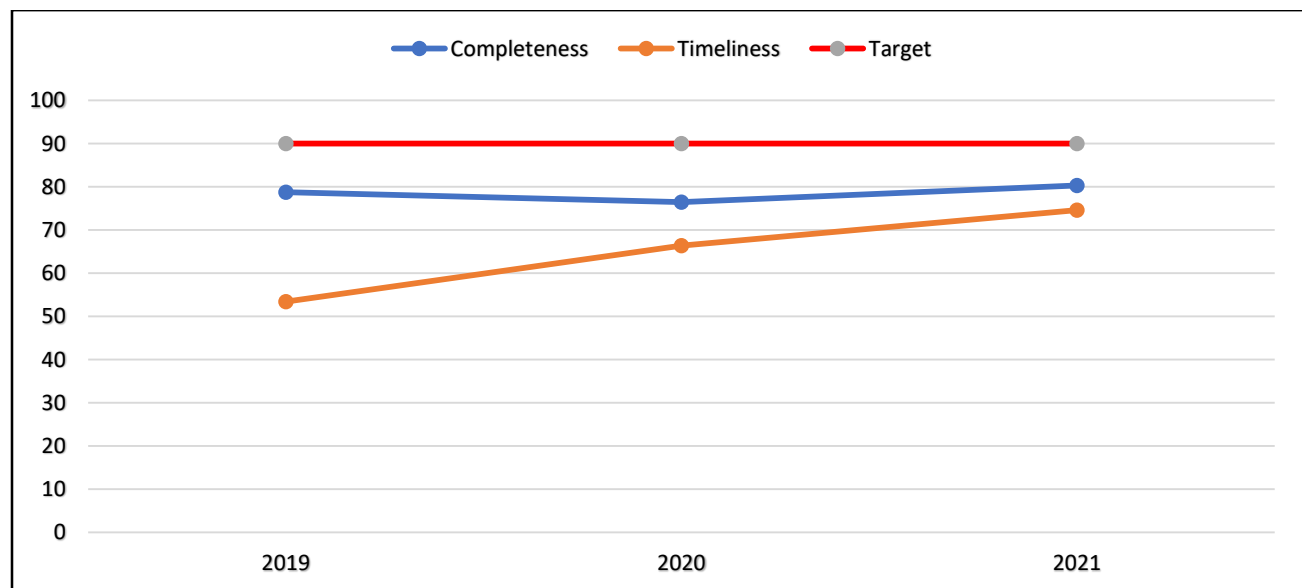


Figure 96: Timeliness and completeness of primary health care monthly reports by region in the Gambia, 2021

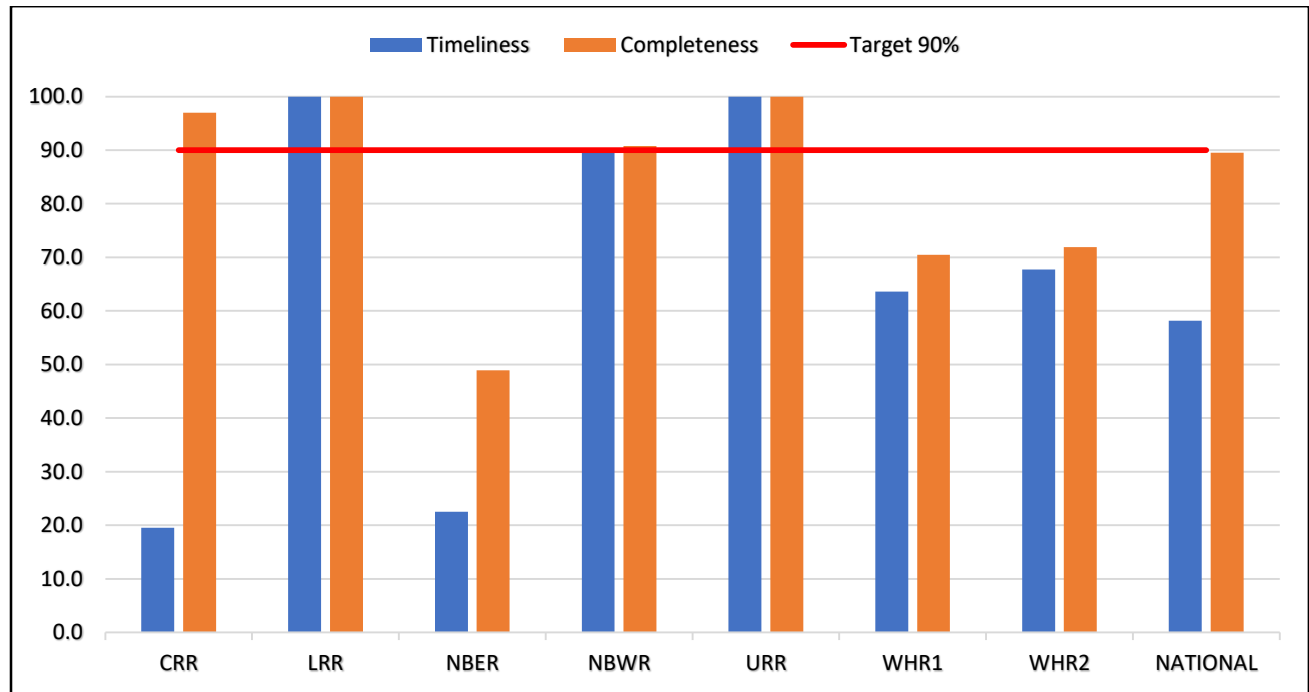


Figure 97: Trend of timeliness and completeness of primary health care monthly reports from 2019 to 2021 in the Gambia

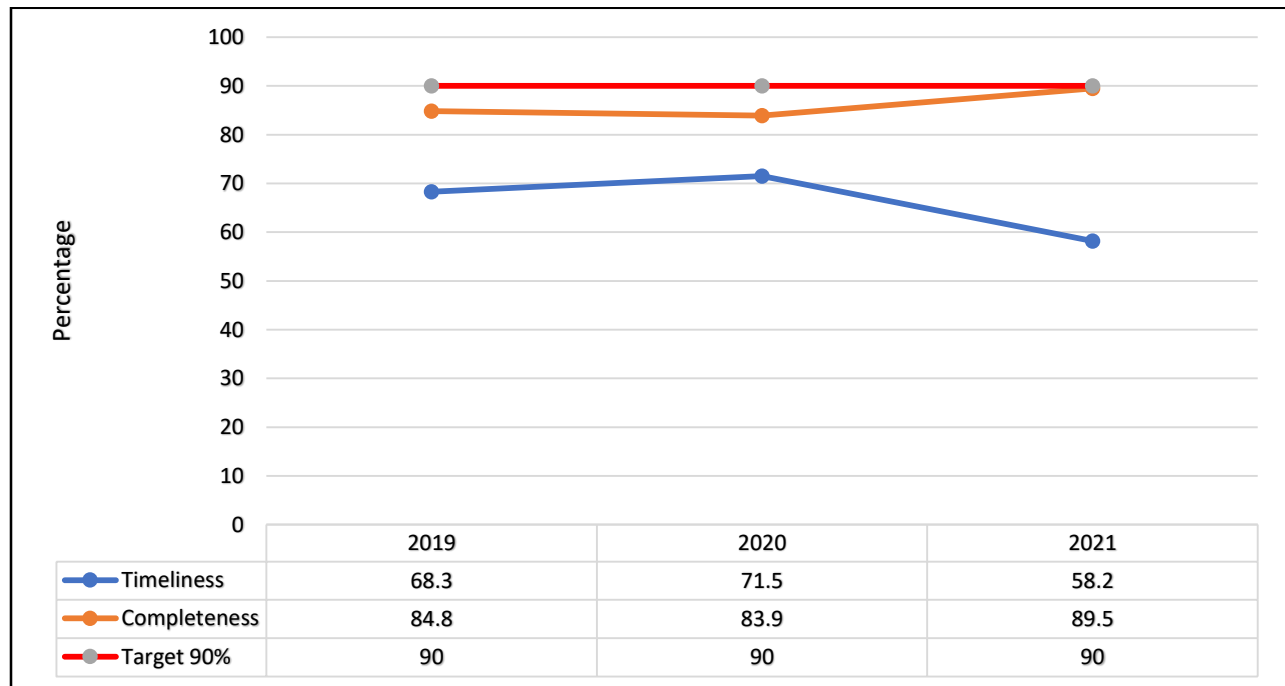


Figure 98: Percentage of timeliness and completeness of weekly IDSR reports by region in the Gambia, 2021

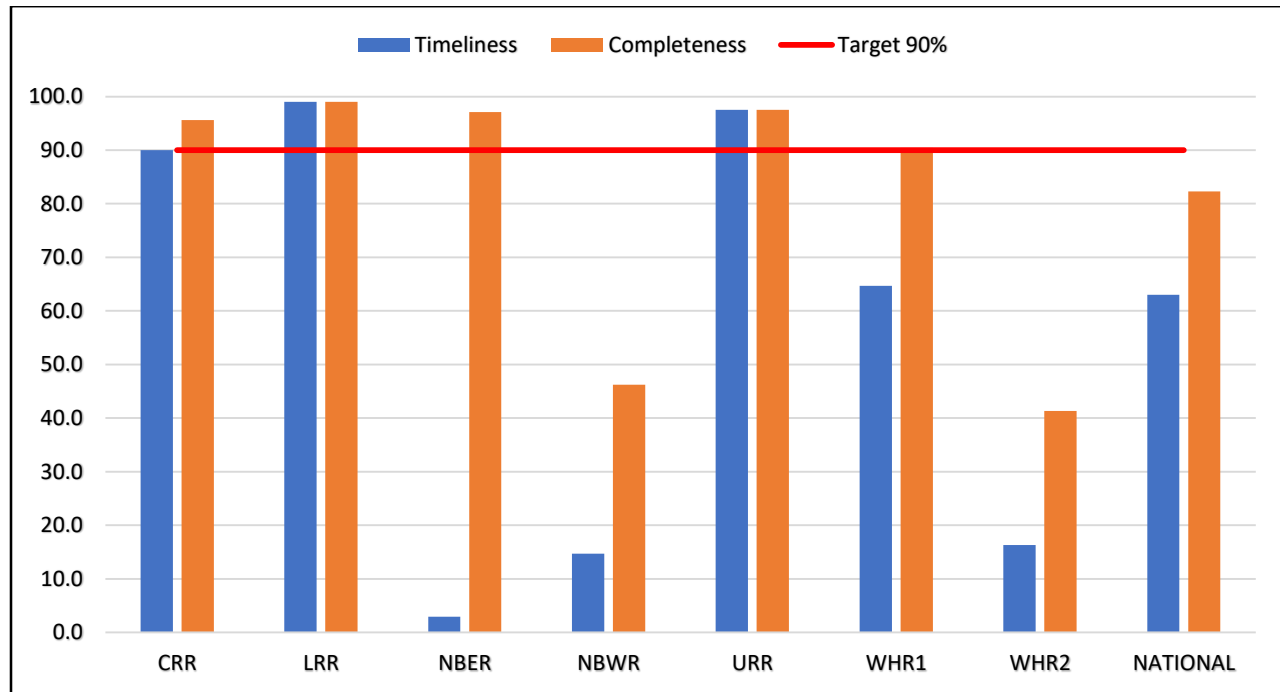


Figure 99: Trend of timeliness and completeness of weekly IDSR reports from 2019 to 2021 in the Gambia

