

# National AIDS Secretariat

Monitoring & Evaluation

New Funding Model (NFM3) PROGRESS  
REPORT

January-December

FINAL M&E NFM3 PROGRESS REPORT-2023

# 2023



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## List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CD4	Cluster of Differentiation 4
CMS	Central Medical Stores
CRR	Central River Region
DHIS2	District Health Information System2
DTG	Dolutegravir
ECG	Evangelical Church The Gambia
EDH	Essau District Hospital
EFSTH	Edward Francis Small Teaching Hospital
GF	Global Fund
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HOC	Hands On Care
KGH	Kanifing General Hospital
LRR	Lower River Region
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NACP	National AIDS Control Programme
NAS	National AIDS Secretariat
NBE	North Bank East
NBW	North Bank West
PLHIV	People Living With Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
RAC	Regional AIDS Coordinator
RDM	Regional Data Manager
RHD	Regional Health Directorate
TB	Tuberculosis
URR	Upper River Region
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WHR-1	Western Health Region 1
WHR-2	Western Health Region 2
NBS	National Pharmaceutical Service
PSM	Procurement and Supply Chain Management
HPHL	National Public Health Laboratory

## 1.0 Introduction

Monitoring and Evaluation (M&E) indeed holds significant importance in ensuring the effective implementation of grants and projects, especially within the healthcare sector. M&E provides essential data for assessing the progress of grant implementation. It offers a consolidated source of information regarding service delivery across different areas within health facilities. M&E verifies program implementation against agreed plans and ensures alignment with objectives.

M&E is an integral part of project cycle management, offering timely insights into achievements, challenges, and risks. It aids in decision-making by providing verified accurate data necessary for the completion of project goals. Monitoring missions focus on assessing activities implemented and progress achieved within specific time periods. They evaluate implementation efficiency by comparing actual progress with the work plan. Identification of risks or issues that may affect project implementation is crucial, along with proposing corrective measures or contingency plans. Recommendations for improving project design, efficiency, effectiveness, impact, and sustainability are provided based on M&E findings. Key documents such as the progress reports, performance framework, monitoring and evaluation work plan serve as references for the monitoring process. These documents provide a comprehensive overview of grant objectives, activities, reporting period/timelines, and resource allocation, facilitating effective assessment and evaluation.

In summary, effective monitoring and evaluation mechanisms enable stakeholders to track progress, identify challenges, and make informed decisions to ensure the successful implementation and sustainability of projects and grants in the healthcare sector. By utilizing supporting documents and focusing on key areas of interest, monitoring teams can effectively assess project performance and recommend improvements for better outcomes.

### 1.1 Objective of the Monitoring Visit

- To enhance program management, improving data collection & utilization competencies, and building staff capacity
- To foster a collaborative and supportive environment
- To identify gaps and areas of concern and take proactive measures to address issues and challenges in the drive towards organizational goal attainment

## 1.2 Monitoring Approach

- Review of health facility monthly returns (HMIS book)
- Review of RHD monthly returns (HMIS book)
- Review of health facility registers
- Review of RAC monthly return and tally sheets
- Review of DHIS2 for the period under review
- Observation
- Follow up
- Discussion
- Feedback

## 1.3 The report herein, describes the service delivery areas for the program

- HIV Counselling and testing in general population
- PMTCT HIV Counselling and testing
- Prevention of Mother to child Transmission
- Antiretroviral Therapy and Monitoring
- TB/HIV Collaboration
- Opportunistic Infection in relation to HIV/AIDS

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**Table1:0: Shows completeness and timeliness of reporting October - December 2023**

Region	Health Facility Returns 05 - HCT/VCT - Expected reports	Health Facility Returns 05 - HCT/VCT - Actual reports	Health Facility Returns 05 - HCT/VCT - Reporting rate	Health Facility Returns 05 - HCT/VCT - Actual reports on time	Health Facility Returns 05 - HCT/VCT - Reporting rate on time
Central River	33	33	100%	33	100%
Lower River	30	30	100%	30	100%
North Bank East	21	21	100%	21	100%
North Bank West	18	17	94%	17	100%
Upper River	30	29	97%	29	100%
Western-1	81	72	89%	45	63%
Western-2	30	30	100%	26	87%
<b>Gambia</b>	<b>243</b>	<b>232</b>	<b>95%</b>	<b>201</b>	<b>87%</b>

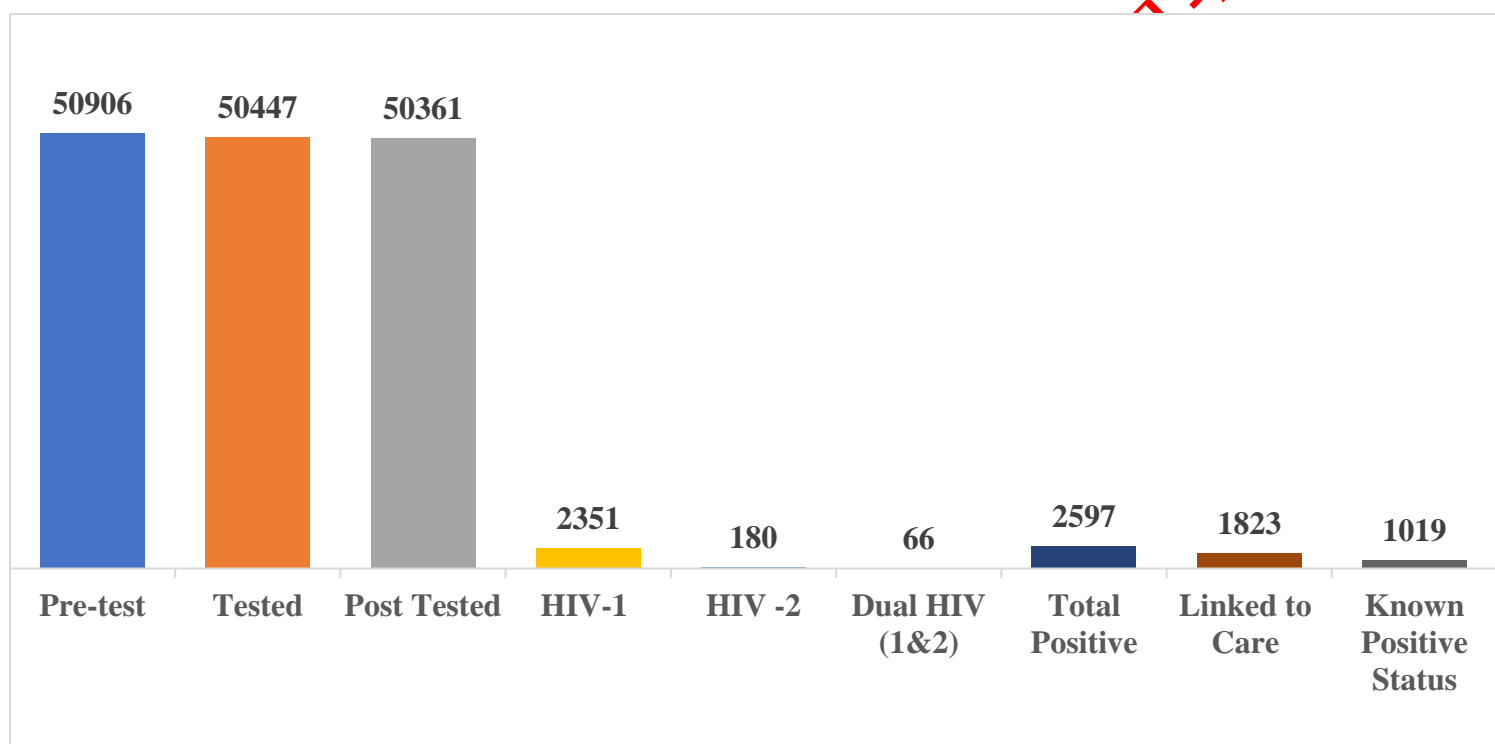
Completeness and timeliness of reports from the implementing facilities has been a challenge for the programme as showed in table 1 above. The reporting rate is 95% while timeliness of the report is 87%. This means that the monthly reports are usually late to reach the RHDS for entry which is not in line with the HMIS policy. This is particularly evident for the two West Coast Regions.

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### 1.3.1 HIV Counselling and Testing General Population (HCT) January-December 2023

A total of **50,906**, **50,447** and **50,361** clients were pre-tested, tested and post tested for the year 2023. About **99%** of those who received a pre-test were tested and received their post-test results for the year. A total of **2,597** was tested HIV positive and of which HIV-1 accounts for **2,351 (89%)**, HIV-2 **180 (8.5%)** and HIV-1&2 -dual constitutes **66 (2%)**. Of the **50,906** who received pre-test counselling, **1,019** clients already knew their HIV positive status.

**Figure 1.0: Shows HIV Counselling & Testing in general population January-December 2023**



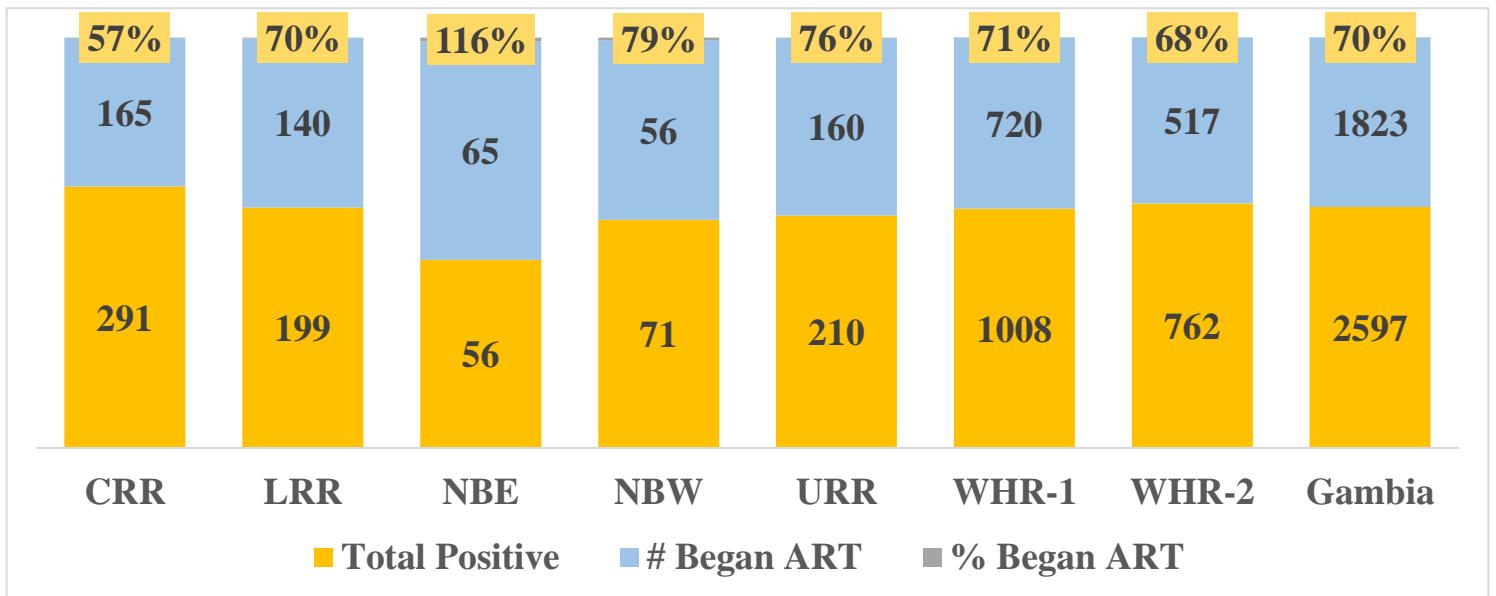
Source DHIS-2

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The figure below indicates linkage to care by region and country. The proportion of clients tested HIV positive and linked to care is highest in North Bank East region **116%**. In the remaining six regions, none reached the 95% target. Consequently, the proportion of those tested HIV positive and linked to care is **70%** at national level. The lowest performance was recorded in Central River Region **57%** only.

**Figure 1.1: General Population % Enrollment on ART by Region and Country  
January- December 2023**

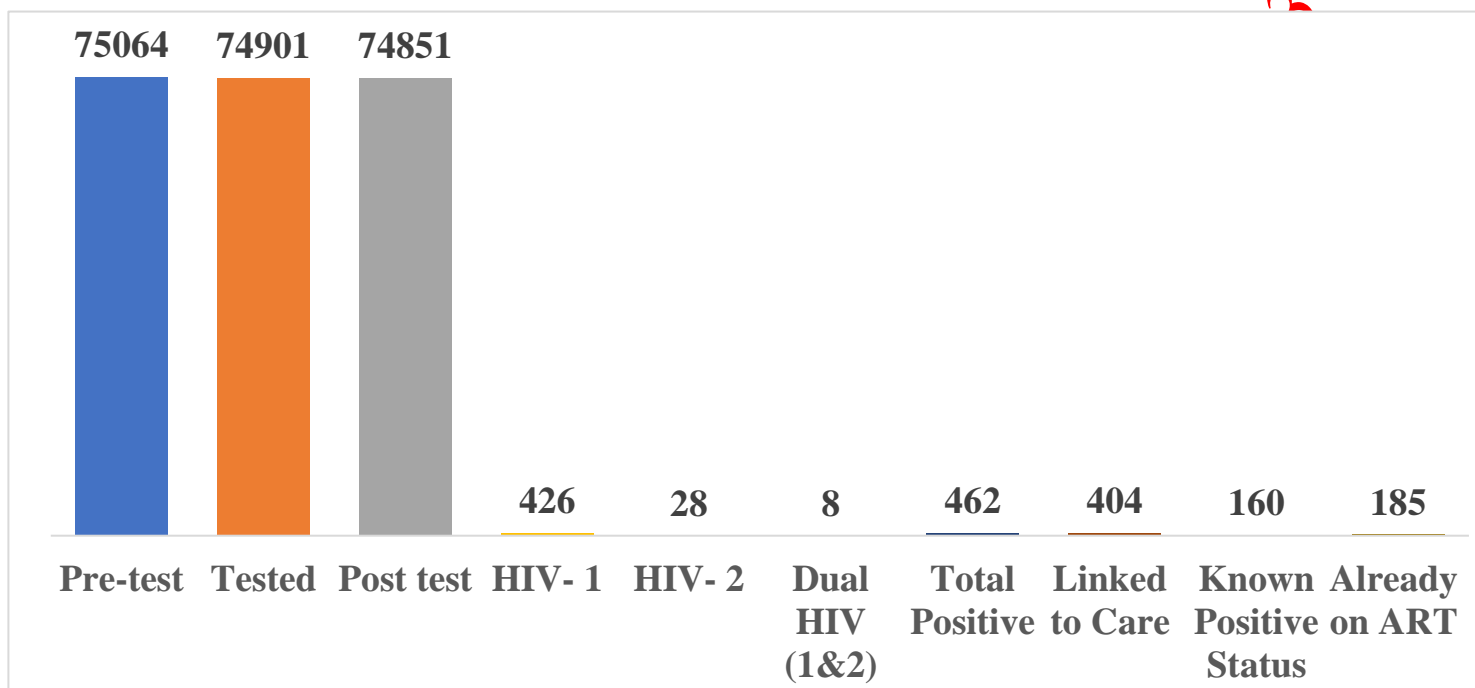


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### 1.3.2 PMTCT HIV Counselling & Testing January-December 2023

A total of **75,064** were pre-tested, **74,901** tested and **74,851** post-tested. Almost all the clients, 99% who were pretested, received their post-test results in 2023. Of the **74,851** tested, **462** tested positive for HIV infection which indicates **0.6%** HIV prevalence rate among antenatal attendances who received HIV testing and counselling. HIV-1 account for **426 (92%)**, HIV-2 accounts for **28 (6%)** and HIV-1&2 **8 (2%)**

**Figure 2.0: Shows PMTCT HIV Counselling & Testing January-December 2023**

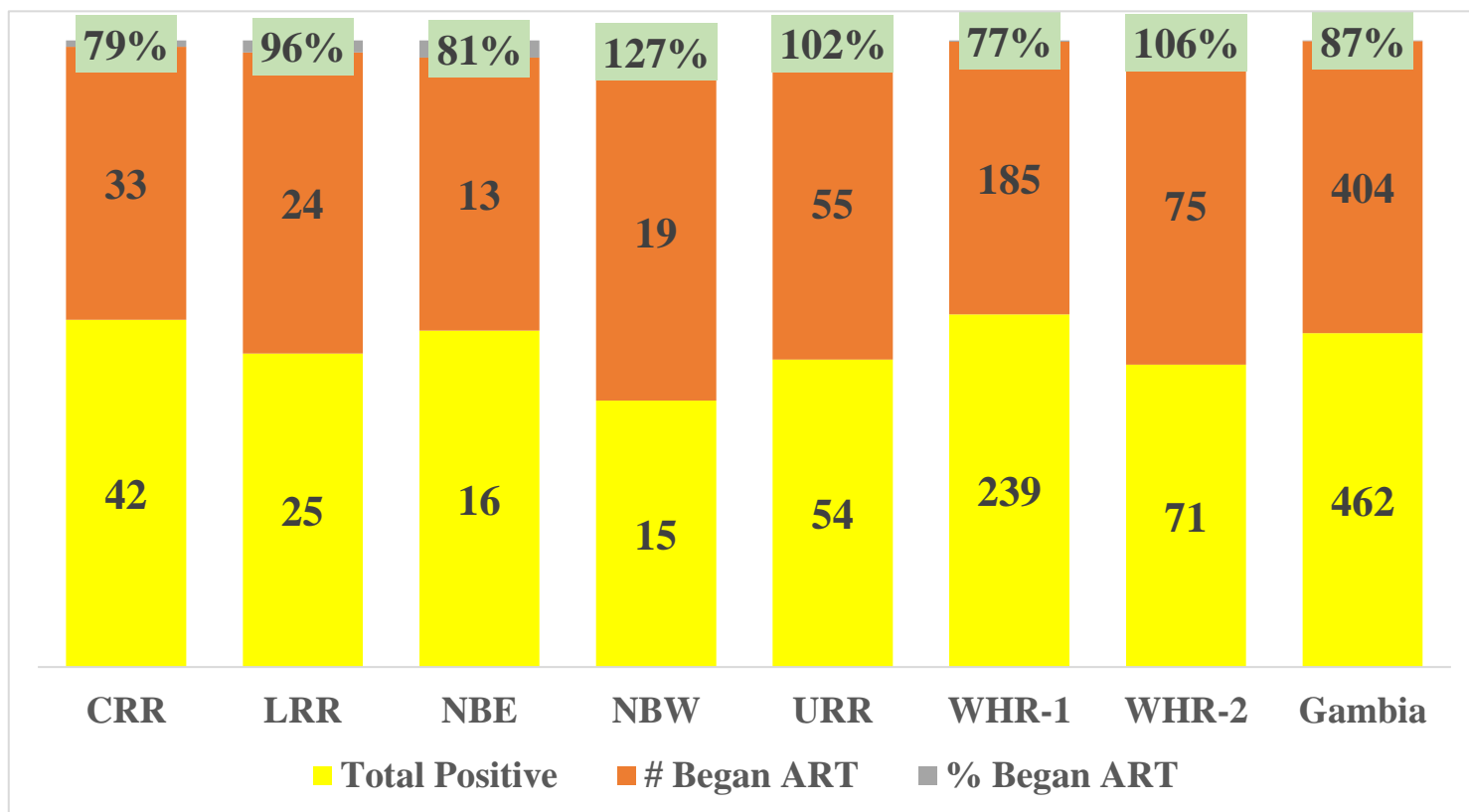


Source DHIS2

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The figure below revealed that three regions namely central river region, north bank west and Western Health Region did to meet the **95%** enrollment target. PMTCT enrollment on ART is **87%** at national level which is below the **95%** target.

**Figure 2.1: PMTCT % Enrollment on ART by Region and National January-December 2023**



Source DHIS2

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A total of **N=10,297** clients/patients are on treatment of which **N=9,567 (93%)**, **N=647 (6%)**, and **N=83 (1%)** are general population, PMTCT-ART and Key Population respectively. The results also indicated that among PLHIVs on ART in the general population, **N=6,763 (71%)** are female. With regards to viral load testing and suppression among all those on ART, the achievement is very low **39%**. Whilst suppression rate among total test the achievement is **61%**. Consequently, among the key population no viral load test recorded for the period under review. This is a cause for concern because their viral load status should be monitored regularly to maintain quality of life. *Details see table 1.1 below.*

**Table 1.1: Shows PLHIV currently on ART (General Population), Viral Load Test, Suppression and Death by Gender January-December 2023**

Population Group	Currently on Treatment					Viral Load Test			# Viral Load Suppressed			% viral suppression on Total Patients	% viral suppression on Total Test	# Died on ART		
	< 15 years		> 15 years		Total-ART											
	M	F	M	F		M	F	Total	M	F	Total	M	F	Total		
General Population	322	282	2200	6763	9567	1584	4737	6321	898	3001	3899	41%	62%	67	119	186
PMTCT ART	0	1	0	647	648	0	264	264	0	113	113	17%	43%	0	1	1
Key Population	0	0	40	43	83	0	0	0	0	0	0	0%	0%	0	0	0
<b>Total</b>	<b>322</b>	<b>283</b>	<b>2240</b>	<b>7453</b>	<b>10298</b>	<b>1584</b>	<b>5001</b>	<b>6585</b>	<b>898</b>	<b>3114</b>	<b>4012</b>	<b>39%</b>	<b>61%</b>	<b>67</b>	<b>120</b>	<b>187</b>

Source DHIS2

The table below shows a detail disaggregation of PLHIV on ART, Viral load test and suppression by age, gender and sex. The viral load test achievement among total test N=6321 registered 62% which is a programmatic indicator aim to help to determine achievement among viral load test conducted for a period and not on total clients on treatment. N=186 deaths recorded of which 64% were female. Details see table 1.2 below.

**Table 1:2 shows general art population (pediatric & adult), viral load test & suppressed and deaths by gender December 2023**

Pediatric (<15 Years)				Adult (> 15 Years)				Total
Male		Female		Male		Female		
#	%	#	%	#	%	#	%	9567
322	3	282	3	2200	23	6763	71	
Total Viral Load Test & Suppressed by gender January-December 2023								
Male			Female			Total Test	Total Suppressed	Total % Suppressed
# Tested	# Suppressed	% Suppressed	# Tested	# Suppressed	% Suppressed	6321	3899	62
1584	898	57	4737	3001	63			
Deaths								
Male			Female			186		
#	%	#	%	#	%			
67	36	119	64					

Source DHIS-2

### 1.3.3 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) December 2023

A total of N=9,567 are on treatment, of which N=5,650 (59%) are under Ministry of health, N=2,649 (28%) are at Hands on Care and N=1,268 (13%) are at EFSTH respectively. More than half of the clients on treatment are under Ministry of health. This is attributed to large number of health facilities offering HIV and AIDS services under the ministry of health. A total of N=6,321 viral load test performed recorded, of which N=3,240 (51%), N=2,402 (38%) and N=679 (11%) were performed by ministry of health facilities, hands on care and EFSTH respectively. During the year under review, 186 deaths were recorded and of which N=126 (68%), N=52 (28%) and N=8 (4%) were recorded by Ministry of Health facilities, Hands On Care and EFSTH for the year 2023. *Details see table 1.3 below*

**Table 1:3 Shows PLHIV Currently on ART (General Population) by Sub- Recipient (SR) December 2023**

Sub- Recipient	Currently on Treatment					Viral Load Test			Viral Load Test Suppressed			% viral suppression on Total Patients	% viral suppression on Total Test	Died on ART		
	< 15 years		> 15 Years		Total ART	Male	Female	Total	Male	Female	Total			Male	Female	Total
	Male	Female	Male	Female												
MOH/NACP	193	167	1279	4011	5650	797	2443	3240	372	1293	1665	29%	51%	48	78	126
HOC	100	89	562	1898	2649	607	1795	2402	402	1323	1725	65%	72%	18	34	52
EFSTH	29	26	359	854	1268	180	499	679	124	385	509	40%	75%	1	7	8
<b>Total</b>	<b>322</b>	<b>282</b>	<b>2200</b>	<b>6763</b>	<b>9567</b>	<b>1584</b>	<b>4737</b>	<b>6321</b>	<b>898</b>	<b>3001</b>	<b>3899</b>	<b>41%</b>	<b>62%</b>	<b>67</b>	<b>119</b>	<b>186</b>

Source DHIS2

### 1.3.4 Key population on ART as at December 2023

A total of **N=83** key population are on ART as of December 2023, of which **N=43 (52%)** are female sex workers. A good number of them are receiving treatment at Mobile Clinic-1 though none of them benefited from viral load test for the period.

**Table 1.4: Shows Key Population Currently on ART by Health Facility - December 2023**

Facility	FSW by Age				Total FSW	MSM by Age				Total MSM
	<15	15-24	25-49	>49		<15	15-24	25-49	>49	
Barra Wellness Center	0	0	1	0	1	0	0	0	0	0
Basse Wellness Center	0	0	0	0	0	0	0	4	0	4
Mobile Clinic 1	0	2	31	2	35	0	20	16	0	36
Soma Wellness Center	0	1	6	0	7	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>3</b>	<b>38</b>	<b>2</b>	<b>43</b>	<b>0</b>	<b>20</b>	<b>20</b>	<b>0</b>	<b>40</b>

Source DHIS-2

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## 2.0: PMTCT ART by Health Region December 2023

A total of **N=648** women were found to be on ART at the end of December 2023. For the period under review, **N=462** mothers were tested positive for HIV and **N=404 (87%)** were linked to care, **N=160** mothers knew their HIV positive status before undergoing a test while **N=185** were already-on ART before current pregnancy (see **Figure 2: Shows PMTCT HIV Counselling & Testing January-December 2023**). With regards to viral load test and suppression on total patients on treatment and total test western-1 recorded the highest **30% and 56%** respectively. Only **N=1** death recorded in lower river region.

**Table 1:5: Shows PLHIV Currently on ART (PMTCT) by Region December 2023**

Region	< 15 years	> 15 years	# Viral Load Test	# Viral Load Suppressed	% viral suppression on Total Patients	% viral suppression on Total Test	Died
Central River Region	0	86	40	16	19%	40%	0
Lower River Region	0	33	8	4	12%	50%	1
North Bank East	0	19	7	1	5%	14%	0
North Bank West	0	30	9	1	3%	11%	0
Upper River Region	0	116	11	1	1%	9%	0
Western-1	1	262	139	78	30%	56%	0
Western-2	0	101	50	12	12%	24%	0
<b>Gambia</b>	<b>1</b>	<b>648</b>	<b>264</b>	<b>113</b>	<b>17%</b>	<b>43%</b>	<b>1</b>

Source DHIS2



### 3.0 Infant ARV

Mother-to-child transmission of HIV (MTCT) is the most prevalent source of Pediatric HIV infection even though Pediatric HIV is almost entirely preventable. During the period under review, **N=299** infants were born to HIV positive mothers and of this figure **N=253 (85%)** of the babies born to HIV positive mothers received ARV prophylaxis for the first time. This is quite important in order to measure the effectiveness of PMTCT services. Infants born to HIV positive mothers are tested for HIV at **6 to 8 weeks, 9 months and at 18 months** respectively. Consequently, **N=261, N=160 and N=167** were tested at 2 months, 9 months and 18 months with positive rate of **N=9 (3.4%), N=7 (4.4%) and N=7 (4.2%)** 2 months, 9 months and 18 months. **N=697** supposed to be tested of which **N=588** were tested with achievement ratio of 84%. NFM3 target for this indicator is **750** thus achievement ratio is **78%**. *Details see table 1.6 below.*

**Table 1:6: Shows Arv Infant January-December 2023**

Indicator	CRR	LRR	NBE	NBW	CURR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	35	24	14	14	33	106	73	299
Infant born who received ARV prophylaxis first time	24	19	1	3	22	112	72	253
Infant supposed to be tested for HIV	33	61	8	17	20	192	366	697
Infant who received Virological test for HIV at 2 months	25	25	8	6	8	80	109	261
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	0	6	3	9
Infant who received Virological test for HIV at 9 months	6	21	1	7	5	38	82	160
Infant tested positive for Virological test for HIV at 9 months	0	0	0	1	0	1	5	7
Infant who received Serological test for HIV at 18 months	6	13	1	3	6	20	118	167
Infant tested positive for Serological test for HIV at 18 months	1	1	0	1	1	0	3	7
Infant who received Cotrimoxazole at 2 months	25	20	30	8	27	147	128	385

Source DHIS-2

#### 4.0 TB and HIV Collaboration

TB screening among people living with HIV newly initiated on ART and those who are already on ART is essential to identifying presumptive TB cases in need of confirmatory diagnostic testing and to determine eligibility for TPT if active TB disease is ruled out. Screening is most critical at the time of ART initiation, when immune compromise is greatest. It is most commonly done as a part of pre-treatment clinical assessment. During the period under review only **1,047** of the newly enrolled on treatment were screened for TB. Out of the **1,047** screened, **315 (30%)** were investigated for TB and **77 (24%)** were tested positive for TB (smear or culture positive or GeneXpert)

**Figure 2.2: Shows TB Screening among newly initiated PLHIV on ART**

<b>TB Screening among Newly PLHIV Initiated on ART</b>	<b>Value</b>
TBHIV Newly diagnosed PLWHA patients who were screened for TB symptoms	<b>1047</b>
TBHIV PLWHA patients who are investigated for TB	<b>315</b>
TBHIV PLWHA patients who tested positive for TB (smear or culture positive or Gene Xpert) this month	<b>77</b>
TB-HIV adults and children enrolled in HIV care who started TB treatment	<b>139</b>

**Source DHIS2**

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## 5.0 Opportunistic Infections January-December 2023

HIV attacks CD4 cells, which help to find and destroy bacteria, viruses, fungi, and other invasive germs. Without enough CD4 cells to fight them off, the resulting infections can lead to illnesses, cancers, brain and nerve problems. Untreated HIV, over the course of years, will result in loss of immune function and development of “opportunistic” infections. They're called "opportunistic" because they take advantage of the weaker immune system of someone with HIV. If the CD4 count stays up, opportunistic infections are less likely to be a problem. The opportunistic infections selected among the list are Diarrheas, Dysentery, Acute Respiratory infection, Pulmonary Tuberculosis, Pneumonia, Urethral Discharge, Genital Warts, Genital Ulcer, Herpes Zoster and Herpes Simplex. The most frequently opportunistic infections seen was Acute Respiratory Infection with **N=1,021 (30%)** cases followed by diarrhea **N=980 (29%)** of the total reported and recorded opportunistic infections among people living with HIV.

**Table 1:7: Shows Opportunistic Infections January-December 2023**

Indicators	CRR	LRR	NBE	NBW	URR	WHR-1	WHR-2	Gambia
Diarrhea	150	184	77	6	61	202	300	<b>980</b>
Dysentery	6	61	2		9	0	53	<b>131</b>
Acute Respiratory Infection	0	177	95	3	97	223	426	<b>1021</b>
Pulmonary Tuberculosis	6	4	1	9	4	49	9	<b>82</b>
Pneumonia	8	200	0	0	10	156	25	<b>399</b>
Urethral Discharge	1	32	25	0	23	156	113	<b>350</b>
Genital Warts	0	3	50	0	9	90	20	<b>172</b>
Genital Ulcer	41	2	8	0		7	27	<b>85</b>
Herpes Zoster	14	2	0	2	7	3	93	<b>121</b>
Herpes Simplex	0	2	0	0	4	2	42	<b>50</b>
<b>Gambia</b>	<b>226</b>	<b>667</b>	<b>258</b>	<b>20</b>	<b>224</b>	<b>888</b>	<b>1108</b>	<b>3391</b>

Source DHS 2

## Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Nema-Kunku	<ul style="list-style-type: none"> <li>All indicators were recorded and reported</li> <li>Laboratory is functional in Kerr Cherno</li> <li>EID tests and results documented and results communicated to parents/care givers</li> </ul>	<ul style="list-style-type: none"> <li>Data mismatch in PMTCT-Pretest Counselling 28 recorded instead of 15</li> </ul>	<ul style="list-style-type: none"> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>PMTCT-Nurse</li> <li>RAO</li> </ul>	<ul style="list-style-type: none"> <li>Data entry clerks to directly punch data into DHIS2 after verification by supervisors</li> <li>Punched data should be verified by data managers at all times</li> <li>Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data base</li> <li>To ensure prompt removal of expired items and resupply of needed laboratory reagents as soon as possible (longer life span)</li> <li>To strengthening partnership among players in the service delivery</li> <li>To organize and coordinate joint data verification for players in the service delivery</li> </ul>
Albreda		<ul style="list-style-type: none"> <li>October-2023 8 currently on ART Verified</li> <li>November and December-2023 6 currently verified</li> <li>November-2023 1 already on ART verified</li> </ul>	<ul style="list-style-type: none"> <li>OIC and team were briefed on the importance of data inconsistency</li> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>PMTCT-Nurse</li> <li>RAO</li> <li>NAS-M&amp;E</li> </ul>	
Kerr-Cherno		<ul style="list-style-type: none"> <li>Determine expired in December-2023</li> <li>Multisure expired in January-2024</li> <li>December-2023 1 began not reported</li> <li>No EDTA for sample collection 4 to 5 months</li> </ul>	<ul style="list-style-type: none"> <li>Visited the store</li> <li>Informed NPS through PSM-HIV and PSM-coordinator</li> <li>Informed NACP Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>NPS</li> <li>PSM-HIV</li> <li>PSM-Coordinator</li> <li>NACP</li> <li>NAS</li> <li>NPHL</li> </ul>	
Kuntair		<ul style="list-style-type: none"> <li>November and December-2023 high data verification factor in PMTCT-Counselling attributed to punched in wrong data element</li> </ul>	<ul style="list-style-type: none"> <li>Discussed the indicator definition with OIC and PMTCT-Nurse</li> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>PMTCT-Nurse</li> <li>RAO</li> <li>NAS-M&amp;E</li> </ul>	
Kerewan		<ul style="list-style-type: none"> <li>Determine expired in December-2023</li> </ul>	<ul style="list-style-type: none"> <li>Visited the store</li> <li>Informed NPS through PSM-HIV and PSM-coordinator</li> <li>Informed NACP Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>NPS</li> <li>PSM-HIV</li> <li>PSM-Coordinator</li> <li>NACP</li> <li>NAS</li> <li>NPHL</li> </ul>	

**Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations (Con't) (SAME AS ABOVE)**

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Iliasa	<ul style="list-style-type: none"> <li>In Farafenni recorded EID test results and communicate them to peripheral facilities like Njau</li> <li>All indicators were recorded and reported</li> </ul>	<ul style="list-style-type: none"> <li>October- 2023 both HCT &amp; PMTCT counseling reported 0 in HMIS book &amp; DHIS2</li> <li>December-2023 no PMTCT testing done</li> <li>Using syphilis Duo for testing in general population</li> </ul>	<ul style="list-style-type: none"> <li>Visited the store</li> <li>Informed NPS through PSM-HIV and PSM-coordinator</li> <li>Informed NACP Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>NPS</li> <li>PSM-HIV</li> <li>PSM-Coordinator</li> <li>NACP Program Manager</li> <li>NAS -M&amp;E</li> <li>NPHL</li> </ul>	<ul style="list-style-type: none"> <li>To mainly use syphilis Duo reagent for PMTCT</li> <li>To strengthening partnership among players in the service delivery</li> <li>Ensure all EIDs are well documented and send test results back and follow-up for subsequent test when due</li> <li>Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data bases</li> <li>To ensure that the mother is maintained in the facility for easy access to ARV and other postnatal services-Sara-Kunsa</li> <li>To ensure all variables in the HMIS return are completely filled</li> <li>To strengthening partnership among players in the service delivery</li> <li>To organize and coordinate joint data verification for players in the service delivery</li> </ul>
Farafenni RMNCAH		<ul style="list-style-type: none"> <li>Misplaced data entry elements in the DHIS2 for Viral load for the months of October and November-2023</li> </ul>	<ul style="list-style-type: none"> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>Care Nurse</li> <li>RAO</li> <li>PNO</li> <li>NAS-M&amp;E</li> </ul>	
Sara-Kunda		<ul style="list-style-type: none"> <li>PMTCT Mother who delivered and baby tested negative was referred to Farafenni-ART-Site for continuation of treatment</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed refilling concept ideas with OIC, PMTCT-Nurse</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>PMTCT-Nurse</li> </ul>	
Ngayen Sanjal		<ul style="list-style-type: none"> <li>1 began in the month of November was recorded as a restart</li> </ul>	<ul style="list-style-type: none"> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>PMTCT-Nurse</li> </ul>	

FINAL M&E NEM3 PROGRESS REPORT 2023

**Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations (Con't)**

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Kaur Health Center	<ul style="list-style-type: none"> <li>All indicators recorded and reported</li> </ul>	<ul style="list-style-type: none"> <li>No HIV-test done for PMTCT mothers in the November-2023 due to no laboratory personnel</li> <li>Not completing tested before variable in the HCT-Register</li> </ul>	<ul style="list-style-type: none"> <li>Informed NACP program manager</li> <li>Data sources verified and updated</li> <li>Informed NACP program manager</li> <li>Informed Director-NAS</li> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>NAS-M&amp;E</li> <li>NACP-Program Manager</li> <li>NAS-M&amp;E</li> <li>NLTP-Program Manager</li> <li>OIC</li> <li>Social Worker</li> </ul>	<ul style="list-style-type: none"> <li>To redeploy laboratory personnel as the facility is new ART-Sites and a hub</li> <li>To procure and supply the items listed under issues identified including Air Conditioner and a refrigerator</li> <li>Provide regular fuel supply for social worker motor bike to strengthening follow-up</li> <li>Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data base</li> </ul>
Kuntaur Major		<ul style="list-style-type: none"> <li>October-2023 began 5 reported verified 6</li> <li>December-2023 began 1 reported verified 3</li> <li>November-2023 data not punch in DHIS2</li> <li>No weighing scale in the ART-Clinic</li> <li>No blood pressure machine in the ART-Clinic</li> <li>No thermometer in the ART-Clinic</li> <li>No height board in the ART-Clinic</li> <li>Data inconsistency in viral load</li> <li>Too tight ART-Clinic causing poor ventilation which is a recipe for cross infection</li> <li>No regular supply of fuel for social worker motor bike since January to the time of this monitoring</li> </ul>			

FINAL M&E NEMS PROGRESS REPORT-2023

Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations (Con't)

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Yerobawol	<ul style="list-style-type: none"> <li>All indicators recorded and reported</li> </ul>	<ul style="list-style-type: none"> <li>Reported 3 began verified 1 (December-2023)</li> <li>Reported 5 default verified 0 in December-2023</li> <li>Reported 6 positive verified 2 November-2023</li> </ul>	<ul style="list-style-type: none"> <li>Discussed/explained some HIV coverage and impact indicator definitions and the importance of completion of all variables in the registers and HMIS book with OICs, Social workers, PMTCT-Nurses and other team members</li> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>Social worker</li> <li>RAO</li> <li>PMTCT-Nurse</li> <li>NAS-M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data base</li> <li>Provide regular fuel supply for social worker motor bike to strengthening follow-up</li> </ul>
Fatoto		<ul style="list-style-type: none"> <li>November-2023 1 began PMTCT-ART verified</li> <li>December-2023 reported 0 began and verified 1 began PMTCT-ART</li> <li>Newly initiated 2 reported verified 1-Infant ARV-December-2023-PMTCT-ART</li> <li>November -2023 reported 3 known status verified 1-PNTCT-ART</li> <li>No regular supply of fuel for social worker motor bike since January to the time of this monitoring</li> </ul>			
Demba Kunda Koto		<ul style="list-style-type: none"> <li>October, November and December 2023, 3 positive PMTCT-Mothers were reported for each month</li> <li>verified 4 PMTCT positive Mothers for each month</li> </ul>			
Gambisara Health Center		<ul style="list-style-type: none"> <li>In November-2023, 1 PMTCT positive reported verified as already on ART</li> <li>In December2023, reported 7 PMTCT positive verified 22 PMTCT- Mothers on ART</li> </ul>			

FINAL M&E HMIS PROGRESS REPORT-2023



**Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations (Con't)**

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Pakaliba	<ul style="list-style-type: none"> <li>• Pakali-Ba registered and regularly follow-up patients taking treatment from health Soma District Hospital</li> <li>• Outreach conducted at Basse Mansajang in December-2023</li> <li>• All indicators recorded and reported</li> </ul>	<ul style="list-style-type: none"> <li>• Folders not updated</li> <li>• October-2023 reported 3 PMTCT-ART verified 5</li> <li>• November-2023 reported 3 PMTCT-ART verified 5</li> <li>• December -2023 reported 3 PMTCT-ART verified 5</li> </ul>	<ul style="list-style-type: none"> <li>• Data sources verified and updated</li> <li>• Discussed the issue OIC and team</li> </ul>	<ul style="list-style-type: none"> <li>• OIC</li> <li>• PMTCT-Nurse</li> <li>• Laboratory personnel</li> <li>• RAO</li> <li>• NAS-M&amp;E</li> <li>• PNO</li> </ul>	<ul style="list-style-type: none"> <li>• Data entry clerks to directly punch data into DHIS2 after verification by supervisors</li> <li>• Punched data should be verified by data managers at all times</li> <li>• Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data base</li> <li>• To ensure prompt removal of expired items and resupply of needed laboratory reagents as soon as possible (longer life span)</li> <li>• To strengthening partnership among players in the service delivery</li> <li>• To organize and coordinate joint data verification for players in the service delivery</li> </ul>
Bureng		<ul style="list-style-type: none"> <li>• December -2023 reported 3 PMTCT-ART verified 4</li> </ul>			
Jalanbere		<ul style="list-style-type: none"> <li>• October-2023 reported 0 PMTCT-ART verified 3</li> <li>• November-2023 reported 7 PMTCT-ART verified 6</li> </ul>			
Basse District Hospital		<ul style="list-style-type: none"> <li>• December-2023 data inconsistency in PMTCT-ART</li> </ul>			
Kaiaf Minor Health Center		<ul style="list-style-type: none"> <li>• October-2023 1 known status reported verified 1 as new positive</li> <li>• December-2023 reported 0 and verified 1-PMTCT-ART</li> <li>• December-2023 2 known status reported verified 0</li> <li>• December-2023 0 positive reported verified 2</li> <li>• PMTCT-ART 0 reported verified 1</li> </ul>			

FINAL M&E NIMS PROGRESS REPORT-2023



**Annex I: Best practices, issues identified, actions taken, responsible person (s) and recommendations (Con't)**

Facility	Good practices	Issues Identified	Actions taken	Responsible	Recommendations
Kwinella	<ul style="list-style-type: none"> <li>All indicators recorded and reported</li> </ul>	<ul style="list-style-type: none"> <li>Missing posttest dates in the November-2023</li> <li>October-2023 PMTCT-ART 1 positive reported not punched in DHIS2</li> <li>November-2023 PMTCT-ART reported 0 verified 4</li> <li>November-2023 0 viral load reported verified 2</li> <li>December-2023 PMTCT-ART- reported 3 verified 4</li> </ul>	<ul style="list-style-type: none"> <li>Discussed/explained some HIV coverage and impact indicator definitions and the importance of completion of all variables in the registers and HMIS book with OICs, Social workers, PMTCT-Nurses and other team members</li> <li>Data sources verified and updated</li> </ul>	<ul style="list-style-type: none"> <li>OIC</li> <li>Social worker</li> <li>RAO</li> <li>PMTCT-Nurse</li> <li>NAS-M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>Data entry clerks to directly punch data into DHIS2 after verification by supervisors</li> <li>Punched data should be verified by data managers at all times</li> <li>Changes effected in the registers should correspondingly take effect in the facility HMIS &amp; DHIS2 data base</li> <li>To ensure prompt removal of expired items and resupply of needed laboratory reagents as soon as possible (longer life span)</li> <li>To strengthening partnership among players in the service delivery</li> <li>To organize and coordinate joint data verification for players in the service delivery</li> </ul>
Bwiam General Hospital		<ul style="list-style-type: none"> <li>October-2023 reported 3 EID positive at 9 months verified 0</li> <li>November-2023 viral load test 38 verified 65</li> <li>December-2023 viral test load 39 verified 55</li> <li>October -2023 reported 1 known status verified 4</li> <li>October-2023 PMTCT-Counseling reported 0 verified 1</li> </ul>			
Sibanor-ECG		<ul style="list-style-type: none"> <li>November-2023 EID at 9 months reported 0 verified 3</li> <li>November-2023 tested positive at 9 months reported 3 verified 0</li> <li>November-2023 tested at 18 months reported 6 verified 0</li> <li>October-2023 newly initiated PMTCT-ART reported 2 verified 0</li> <li>October-2023 already on ART reported 60 verified 0</li> <li>November-2023 already on ART reported 1 verified 1</li> <li>August-2023 viral test and suppressed verified 80 and 61</li> <li>October -2023 viral test and suppressed verified 92 and 70</li> <li>November -2023 viral test and suppressed verified 58 and 49</li> <li>December -2023 viral test and suppressed verified 38 and 29</li> </ul>			
Hands On Cara		<ul style="list-style-type: none"> <li>October-2023- known status verified 15 (S1-12, and S2-3)</li> <li>November-2023- known status verified 19 (S1-18 and S2-1)</li> <li>December-2023- known status verified 16 (S1-6)</li> <li>Positive known status was added to newly initiated on ART before this monitoring</li> </ul>			

## Annex 2: Data Tables by HIV services January-December 2023

**Table 1: Shows HIV Counselling & Testing – For General Population. January -December 2023**

Region	Pre-test	Tested	Post Tested	HIV-1	HIV -2	Dual HIV (1&2)	Total Positive	% Positive	Known Positive Status	# Linked to Care	% Linked to Care
Central River Region	4946	4940	4939	258	20	13	291	6%	35	165	57%
Lower River Region	2954	2942	2918	176	13	10	199	7%	123	140	70%
North Bank East	4024	4011	4011	52	4	0	56	1%	8	65	116%
North Bank West	1567	1523	1522	60	10	1	71	5%	24	56	79%
Upper River Region	2954	2907	2903	199	8	3	210	7%	23	160	76%
Western-1	21605	21450	21409	919	69	20	1008	5%	481	720	71%
Western-2	12856	12674	12659	687	56	19	762	6%	325	517	68%
<b>Gambia</b>	<b>50906</b>	<b>50447</b>	<b>50361</b>	<b>2351</b>	<b>180</b>	<b>66</b>	<b>2597</b>	<b>5%</b>	<b>1019</b>	<b>1823</b>	<b>70%</b>

Source DHIS2

**Table 2: Shows PMTCT HIV Counselling & Testing January -December 2023**

Region	Pre-test	Tested	Post test	HIV- 1	HIV- 2	Dual HIV (1&2)	Total Positive	% Positive	Known Positive Status	# Linked to Care	% Linked to Care	Already on ART
Central River Region	9014	9012	8999	38	4	0	42	0.5%	21	33	79%	14
Lower River Region	3788	3784	3782	21	4	0	25	0.7%	7	24	96%	13
North Bank East	5101	5081	5080	16	0	0	16	0.3%	6	13	81%	12
North Bank West	4171	4153	4124	15	0	0	15	0.4%	6	19	127%	11
Upper River Region	10288	10282	10277	53	1	0	54	0.5%	17	55	102%	17
Western-1	29657	29544	29544	219	14	6	239	0.8%	28	185	77%	37
Western-2	13045	13045	13045	64	5	2	71	0.5%	75	75	106%	81
<b>Gambia</b>	<b>75064</b>	<b>74901</b>	<b>74851</b>	<b>426</b>	<b>28</b>	<b>8</b>	<b>462</b>	<b>0.6%</b>	<b>160</b>	<b>404</b>	<b>87%</b>	<b>185</b>

Source DHIS2

**Table 3. Shows PLHIV Currently on ART General Population by Health Facility (ART Sites) December 2023**

ART-Sites	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppression on Total Patients	% viral suppression on Total Test	Died on ART		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total			Male	Female	Total
Bansang	22	9	132	462	625	113	385	498	17	107	124	20%	25%	4	6	10
Kuntaur Major	1	0	9	17	27	5	6	11	1	2	3	11%	27%	0	1	1
<b>Total CRR</b>	<b>23</b>	<b>9</b>	<b>141</b>	<b>479</b>	<b>652</b>	<b>118</b>	<b>391</b>	<b>509</b>	<b>18</b>	<b>109</b>	<b>127</b>	<b>19%</b>	<b>25%</b>	<b>4</b>	<b>7</b>	<b>11</b>
<b>Soma-LRR</b>	<b>20</b>	<b>22</b>	<b>127</b>	<b>366</b>	<b>535</b>	<b>116</b>	<b>326</b>	<b>442</b>	<b>53</b>	<b>169</b>	<b>222</b>	<b>41%</b>	<b>50%</b>	<b>3</b>	<b>3</b>	<b>6</b>
<b>Farafeni-NBE</b>	<b>17</b>	<b>20</b>	<b>96</b>	<b>292</b>	<b>425</b>	<b>64</b>	<b>178</b>	<b>242</b>	<b>22</b>	<b>73</b>	<b>95</b>	<b>22%</b>	<b>39%</b>	<b>6</b>	<b>12</b>	<b>18</b>
<b>Essau-NBW</b>	<b>9</b>	<b>10</b>	<b>43</b>	<b>108</b>	<b>170</b>	<b>22</b>	<b>39</b>	<b>61</b>	<b>9</b>	<b>26</b>	<b>25</b>	<b>15%</b>	<b>41%</b>	<b>6</b>	<b>6</b>	<b>12</b>
Basse District	18	21	113	382	534	24	93	117	2	7	9	2%	8%	3	11	14
Yorobawol	1	1	3	13	18	0	0	0	0	0	0	0%	0%	2	0	2
Fatoto Minor	0	1	5	18	24	0	2	2	0	0	0	0%	0%	0	0	0
<b>Total URR</b>	<b>19</b>	<b>23</b>	<b>121</b>	<b>413</b>	<b>576</b>	<b>24</b>	<b>95</b>	<b>119</b>	<b>2</b>	<b>7</b>	<b>9</b>	<b>2%</b>	<b>8%</b>	<b>5</b>	<b>11</b>	<b>16</b>
Other Regions	88	84	528	1658	2358	344	1029	1373	104	374	478	20%	35%	24	39	63
EFSTH	29	26	359	854	1268	180	499	679	124	385	509	40%	75%	1	7	8
Bundung	9	10	76	268	363	47	153	200	22	77	99	27%	50%	0	3	3
Faji Kunda	1	0	10	48	59	11	39	50	8	28	36	61%	72%	0	0	0
Kanifing	34	30	231	711	1006	42	155	197	30	123	153	15%	78%	5	5	10
SOS	5	8	51	144	208	26	70	96	14	43	57	27%	59%	0	0	0
Afrimed	2	1	10	15	28	12	7	19	2	2	4	14%	21%	0	0	0
Yundun Army	2	3	105	115	225	100	103	203	65	72	137	61%	67%	2	2	4
Elemats	0	0	3	5	8	0	0	0	0	0	0	0%	0%	0	0	0
Fajara Barracks	0	0	5	8	13	7	6	13	3	3	6	46%	46%	0	0	0
Serreunda	0	0	7	27	34	0	0	0	0	0	0	0%	0%	0	1	1
<b>Total Western-1</b>	<b>82</b>	<b>78</b>	<b>857</b>	<b>2195</b>	<b>3212</b>	<b>425</b>	<b>1032</b>	<b>1457</b>	<b>268</b>	<b>733</b>	<b>1001</b>	<b>31%</b>	<b>69%</b>	<b>8</b>	<b>18</b>	<b>26</b>
ECG- Sibanor	23	17	115	477	632	90	391	481	61	280	341	54%	71%	8	7	15
Bwiam	28	13	124	502	667	114	481	595	62	289	351	53%	59%	9	17	26
Hands On Care	100	89	562	1898	2649	607	1795	2402	402	1323	1725	65%	72%	18	34	52
Sanyang Major	1	1	14	33	49	4	9	13	1	2	3	6%	23%	0	4	4
<b>Total Western-2</b>	<b>152</b>	<b>120</b>	<b>815</b>	<b>2910</b>	<b>3997</b>	<b>815</b>	<b>2676</b>	<b>3491</b>	<b>526</b>	<b>1894</b>	<b>2420</b>	<b>61%</b>	<b>69%</b>	<b>35</b>	<b>62</b>	<b>97</b>
<b>Gambia</b>	<b>322</b>	<b>282</b>	<b>2200</b>	<b>6763</b>	<b>9567</b>	<b>1584</b>	<b>4737</b>	<b>6321</b>	<b>898</b>	<b>3001</b>	<b>3899</b>	<b>41%</b>	<b>62%</b>	<b>67</b>	<b>119</b>	<b>186</b>

**Table 3.1 Shows PLHIV Currently on ART General Population by Health Region-December 2023**

Regions	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppressed on Total Patients	% viral suppressed on Total Test	Died on ART		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total			Male	Female	Total
Central River Region	23	9	141	479	652	118	391	509	18	109	127	19%	25%	4	7	11
Lower River Region	20	22	127	366	535	116	326	442	53	169	222	41%	50%	3	3	6
North Bank East	17	20	96	292	425	64	178	242	22	73	95	22%	39%	6	12	18
North Bank West	9	10	43	108	170	22	39	61	9	16	25	15%	41%	6	6	12
Upper River Region	19	23	121	413	576	24	95	119	2	7	9	2%	8%	5	11	16
Western-1	82	78	857	2195	3212	425	1032	1457	268	733	1001	31%	69%	8	18	26
Western-2	152	120	815	2910	3997	815	2676	3491	526	1894	2420	61%	69%	35	62	97
<b>Gambia</b>	<b>322</b>	<b>282</b>	<b>2200</b>	<b>6763</b>	<b>9567</b>	<b>1584</b>	<b>4737</b>	<b>6321</b>	<b>898</b>	<b>3001</b>	<b>3899</b>	<b>41%</b>	<b>62%</b>	<b>67</b>	<b>119</b>	<b>186</b>

Source DHIS2

**Table 3.2 Shows PLHIV Currently on ART General Population by Sub- Recipient (SR) -December 2023**

Sub-Recipient	Currently on Treatment				Total ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed on Total Patients	% viral suppressed on Total Test	Died on ART		Total			
	< 15 years		> 15 years			Male	Female		Male	Female				Total	Male		Female	Male	Female
	Male	Female	Male	Female															
MOH/NACP	193	167	1279	4011	5650	797	2443	3240	372	1293	1665	29%	51%	48	78	126			
Hands On Care	100	89	562	1898	2649	607	1795	2402	402	1323	1725	65%	72%	18	34	52			
EFSTH	29	26	359	854	1268	180	499	679	124	385	509	40%	75%	1	7	8			
<b>Total</b>	<b>322</b>	<b>282</b>	<b>2200</b>	<b>6763</b>	<b>9567</b>	<b>1584</b>	<b>4737</b>	<b>6321</b>	<b>898</b>	<b>3001</b>	<b>3899</b>	<b>41%</b>	<b>62%</b>	<b>67</b>	<b>119</b>	<b>186</b>			

Source DHIS2

Table 3.3 Shows Key Populations Currently on ART by Health Facility -December 2023

Facility	Female Sex Female by Age				Total CGF	Close Group Male by Age				Total CGM
	<15	15-24	25-49	>49		<15	15-24	25-49	>49	
Barra Wellness Center	0	0	1	0	1	0	0	0	0	0
Basse Wellness Center	0	0	0	0	0	0	0	4	0	4
Mobile Clinic 1	0	2	31	2	35	0	20	16	0	36
Soma Wellness Center	0	1	6	0	7	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>3</b>	<b>38</b>	<b>2</b>	<b>43</b>	<b>0</b>	<b>20</b>	<b>20</b>	<b>0</b>	<b>40</b>

Source DHIS2

Table 4. Shows PMTCT ART by Health Region-December 2023

Region	< 15 years	> 15 years	Viral Load Test	Viral Load Suppressed	% viral suppression	Died
Central River Region	0	86	40	16	19%	0
Lower River Region	0	33	8	4	12%	1
North Bank East	0	19	7	1	5%	0
North Bank West	0	30	9	1	3%	0
Upper River Region	0	116	11	1	1%	0
Western-1	1	263	139	78	30%	0
Western-2	0	101	50	12	12%	0
<b>Gambia</b>	<b>1</b>	<b>648</b>	<b>264</b>	<b>113</b>	<b>17%</b>	<b>1</b>

Source DHIS2

Table 5. Shows summary of PLHIV Currently on ART by population groups January -December 2023

Population Group	Currently on Treatment					Viral Load Test			Viral Load Suppressed			% viral suppressed on Total Patients	% viral suppressed on Total Test	Died on ART		
	< 15 years		> 15 years		Total-ART											
	Male	Female	Male	Female		Male	Female	Total	Male	Female	Total	Male	Female	Total		
General Population	322	282	2200	6763	9567	1584	4737	6321	898	3001	3899	41%	62%	67	119	186
PMTCT ART	0	1	0	646	647	0	264	264	0	113	113	17%	43%	0	1	1
Key Population	0	0	40	43	83	0	0	0	0	0	0	0%	0%	0	0	0
<b>Total</b>	<b>322</b>	<b>283</b>	<b>2240</b>	<b>7452</b>	<b>10297</b>	<b>1584</b>	<b>5001</b>	<b>6585</b>	<b>898</b>	<b>3114</b>	<b>4012</b>	<b>39%</b>	<b>61%</b>	<b>67</b>	<b>120</b>	<b>187</b>

Source DHIS2

Table 6. Shows ARV Infant January -December 2023

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	35	24	14	14	33	106	73	299
Infant born who received ARV prophylaxis first time	24	19	1	3	22	112	72	253
Infant supposed to be tested for HIV	35	61	8	17	20	192	366	697
Infant who received Virological test for HIV at 2 months	25	25	8	6	8	80	109	261
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	0	6	3	9
Infant who received Virological test for HIV at 9 months	6	21	1	7	5	38	82	160
Infant tested positive for Virological test for HIV at 9 months	0	0	0	1	0	1	5	7
Infant who received Serological test for HIV at 18 months	6	13	1	3	6	20	118	167
Infant tested positive for Serological test for HIV at 18 months	1	1	0	1	1	0	3	7
Infant who received Cotrimoxazole at 2 months	25	20	30	8	27	147	128	385

Source DHIS2

Table 7. Shows Opportunistic Infections January -December 2023

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	150	184	77	6	61	202	300	980
Dysentery	6	61	2	0	9	0	53	131
Acute Respiratory Infection	0	177	95	3	97	223	426	1021
Pulmonary Tuberculosis	6	4	1	9	4	49	9	82
Pneumonia	8	200	0	0	10	156	25	399
Urethral Discharge	1	32	25	0	23	156	113	350
Genital Warts	0	3	50	0	9	90	20	172
Genital Ulcer	41	2	8	0	0	7	27	85
Herpes Zoster	14	2	0	2	7	3	93	121
Herpes Simplex	0	2	0	0	4	2	42	50
<b>Gambia</b>	<b>226</b>	<b>667</b>	<b>258</b>	<b>20</b>	<b>224</b>	<b>888</b>	<b>1108</b>	<b>3391</b>

Source DHIS2

#### 8. Completeness and timeliness of reporting October - December 2023

Region	Health Facility Returns 05 - HCT/VCT - Expected reports	Health Facility Returns 05 - HCT/VCT - Actual reports	Health Facility Returns 05 - HCT/VCT - Reporting rate	Health Facility Returns 05 - HCT/VCT - Actual reports on time	Health Facility Returns 05 - HCT/VCT - Reporting rate on time
Central River	33	33	100%	33	100%
Lower River	30	30	100%	30	100%
North Bank East	21	21	100%	21	100%
North Bank West	18	17	94%	17	100%
Upper River	30	29	97%	29	100%
Western-1	81	72	89%	45	63%
Western -2	30	30	100%	26	87%
<b>Gambia</b>	<b>243</b>	<b>232</b>	<b>95%</b>	<b>201</b>	<b>87%</b>

Source DHIS2

Annex 2.1: Filled Data Tables Excel Sheet

