

# **NATIONAL AIDS SECRETARIAT**

## **Annual Monitoring and Evaluation Report 2019**

**(March 2020)**

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Final Report

## INTRODUCTION

Monitoring and Evaluation is a continuous management function that assesses the progress made in achieving expected results, to spot bottlenecks in implementation of the program goals and objectives as well as its activities.

Monitoring and evaluation of programs can be a powerful means to measure the program performance, track progress towards achieving desired goals, and demonstrate that systems are in place that support organizations in learning from experience and adaptive management. Also, monitoring and evaluation can help to strengthen program design and implementation and stimulate partnerships with the program stakeholders.

Monitoring systems provide managers and other stakeholders with regular information on progress relative to targets and outcomes. This enables managers to keep track of progress, identify any problems, and alter operations to take account of experience, and develop to any strategic intervention.

Periodic evaluation is also considered to be good practice, and can be used to investigate and analyze why targets are or are not being achieved. It looks at the cause and effect of situations and trends which are recorded within monitoring.

In summary, monitoring and evaluation can:

- ✦ **Track progress:** M&E assesses inputs (expenditure), outputs and outcomes, which enables managers to track progress towards achieving specific objectives.
- ✦ **Measure impact:** M&E reduces guesswork and possible bias in reporting results.
- ✦ **Increase accountability:** M&E can provide the basis for accountability if the information gathered by the M&E process is reported and shared with users and other stakeholders at all levels.
- ✦ **Inform decision making:** M&E provides evidence about the successes and failures of current and past program that planners and managers need to make decisions about future projects.
- ✦ **Encourage investment:** a credible M&E system builds trust and confidence from government and donors which will increase possibilities of further investment.
- ✦ **Build capacity:** a sound M&E system supports community participation and responsibility.

It is against this backdrop that Monitoring and Evaluation Unit of National AIDS Secretariat conduct semester monitoring to gauge the program performance, identify key challenges, conduct mentorship for staff and give feedback to relevant authorities for action.

## **HIV COUNSELING AND TESTING GENERAL POPULATION**

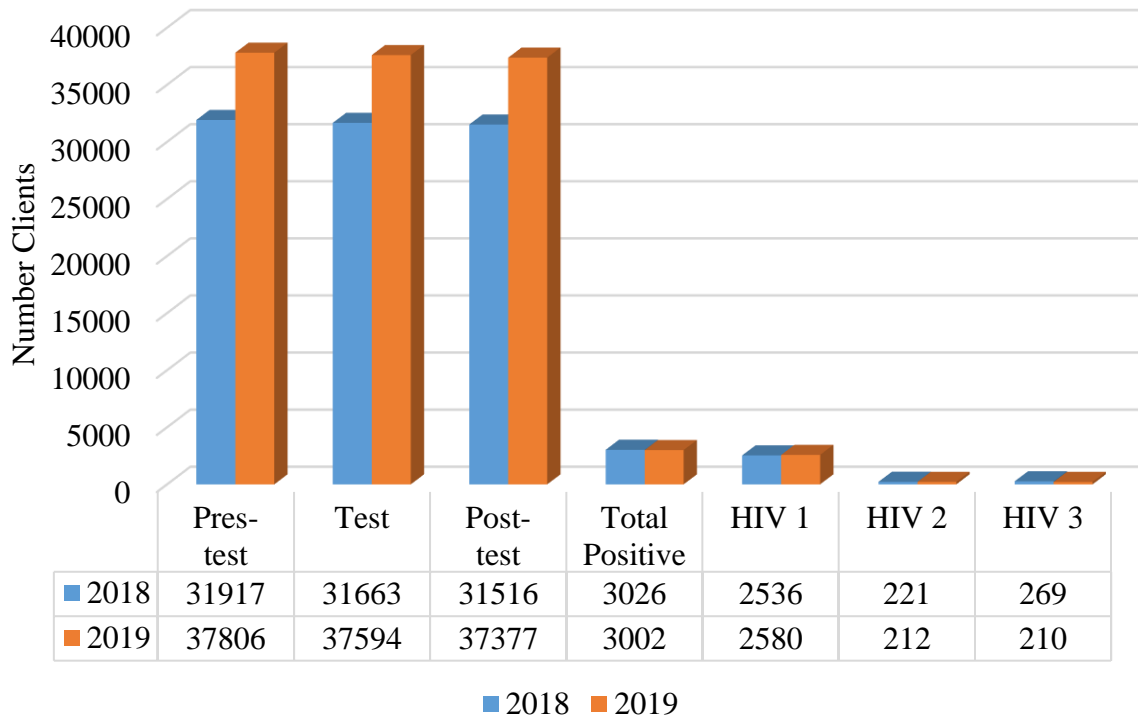
Determining ones HIV status is fundamental in providing adequate care needed by the HIV positive client. The M&E and Mentoring Team have been engaging health facility staff to aggressively implement “provider initiated counseling and testing strategy” in place of routine voluntary counseling and testing.

This initiative had yield some positive results. In 2019, 37594 test were conducted of the 37806 client pre-tested (99.4%). The “number of women and men aged 15+ who received an HIV test and know their results” was 37377 of the total tested (99.4%). Of the number tested, 3002 (8%) were found to be positive. HIV 1 constitutes the highest 2580 (86%).

It is important to note that Counselling and Testing has been deprioritized in the current grant, however, counselling being the entry point for HIV services, the program decided to set targets for this service area. In 2019, the target for number of women and men aged 15+ who received an HIV test and know their results was 31516. The program over achieved this target; 37377.

Despite the increase in the number of clients tested, the year under review had less positive 3002 compare to the previous year 3026. Western Region 1 had tested more clients 18443, followed by Western Region 2; 5724. Western Region registered the highest prevalence; 11.9% followed by Upper River Region 9%. For details on general population counseling and testing, see figure 1 below

**Figure 1: HIV Counseling and Testing (General Population) 2019**



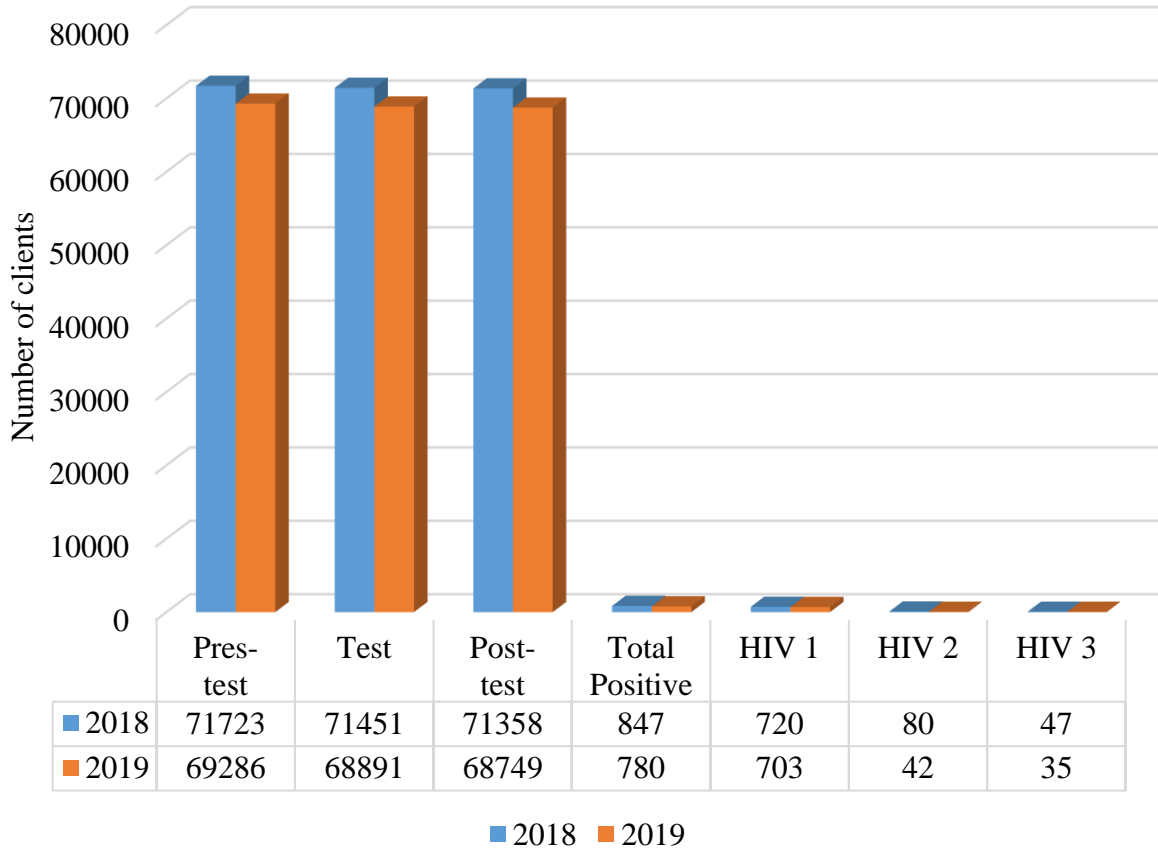
Source: DHIS2

## PMTCT; HIV COUNSELING AND TESTING 2019

All pregnant women in the country are encouraged to seek antenatal services. The health care providers now use positive pregnancy experience strategy instead of focus pregnancy strategy. It is obvious that almost all pregnant women seek antenatal care at least once during pregnancy. This could have been an avenue for service providers to capitalize and test all pregnant women.

Of the 69286 pregnant mothers pre-tested, 68891 (99.4%) were tested. The target set for the indicator “percentage of pregnant women who know their HIV status” was 71 358. The program performance was 68749 registering 96% achievement. Total HIV positive pregnant women in the year under review was 780 (1.1%). Of these HIV 1 constitutes 703 (90%). Although the program tested less pregnant women compared to last year, the HIV positive pregnant women were more last year (847) than this year (780). Probably due to population size, Western Region 1 saw more mothers, followed by Western Region 2. The HIV prevalence among pregnant women is higher in Western Region 2 and Lower River Region with 1.5% respectively (above the national prevalence, 1.1). For details, see figure 2.

**Figure 2: PMTCT Counseling and Testing 2019**



Source: DHIS2

## ANTIRETROVIRAL THERAPY SERVICES

Antiretroviral therapy is one of the most effective tools available and it is an essential part of an efficient, sustainable AIDS response. Antiretroviral therapy saves lives, prevents new HIV infections because ARVs can reduce the risk of HIV transmission by up to 96%, prevents illness like tuberculosis infection among people living with HIV by 65% and keeps people productive.

For the HIV treatment to work properly, it's important for clients to adhere to their treatment and taking the drugs at the right times, at the right dose, and to follow service providers advices for successful HIV treatment.

### *ANTIRETROVIRAL THERAPY (ART) General Population*

The Gambia has 14 ART Treatment Centers across the country. There are 5 ART centers in Western Region 1 (EFSTH, Kanifing General Hospital, SOC Mother and Child Clinic, Bundung Maternal and Child Health Hospital, Yundum Army Clinic and UN Clinic is not functional for ART services as at now), Western 2, 3 ART centers (Hands on Care, Bwiam General Hospital and ECGH Sibanor Health Center), Lower River Region (Soma District Hospital), Central River Region (Bansang Hospital), Upper River Region (Basse District Hospital), North Bank Region East (Farafenni General Hospital) and North Bank Region West (Essau District Hospital).

Regions	Number of ART Sites	Facility Names
Western 1	5 ART centers	EFSTH
		Kanifing General Hospital
		SOC Mother and Child Clinic
		Bundung Maternal and Child Health Hospital,
		Yundum Army Clinic
		UN Clinic
Western 2	3 ART centers	Hands on Care
		Bwiam General Hospital
		ECG Sibanor Health Center
Lower River Region	1 ART center	Soma District Hospital
Central River Region	1 ART center	Bansang Hospital
Upper River Region	1 ART center	Basse District Hospital
North Bank Region East	1 ART center	Farafenni General Hospital
North Bank Region West	1 ART center	Essau District Hospital

For the year under review, the total number of clients on treatment at ART centers was 7605. Of these 1993 (26%) are males while 5612 (74%) are females. Eight percent of those on ART (N=585) are children below 15 years and 7020 (92%) adults 15 years and above in the general population excluding pregnant women on ART for the first time during the current pregnancy.

The majority of these clients are found at Hands on Care 2222 (29%), followed by EFSTH. However, it is important to note that the net increase of clients on ART at EFSTH is not encouraging compare to other ART centres due to poor retention of PLHIVs on ART.

Of the 3002 positive clients, 1805 (60%) were initiated on treatment. Hands on Care initiated more clients on treatment (N=387), followed by Kanifing General Hospital (N=280), EFSTH (N=227) and Bansang Hospital (N=206). The least enrollment on ART came from SOS Mother and Child Clinic (N=11).

To effectively deliver antiretroviral therapy services, all PLHIV's on care needs to have a viral load investigated at least once a year. The number of clients whose viral load were recorded on the registers and entered into the DHIS2 database was 1543 (20%). Those whose viral load were found to be undetectable or less than 1000 copies was 632 (41%).

Hands On Care conducted more viral load investigations (N=587) followed by Basse District Hospital (N=235) and Farafenni General Hospital (N=200). It is important to note that EFSTH recorded the lowest number of test in the year (only 36 viral load tests) were conducted.

No viral load records were found on Kanifing General Hospital and Yundum Army Clinic. For details on general population ART Services, see table 1, 2 and 3 below.

During the year under review, the program registered 310 deaths. There were more deaths among the female (N=183, 59%) than the male (N=127, 41%). Four (1%) of the deaths were PMTCT mothers. Twenty six (8%) were children below 15 years while 284 (92%) were adults more than 15 years. See table 5 and 6



**Table 1: PLHIV Currently on ART (General Population, 2019) by Health Facility**

Facility	Male		Female		Total	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
EFSTH	58	309	52	870	1289	227	36	2
Kanifing G. Hospital	20	188	30	456	694	280	0	0
Bundung MCH Hospital	9	41	6	112	168	92	10	2
SOS Mother and Child Clinic	6	33	10	118	167	11	57	1
Yundum Army Clinic	0	63	1	54	118	63	0	0
Hands On Care	83	482	76	1581	2222	387	587	416
ECG Sibamor Health Center	31	99	29	451	610	55	11	0
Bwiam General Hospital	22	107	26	397	551	81	74	44
Soma District Hospital	11	79	15	265	370	114	176	43
Bansang Hospital	18	106	13	373	510	206	147	27
Basse District Hospital	13	87	11	327	438	125	235	47
Farafenni General Hospital	10	70	15	237	332	101	200	44
Essau District Hospital	12	36	9	79	136	63	10	6
<b>TOTAL</b>	<b>293</b>	<b>1700</b>	<b>292</b>	<b>5320</b>	<b>7605</b>	<b>1805</b>	<b>1543</b>	<b>632</b>

*Source: DHIS2*

**Table 2: PLHIV Currently on ART (General Population, 2019) by Region**

Region	Male		Female		Total	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
Western 1	93	634	98	1610	<b>2436</b>	673	103	5
Western 2	136	688	131	2429	<b>3383</b>	523	672	460
Lower River	11	79	15	265	<b>370</b>	114	176	43
Central River	18	106	13	373	<b>510</b>	206	147	27
Upper River	13	87	11	327	<b>438</b>	125	235	47
North Bank East	10	70	15	237	<b>332</b>	101	200	44
North Bank West	12	36	9	79	<b>136</b>	63	10	6
<b>TOTAL</b>	<b>293</b>	<b>1700</b>	<b>292</b>	<b>5320</b>	<b>7605</b>	<b>1805</b>	<b>1543</b>	<b>632</b>

*Source: DHIS2*

**Table 3: PLHIV Currently on ART (General Population, 2019) by Sub-Recipient**

Facility	Male		Female		Total	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
<b>EFSTH</b>	58	309	52	870	<b>1289</b>	227	36	2
<b>Hands On Care</b>	83	482	76	1581	<b>2222</b>	387	587	416
<b>Ministry of Health</b>	152	909	164	2869	<b>4094</b>	1191	920	214
<b>TOTAL</b>	<b>293</b>	<b>1700</b>	<b>292</b>	<b>5320</b>	<b>7605</b>	<b>1805</b>	<b>1543</b>	<b>632</b>

*Source: DHIS2*

**Table 4: Death on ART by Health Facility (2018 & 2019)**

FACILITY	2018				2019			
	Male		Female		Male		Female	
	< 15	>15	< 15	>15	< 15	>15	< 15	>15
EFSTH	2	18	2	20	2	8	1	13
Kanifing G. Hospital	3	6	1	7	0	9	0	7
Bundung MCH Child Clinic	0	0	0	4	1	4	1	9
SOS Mother and Child Clinic	0	0	0	4	1	3	0	3
Yundum Army Clinic	0	1	0	2	0	0	0	1
Hands On Care	7	30	4	36	4	39	2	69
ECG Sibanor Health Center	1	4	1	11	2	5	0	18
Bwiam General Hospital	2	7	0	10	2	6	0	9
Soma District Hospital	1	11	2	5	4	5	0	12
Bansang Hospital	1	10	2	11	0	14	1	18
Basse District Hospital	0	12	0	13	3	6	0	4
Farafeni General Hospital	2	7	0	5	0	6	0	5
Essau District Hospital	0	0	0	3	0	3	2	4
<b>Total</b>	<b>19</b>	<b>106</b>	<b>12</b>	<b>131</b>	<b>19</b>	<b>108</b>	<b>7</b>	<b>172</b>
<b>Total by Sex</b>	<b>125</b>		<b>143</b>		<b>127</b>		<b>179</b>	
<b>Total by Year</b>	<b>268</b>				<b>306</b>			

Source: DHIS2

**Table 5: Death on ART by Region (2018 & 2019)**

Region	General Population								PMTCT	
	2018				2019				2018	2019
	Male		Female		Male		Female			
< 15	>15	< 15	>15	< 15	>15	< 15	>15			
Western 1	5	25	3	37	4	24	2	33	0	1
Western 2	10	41	5	57	8	50	2	96	2	2
Lower River	1	11	2	5	4	5	0	12	0	0
Central River	1	10	2	11	0	14	1	18	1	1
Upper River	0	12	0	13	3	6	0	4	0	0
North Bank East	2	7	0	5	0	6	0	5	1	0
North Bank West	0	0	0	3	0	3	2	4	0	0
<b>Total by Age</b>	<b>19</b>	<b>106</b>	<b>12</b>	<b>131</b>	<b>19</b>	<b>108</b>	<b>7</b>	<b>172</b>		
<b>Total by Sex</b>	<b>125</b>		<b>143</b>		<b>127</b>		<b>179</b>		<b>4</b>	<b>4</b>

Source: DHIS2

## ***ANTIRETROVIRAL THERAPY (ART) Pregnant Women (PMTCT)***

One of the objectives of administering ARV to positive pregnant mothers is to reduce the rate of mother to child transmission. Since all pregnant mothers attend antenatal clinic at least ones during pregnancy, the testing of pregnant mothers for HIV should be critical.

The target for the indicator “the number and percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission” was 835. As at December 2019, the number of pregnant mothers found to on ARVs was 624 (75%).

The total number of pregnant mothers found to be newly positive was 780 and 552 (71%) of them were initiated on treatment. Western Region 1 initiated more positive pregnant mothers on ARVs. This could be attributed to number of health facilities offering PMTCT ARVs Services in this region.

Viral load investigation remains a challenge especially in this service area. The total number of viral load recorded and reported on DHIS2 was 60 (10%) of total PMTCT mothers on ART. Of the 624 mothers currently on ART only 60 had a viral load test in 2019 and 16 of the 60 that had a test had undetectable viral load. Details, see table 7 below.

**Table 6: PLHIV Currently on ART (PMTCT, 2019) by Region**

<b>Region</b>	<b>Total</b>	<b>Began ART</b>	<b>Viral Load Test</b>	<b>Viral Load Undetectable</b>
Western 1	308	227	17	2
Western 2	142	117	5	0
Lower River	29	39	8	10
Central River	60	68	19	4
Upper River	41	55	9	0
North Bank East	19	24	1	0
North Bank West	25	22	1	0
<b>Total</b>	<b>624</b>	<b>552</b>	<b>60</b>	<b>16</b>

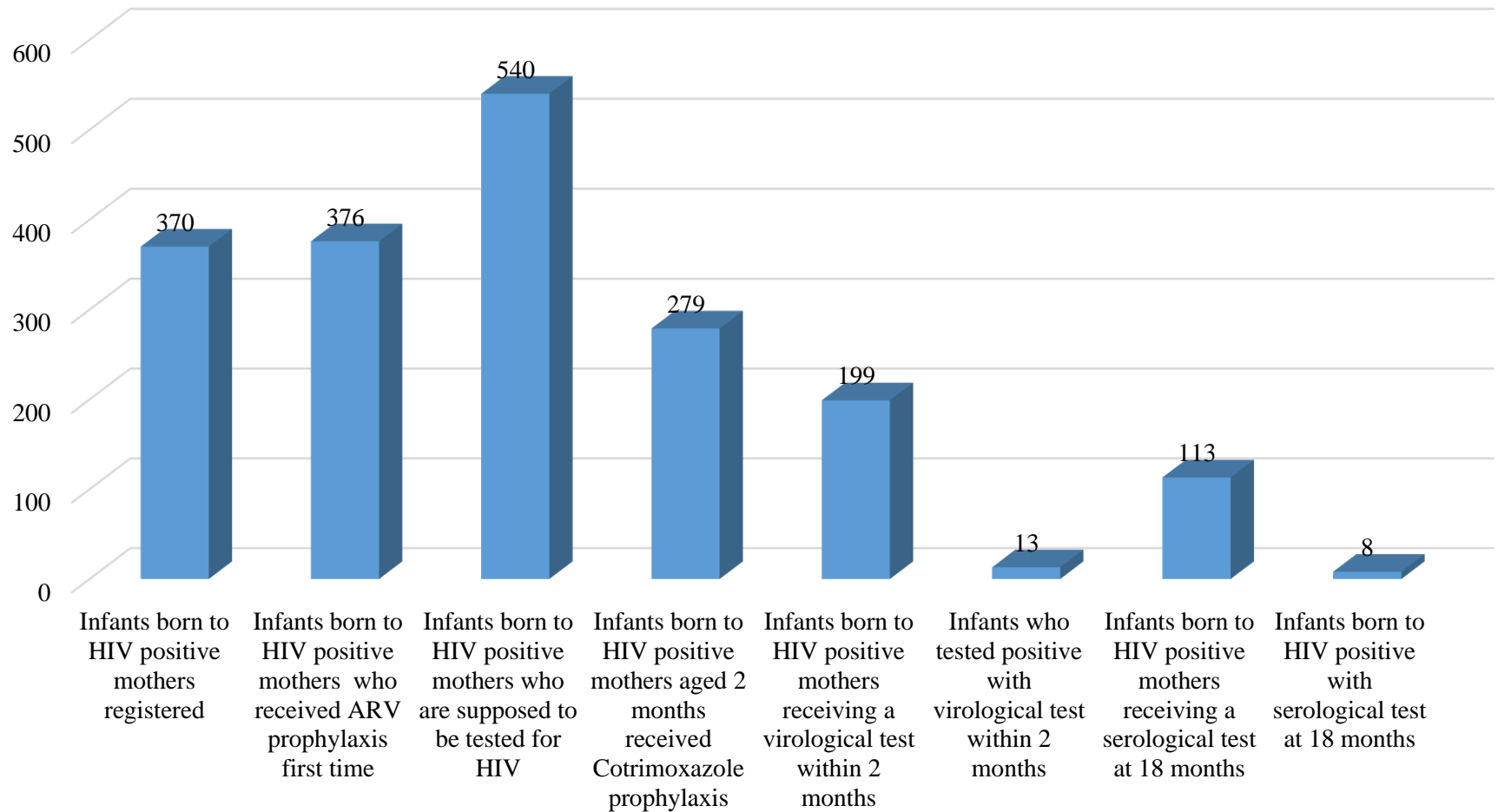
**Source: DHIS2**

## **ARV INFANT**

PMTCT ARV Services is aimed at reducing the mother-to-child transmission of HIV. Therefore, testing exposed infants especially within 2 months to know their infants HIV status remains critical.

The total number of exposed infants registered at the health facilities during the year under review was 370. The number of infants that received the ARV prophylaxis for the first time was 376 which is higher than the number register and this could be as a result of the fact that some expose infants born in the previous year and did not receive their ARVS at the time, received their ARVS in the current year. The number infants that were supposed to be tested was 540 and 312 (58%) were tested. Infant born to positive mothers aged 2 months that received Cotrimoxazole prophylaxis was 279. Two months is the age when virological test is frequently done for infants. The virological test done under the year under review was 199 (71%). Thirteen of the tests (6.5%) were positive. The serological test is done at 18 months. One hundred and thirteen serological tests were done and 8 (7%) of them tested positive. See figure 3 below for details.

**Figure 3: ARV Infant, 2019**



## **OPPORTUNISTIC INFECTIONS**

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, and brain and nerve problems.

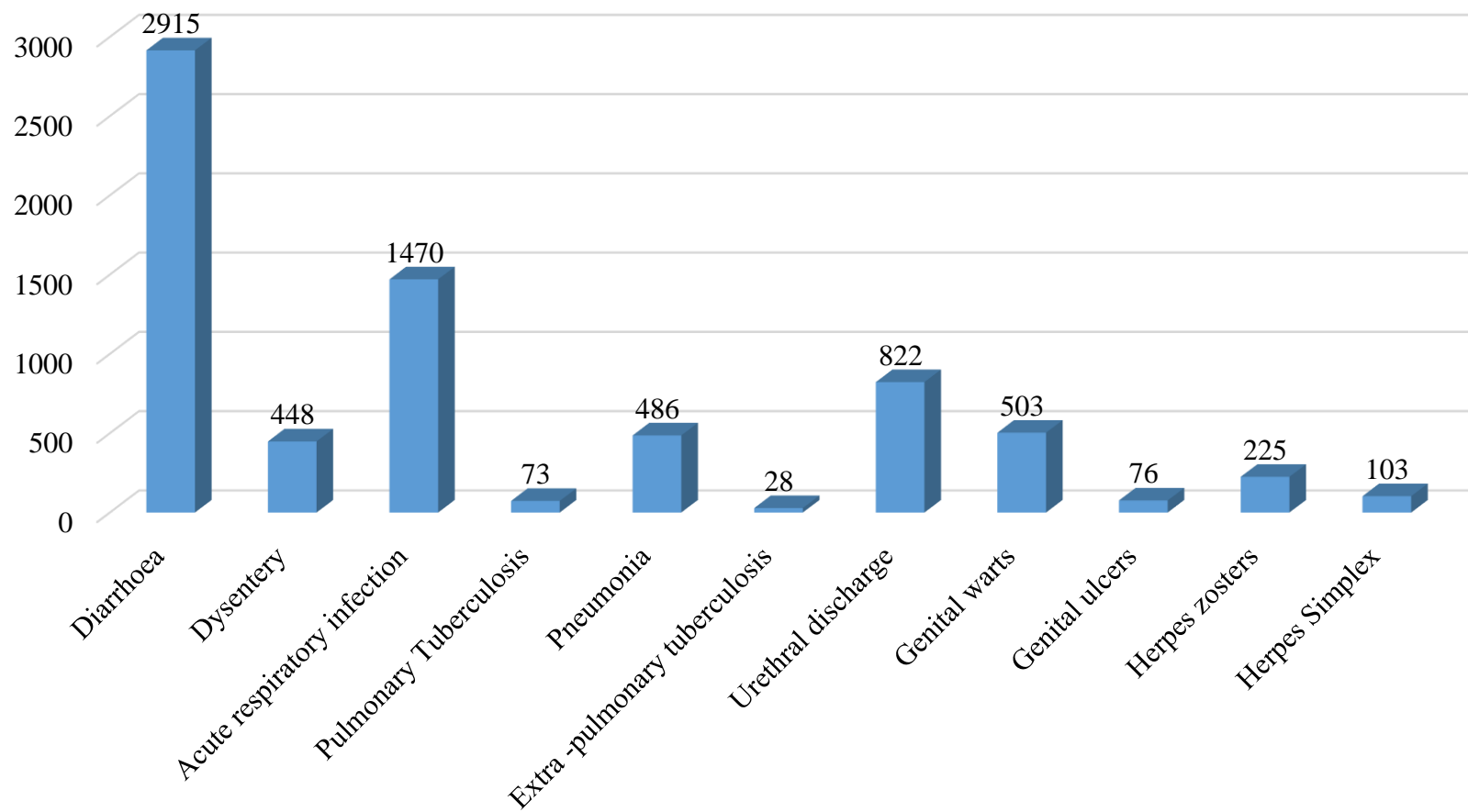
Untreated HIV, over the course of years, will result in loss of immune function and development of “opportunistic” infections. They're called "opportunistic" because they take advantage of the weaker immune system of someone with HIV. If the CD4 count stays up, opportunistic infections are less likely to be a problem.

The opportunistic infections selected among the list are Diarrheas, Dysentery, Acute Respiratory infection, Pulmonary Tuberculosis, Pneumonia, Extra-pulmonary Tuberculosis, Urethral Discharge, Genital Warts and Genital Ulcers, Herpes Zosters and Herpes Simplex.

The most frequently opportunistic infections seen was diarrhea with 2915 cases. This was followed by Acute Respiratory infection leads with 1470 reported cases. Urethral discharge is third commonest 822. Detail, see figure 4 below



**Figure 4: Opportunistic Infections, 2019**



## RECOMMENDATIONS

Services Delivery Area	Identified Issues	Severity of Issue	Action(s) Taken	Recommendation
Counseling and Testing (HCT and PMTCT)	Low performance	Minor	The team advocated for strengthening of Provider Initiated Counseling Strategy at the outpatient departments throughout the country	<p>RACs to monitor Provider Initiated Counseling and Testing Strategy at all facilities.</p> <p>M&amp;E and Mentoring Team to Provider Initiated Counseling and Testing at facility level.</p> <p>NACP and Regional Health Directorates to encourage/ advocate for this</p>
Treatment, care and support	High defaulter rate among ART clients including PMTCT mothers	Major	<p>Reviewed with facility staff how to identify defaulter on the register.</p> <p>The M&amp;E Team reviewed with facility staff the Tickler Defaulter Tracing System to identify missed appointments for follow up before they default.</p>	<p>Facility staff to reinforce counseling on adherence to treatment</p> <p>The facility staff to make best use of Tickler Defaulter Tracing System NACP and Regional Health Directorates to encourage/ advocate for this</p>
Recording and Filling of folders	<p>Recording of Viral load results.</p> <p>Completion of register variables</p>	<p>Major</p> <p>Minor</p>	<p>The staff urged to record the viral load values on the registers for it to be captured during monthly reporting.</p> <p>Staff told to capture the viral load value on the exact month the clients were bled</p> <p>The staff were asked to do their best in filling every variable on the register for completeness</p>	<p>The RAC to consistently inquire about the viral load test carried out each month and follow-up the results for them to be recorded on the registers for subsequent entries into DHIS2</p> <p>NACP and Regional Health Directorates to encourage/ advocate for this</p> <p>RACs to monitor registers to ensure completeness</p>

PMTCT/ Infant Services	Low uptake and recording of EID results	Major	Staff encouraged to record EID results in the register and also follow up results at the labs	<p>NACP and Regional Health Directorates to encourage/ advocate for this</p> <p>RACs and Mentoring Teams to henceforth monitor EID entries in the register.</p>
Data Quality	General ART and PMTCT ART	Major (viral load)	The facility staff encouraged to transfer all the viral load investigations done to the general and PMTCT ART.	<p>The management to devise a strategy in making sure that viral load for 2019 are punched into DHIS 2.</p> <p>NACP and Regional Health Directorates to encourage/ advocate for this</p> <p>RACs and Mentoring Teams to henceforth monitor viral load entries in the register.</p>