

NATIONAL AIDS SECRETARIAT

Annual Monitoring and Evaluation Report

2020

(April 2021)

Final Report

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INTRODUCTION

Monitoring and Evaluation activities can be used to examine whether program activities have had a measurable impact on expected outcomes and has been implemented effectively.

Monitoring is the most effective tool to determine and ascertain the quality of performance of any program and to help the project/program keeps in right track. Through monitoring quality of performance, achievement of the target, working environment, constraints, efficiency of staff, quality etc. are generally determined and the system also help in future course of action achieve the project objectives and goal in due time using allocated resources.

The ultimate goal of Monitoring and Evaluation is to provide data for decision-makers to use at all points of the HIV program cycle. Regular program reviews allow data to be used for decisions and help to inform policy to improve the delivery of prevention and treatment services. Routine monitoring should therefore be complemented by systematic evaluations and program reviews to assess the performance and effectiveness of HIV program, either comprehensively or with respect to specific priority areas.

Monitoring and Evaluation is a useful tool to enhance program performance in helping managers, planners, implementers, policy makers and donors acquire the information and understanding they need to make informed decisions about program operations.

Monitoring and evaluation together provide the necessary data to guide strategic planning, to design and implement programs and projects, and to allocate, and re-allocate resources in better ways.

Monitoring and Evaluation helps to:

- Ensure evidence-based, well-coordinated program implementation;
- Ensure timely and accurate reporting on results;
- Ensure accountability to project stakeholders;
- Track progress against targets.
- Provides the only consolidated source of information showcasing project progress;
- Allows actors to learn from each other's experiences, building on expertise and knowledge;

- Often generates (written) reports that contribute to transparency and accountability, and allows for lessons to be shared more easily;
- Reveals mistakes and offers paths for learning and improvements;
- Provides a way to assess the crucial link between implementers and beneficiaries on the ground and decision-makers;

Data verification helps to determine whether program data was accurately translated when data is transferred from registers to the monthly reporting forms. The process helps validate data against a set of data rules to determine which records comply and which do not. The purpose of data verification is to ensure that data that are gathered are as accurate as possible, and to minimize human and instrument errors - including those which arise during data processing. It is an on-going process which should start at the data gathering stage, and continue during data entry and analysis.

Objective of the Monitoring Supportive Supervision Visit

Monitoring supportive supervision is a facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees.

The primary objective of monitoring supportive supervision visit is to improve routine program monitoring, increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. It also contributes to the larger goal of TB/HIV program strengthening.

HIV Counseling and Testing General Population (HCT)

HIV counselling and testing has experienced very rapid growth since it was launched in 2004. HIV counselling and testing has contributed significantly in the reduction of stigma associated with HIV/AIDS, and the promotion of behavioral change. It has also facilitated access to prevention, care and treatment for the people living with HIV/AIDS.

Testing is the gateway to treatment and effective treatment is a great HIV prevention tool—it saves lives and prevents HIV transmission. HIV treatment reduces the viral load—the amount of HIV in a person's body—to undetectable levels. With an undetectable level of HIV, a person can't pass on the virus to someone else.

The approaches to VCT in The Gambia have shifted over the years from primarily client initiated to the broad scope of approaches that are currently in place such as facility base counselling and testing, Provider initiated counselling and testing and outreach HIV counselling and testing.

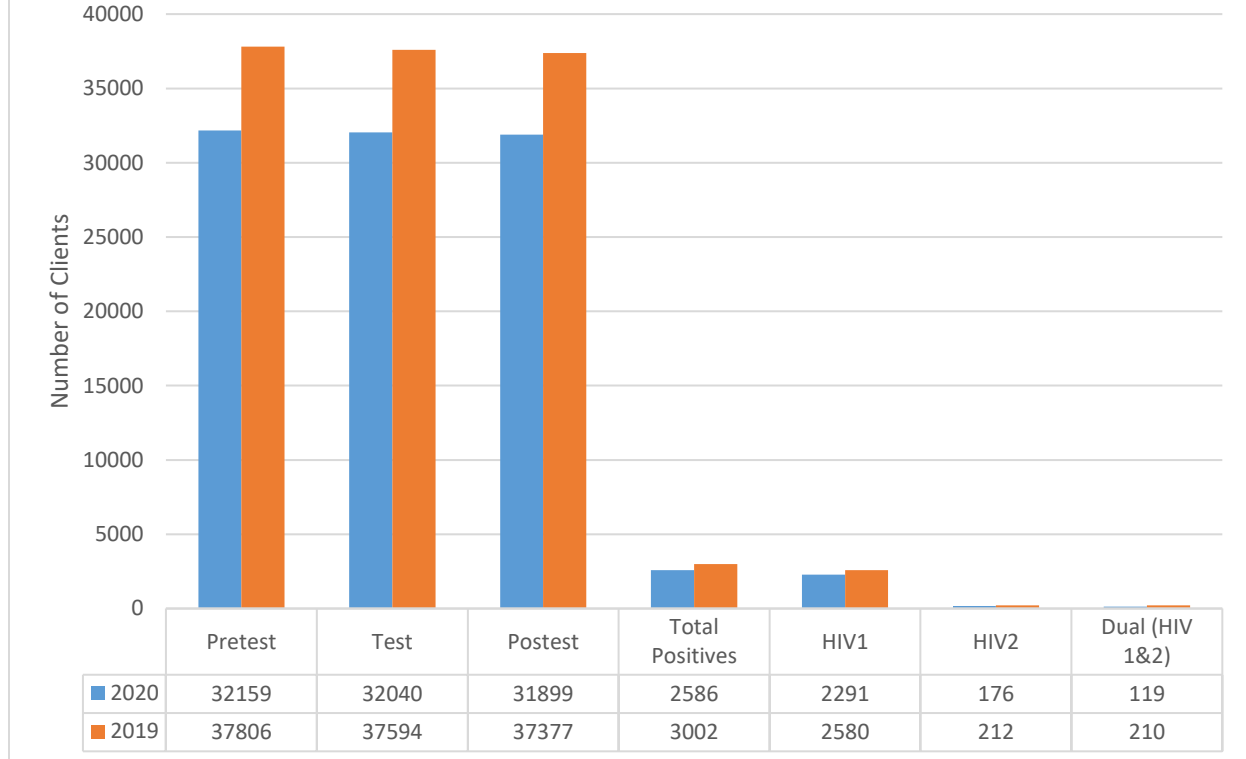
In 2020, a total of 32,159 clients were pre-tested for HIV and out of which 99.6% (N= 32,040) were tested. Of the 32040 who were tested, 99.5% (N= 31899) clients received their post test results. A total of 2,586 clients were HIV positive representing 8.07 % prevalence rate among those who were tested in the general population. Of those who tested positive, HIV 1 accounts for 88.5% (N = 2291), HIV 2 - 6.8 % (N = 176) and Dual HIV 4.6 % (N = 119) respectively There were 45 indetermined results among those who were tested in year.

In 2020, 99.6% (N = 32040) of clients pre-tested received a test for HIV and 99.5% (N= 31899) were posted tested and received their test results.

With regards to gender differences on the uptake of HIV counselling and testing, fewer females 37.7 % (N = 12089) compared to males 62.2% (N=19951) received a test during the year under review. However, it is important to note that, 61.5% (N = 1591) among the total positives are female and only 38.4% (995) were male.

The figure below reveals that more clients were reached with counselling and testing in 2019 (N= 37,594) compared to (N= 32,040) in 2020 which is as a result of the COVID-19 pandemic. see figure 1 below

Figure 1: HIV Counseling and Testing (General Population) 2020



Source: DHIS2

PMTCT; HIV COUNSELING AND TESTING 2020

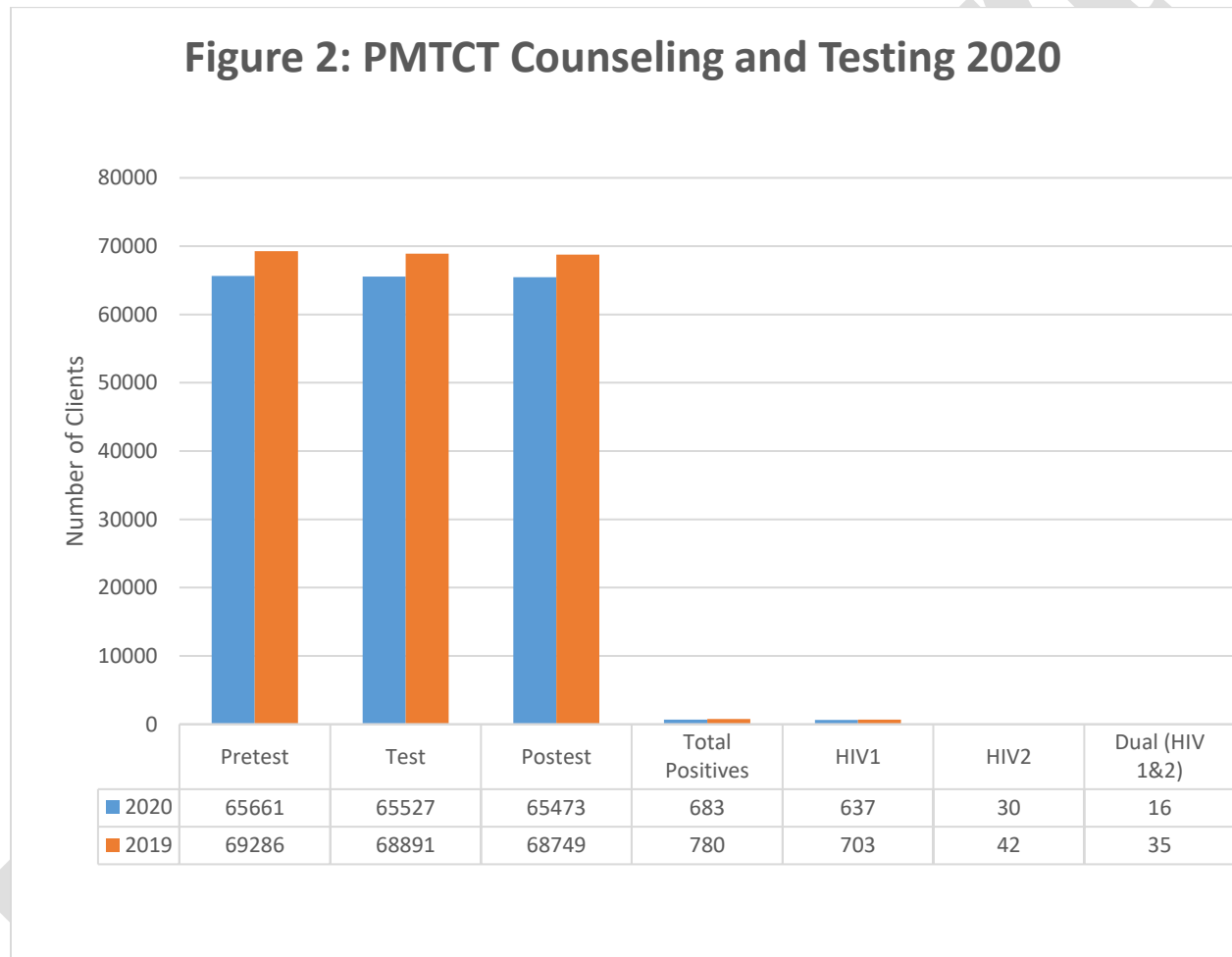
Effective prevention of mother to child transmission of HIV (PMTCT) efforts can drastically reduce paediatric HIV infection. PMTCT also serves as an entry point to care, treatment and support for HIV infected women and their exposed children and families.

In 2004, Ministry of Health introduced PMTCT services in The Gambia under the National AIDS Control Programme (NACP). Since then, the services have been rolled out to 56 health facilities in both private and public facilities. In 2020, over 99.7% of the women who were pretested had a HIV test. Ninety nine percent (99.1%) of the pregnant women who were tested knew their HIV status.

Rapid testing for HIV has been introduced in all of the PMTCT health facilities and this has increased the number of women enrolled into the PMTCT programme.

In 2020, a total of 65661 pregnant women were pretested, 99.7% (N = 65527) were tested, and 99.1% (N= 65473) of those tested knew their HIV status.

One percent (N = 683) tested positive, HIV 1 accounts for 93.2% (N = 637), HIV 2 is 4.4% (N = 30) and Dual HIV 2.3% (N = 16). For details, see figure 2.



Source: DHIS2

HIV Treatment (General Population)

The treatment for HIV is called antiretroviral therapy (ART). ART involves taking a combination of HIV medicines (called an HIV treatment regimen) every day.

ART is recommended for everyone who has HIV. People with HIV should start taking HIV medicines as soon as possible. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.

A main goal of HIV treatment is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partners through sex.

There are 14 HIV 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 ECG 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

As of December 2020, a total of 7767 PLHIV were on treatment among the general population in all the 14 ART centers. Of the 7767 on treatment, adult males consist of 22.7% (N= 1767) of all PLHIV on treatment while adult females consist of 69.7% (N= 5419) of all PLHIV ART. Seven percent of those on ART (N=581) are children below 15 years.

GENERAL ART POPULATION				Total
PEADIATIC		ADULT		Total
Male	Female	Male	Female	
297	284	1765	5421	7767

The majority of these clients are found at Hands on Care 2231 (28.7%), followed by EFSTH 1172 (15%). 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. 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 who were tested and viral load results recorded on the registers and entered into the DHIS2 database was 1642 (21%). Of those who were tested for viral load, only 28% (476) had a viral load result (<1000 copies/ml). It is important to note that there was no single viral load test conducted in the following ART Sites:

Kanifing General Hospital

ECG Sibnor clinic,

Bwiam General Hospital and

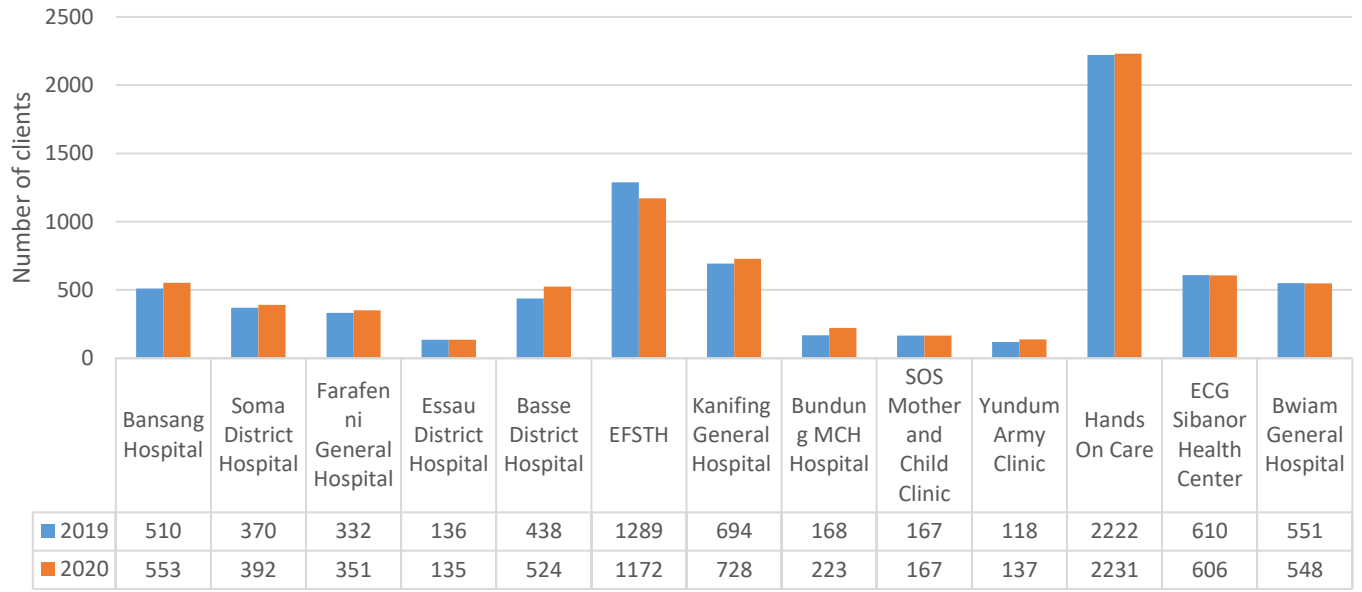
Essau District Hospital.

During the year under review, the program registered 300 deaths. There were more deaths among the females 56% (N= 170) compared to males 43% (N=130).

PLHIV on ART (General Population 2019 Against 2020) by Health Facility

In comparing the achievement between 2019 and 2020, the figure below revealed that smaller ART facilities did quite well in retaining PLHIV on ART compared to the bigger facilities during the year under review. However, the observation could be as a result of the fact that COVID -19 pandemic was more concentrated in greater Banjul area where most of these bigger facilities are located.

PLHIV on ART (General Population 2019 & 2020) by Health Facility



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Source: DHIS2

Table 1: PLHIV Currently on ART (General Population, 2020) by Health Facility

Facility	Male		Female		Total ART	Began ART	Viral-Load Test	Viral-load Undetectable
	0-14	15+	0-14	15+				
EFSTH	45	284	49	794	1172	194	151	48
Kanifing G. Hospital	23	175	24	506	728	256	0	0
Bundung MCH Hospital	9	59	5	150	223	94	46	1
SOS Mother and Child Clinic	7	43	7	110	167	13	22	13
Yundum Army Clinic	2	72	1	62	137	44	51	43
Hands On Care	75	498	80	1578	2231	407	338	185
ECG Sibanor Health Center	32	104	25	445	606	30	0	0
Bwiam General Hospital	26	92	18	412	548	77	0	0
Soma District Hospital	18	92	19	263	392	129	262	24
Bansang Hospital	24	112	18	399	553	190	294	68
Basse District Hospital	17	114	13	380	524	102	221	42
Farafenni General Hospital	11	87	13	240	351	88	257	51
Essau District Hospital	8	35	12	80	135	43	0	0
TOTAL	297	1767	284	5419	7767	1667	1642	475

Source: DHIS2

Table 2: PLHIV Currently on ART (General Population, 2020) by Region

Region	Male		Female		Total ART	Began	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
Western 1	86	633	86	1622	2427	601	270	105
Western 2	133	694	123	2435	3385	514	338	185
Lower River	18	92	19	263	392	129	262	24
Central River	24	112	18	399	553	190	294	68
Upper River	17	114	13	380	524	102	221	42
North Bank East	11	87	13	240	351	88	257	51
North Bank West	8	35	12	80	135	43		
TOTAL	297	1767	285	5419	7767	1667	1642	475

Source: DHIS2

Table 3: PLHIV Currently on ART (General Population, 2020) by Sub-Recipient

Facility	Male		Female		Total	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
EFSTH	45	284	49	794	1172	194	151	48
Hands On Care	75	498	80	1578	2231	407	338	185
Ministry of Health	177	985	155	3047	4364	1066	1153	242
TOTAL	297	1767	284	5419	7767	1667	1642	475

Source: DHIS2

Table 4: Death on ART by Health Facility (2019 & 2020)

FACILITY	2019				2020			
	Male		Female		Male		Female	
	< 15	>15	< 15	>15	< 15	>15	< 15	>15
EFSTH	2	8	1	13	1	6	2	7
Kanifing G. Hospital	0	9	0	7	1	9	0	10
Bundung MCH Child Clinic	1	4	1	9	0	5	0	1
SOS Mother and Child Clinic	1	3	0	3	0	0	0	2
Yundum Army Clinic	0	0	0	1	0	5	0	3
Hands On Care	4	39	2	69	3	45	3	63
ECG Sibanor Health Center	2	5	0	18	1	6	0	19
Bwiam General Hospital	2	6	0	9	1	18	2	14
Soma District Hospital	4	5	0	12	0	2	1	8
Bansang Hospital	0	14	1	18	1	7	1	14
Basse District Hospital	3	6	0	4	2	6	0	7
Farafeni General Hospital	0	6	0	5	1	4	0	9
Essau District Hospital	0	3	2	4	1	5	0	4
Total	19	108	7	172	12	118	9	161
Total by Sex	127		179		130		170	
Total by Year			306				300	

Source: DHIS2

Table 5: Death on ART by Region (2019 & 2020)

Region	General Population								PMTCT	
	2019				2020				2019	2020
	Male		Female		Male		Female			
	< 15	>15	< 15	>15	< 15	>15	< 15	>15		
Western 1	4	24	2	33	2	25	2	23	1	1
Western 2	8	50	2	96	5	69	5	96	2	4
Lower River	4	5	0	12	0	2	1	8	0	0
Central River	0	14	1	18	1	7	1	14	1	1
Upper River	3	6	0	4	2	6	0	7	0	1
North Bank East	0	6	0	5	1	4	0	9	0	0
North Bank West	0	3	2	4	1	5	0	4	0	1
Total by Age	19	108	7	172	12	118	9	161		
Total by Sex	127		179						4	8

Source: DHIS2

ANTIRETROVIRAL THERAPY (ART) Pregnant Women

PMTCT programmes provide a range of services to women and infants. These include preventing HIV infections among women of reproductive age (15–49 years), preventing unwanted pregnancies among women living with HIV, and providing women living with HIV with lifelong ART to maintain their health and prevent transmission during pregnancy, labour and breastfeeding.

Early initiation of anti-retroviral therapy as lifelong treatment (ART) in HIV-positive pregnant women prior to delivery has a huge impact in reducing mother to child transmission of HIV among infant. In 2020, 683 pregnant women were newly tested HIV positive. Among the 683 pregnant women that tested positive, 70% (N= 479) were newly initiated on treatment and the number of pregnant women who were on ART before their current pregnancy was 102. A total of 527 positive pregnant women were on ART as at December 2020.

Viral load investigation remains a challenge especially in this service area. The total number of viral load recorded and reported on DHIS2 was 33 (6%) of total PMTCT mothers on ART. Of the 527 mothers currently on ART only 33 had a viral load test in 2020 and 5 of the 33 that had a test had undetectable viral load. Details, see table 6 below.

Table 6: PLHIV Currently on ART (PMTCT, 2020) by Region

Region	Total	Began ART	Viral Load Test	Viral Load Undetectable
Western 1	222	188	3	0
Western 2	118	96	6	3
Lower River	22	26	2	0
Central River	73	79	9	1
Upper River	51	55	11	0
North Bank East	24	24	0	0
North Bank West	17	11	2	0
Total	527	479	33	5

Source: DHIS2

ARV Infants Prophylaxis

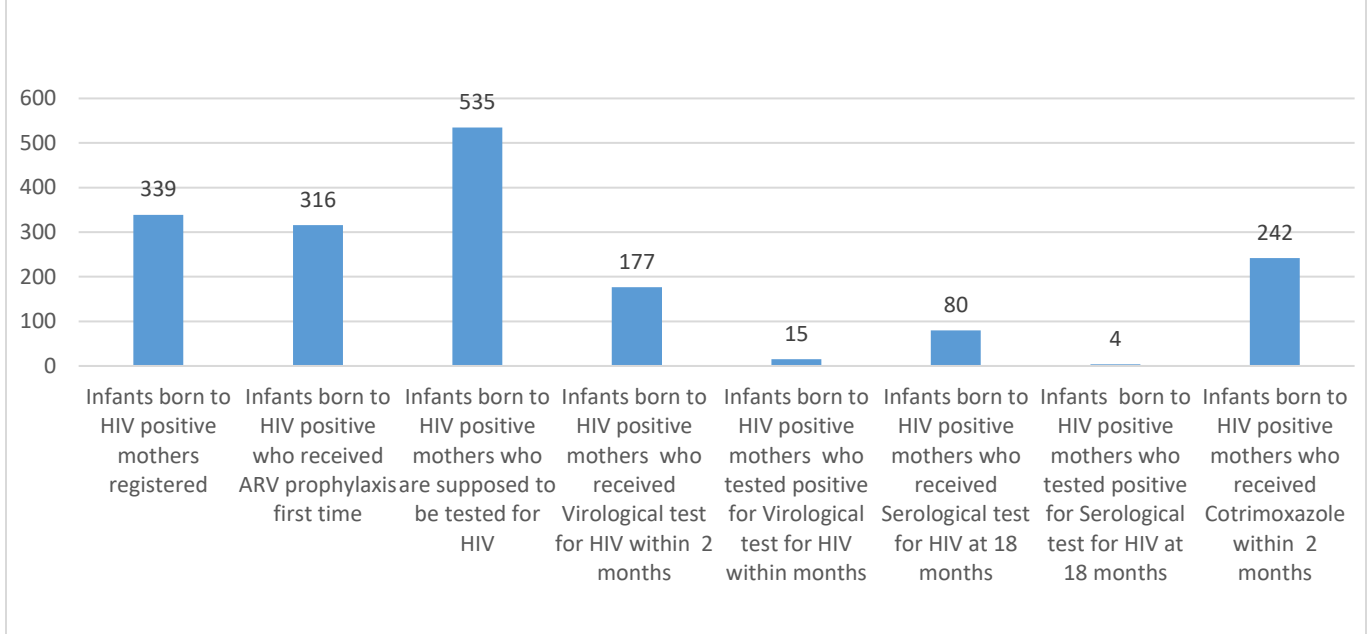
HIV can be transmitted from an HIV-positive woman to her child during pregnancy, childbirth and breastfeeding. Mother-to-child transmission (MTCT), which is also known as ‘vertical transmission’, accounts for the vast majority of infections in children (0-14 years).

Without treatment, if a pregnant woman is living with HIV the likelihood of the virus passing from mother-to-child is 15% to 45%. However, antiretroviral treatment (ART) and other interventions can reduce this risk to below 5%.

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 infant’s HIV status remains critical.

The total number of exposed infants registered at the health facilities during the year under review was 339. The number of infants that received the ARV prophylaxis for the first time was 316 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 within 2 months and 18 months were 535 and out of which 257 (48%) were tested. Infant born to positive mothers aged 2 months that received Cotrimoxazole prophylaxis was 242. Two months is the age when virological test is frequently done for infants. The virological test done under the year under review was 177. Fifteen of the tests (8%) 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, 2020



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OPPORTUNISTIC INFECTIONS

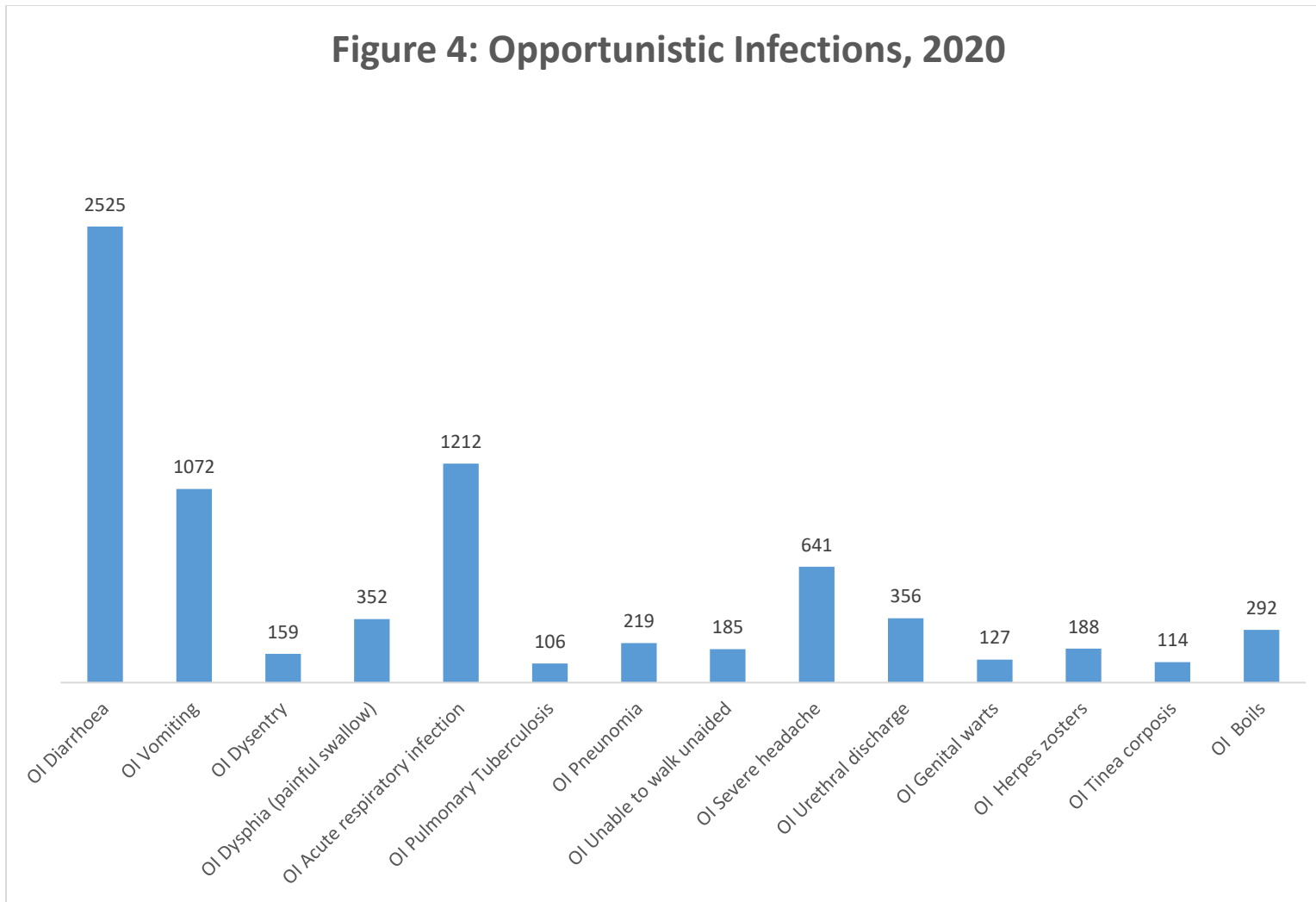
HIV attacks CD4 cells, which help to find and destroy bacteria, viruses, fungi, and other invasive germs. Without enough CD4 cells to fight them off, the resulting infections can lead to illnesses, cancers, and brain and nerve problems.

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, vomiting, Dysphagia (painful swallow), unable to walk unaided, Dysentery, Acute Respiratory infection, Pulmonary Tuberculosis, Pneumonia, Severe headache, Urethral Discharge, Genital Warts, Herpes Zoster and Tinea corporis and Boils.

The most frequently opportunistic infections seen was diarrhea with 2525 cases. This is followed by Acute Respiratory infection leads with 1212 reported cases, severe headache and Dysphagia (painful swallow) and Boils 292. Detail, see figure 4 below

Figure 4: Opportunistic Infections, 2020



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&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 on ART	Major	<p>Reviewed with facility staff how to identify defaulter on the register.</p> <p>The M&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</p> <p>NACP and Regional Health Directorates to encourage/ advocate for this</p>

Recording and Filling of folders	Recording of Viral load results. Completion of register variables	Major Minor	The staff urged to record the viral load values on the registers for it to be captured during monthly reporting. Staff told to capture the viral load value on the exact month the clients were bled The staff were asked to do their best in filling every variable on the register for completeness	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 NACP and Regional Health Directorates to encourage/ advocate for this RACs to monitor registers to ensure completeness
Treatment, care and support	Lack of VL testing in some ART sites namely Kanifing General Hospital <u>ECG</u> Sibnor clinic, <u>Bwiam</u> General Hospital and	Major	Staff were advice to provide VL services to PLHIV at least once a year	Management to engaged staff at NPHL on this issue.

	Essau District Hospital in year 2020			
PMTCT/ Infant Services	Low uptake and recording of EID results Lack of testing of exposed infants	Major	Staff encouraged to record EID results in the register and also follow up results at the labs	NACP and Regional Health Directorates to encourage/ advocate for this RACs and Mentoring Teams to henceforth monitor EID entries in the register.
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.	The management to devise a strategy in making sure that viral load for 2020 are punched into DHIS 2. NACP and Regional Health Directorates to encourage/ advocate for this RACs and Mentoring Teams to henceforth monitor viral load entries in the register.

Treatment regimens	General ART	Major	Wrong regimens prescribed for PLHIV either because confirmation is not done	Facility staff to confirm the HIV typing and make sure the correct regimen is prescribed
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