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Monitoring & Evaluation Grant Progress Report

Prepared By

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January-December 2022 Report

Table of Contents

LIST OF FIGURES AND TABLES iii
List of Figures iii
List of Tables iv
List of abbreviations v
1.0 Introduction 1
1.1 Objective of the Monitoring Visit 1
1.2 Monitoring Approach 2
1.3 The report herein, describes the service delivery areas for the program 2
1.3.1 Completeness and timeliness of reporting 3
1.3.2 HIV Counselling and Testing General Population (HCT) January-December 2022 3
1.3.3 PMTCT HIV Counselling &Testing January-December 2022 5
1.3.4 PLHIV currently on treatment by ART site December 2022 5
1.3.5 HIV Treatment in General Population December 2022 (viral load test & suppressed and died on ART) January-December 2022 6
1.3.6 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) as of December 2022 7
1.3.7 PMTCT ART by Health Region December 2022 8
1.3.8 Infant ARV prophylaxis 9
1.3.9 Prevalence of Opportunistic Infections January-December 2022 11
Annex 1: Table shows issues identified during monitoring, actions taken and recommendations 13
Annex 2: Data Tables by HIV services January-December 2022 15
Annexes 20
Annex 1: Issues Identified 20
Annex 2: Filled Data Tables 20
Annex 3: Filled Data Tables in Excel Sheet 20

LIST OF FIGURES AND TABLES

List of Figures

Figure		Page Number
Figure 1	Shows HIV Counselling & Testing in general population January-December 2022	4
Figure 2	Enrollment on ART by region and country January-December 2022	4
Figure 3	Shows PMTCT HIV Counselling &Testing January-December 20222	5
Figure 4	Shows currently on treatment by ART site from 2022 December	5
Figure 5	Shows total on ART by age and sex January-December 2022	7
Figure 6	Shows Infant ARV prophylaxis January–December 2022	9
Figure 7	Shows prevalence of Opportunistic Infections January-December 2022	11

List of Tables

Table		Page Number
Table 1	Shows Completeness and timeliness of report 2022	3
Table 2	Shows PLHIV Currently on ART December 2022 in General Population & Viral Load Test & Suppressed and Death by Gender January-December 2022	6
Table 3	Shows PLHIV Currently on ART (General Population) by Sub- Recipient (SR) December 2022	7
Table 4	Shows PLHIV Currently on ART (PMTCT) by Region December 2022	8
Table 5	Shows Infant ARV prophylaxis by region January–December 2022	10
Table 6	Shows prevalence of Opportunistic Infections by health region January-December 2022	12

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 Systen2
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 Secretariate
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

1.0 Introduction

Monitoring and Evaluation plays a critical role in providing data to determine the progress of the grant implementation. Monitoring and evaluation help and facilitate the provision of a consolidated source of information that indicate and show the progress of the services being provided across service areas in the health facilities. It is a process of program verification to ensure that the program is implemented in accordance with the agreed plan and that it fulfils planned objectives. It is an integral part of project cycle management and offers information based on which it is possible to determine achievements, issues, and risks, and offer solutions aimed at completion of the overall project goals.

The following are the basic areas of interest for any monitoring mission: What activities are implemented now and what is the progress achieved during specific time-period, is implementation in line with the work plan (WP) (efficiency), are there any risks or issues that can affect the project implementation, proposal of corrective measures or contingency plans, provision of recommendations for improvement of project in terms of better design, better efficiency, better effectiveness, greater potential impact, better sustainability. The main supporting documents in the monitoring process are project proposal, project progress reports, logical framework, work plan and the budget. The monitoring team will use these documents as a reference to assist in the situation assessment.

1.1 Objective of the Monitoring Visit

Monitoring and supportive supervision is a facilitative approach 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 to make decisions based on collected data.

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
- Opportunities Infection in relation to HIV/AIDS

1.3.1 Completeness and timeliness of reporting

Table 1: Completeness and timeliness of reporting in 2022

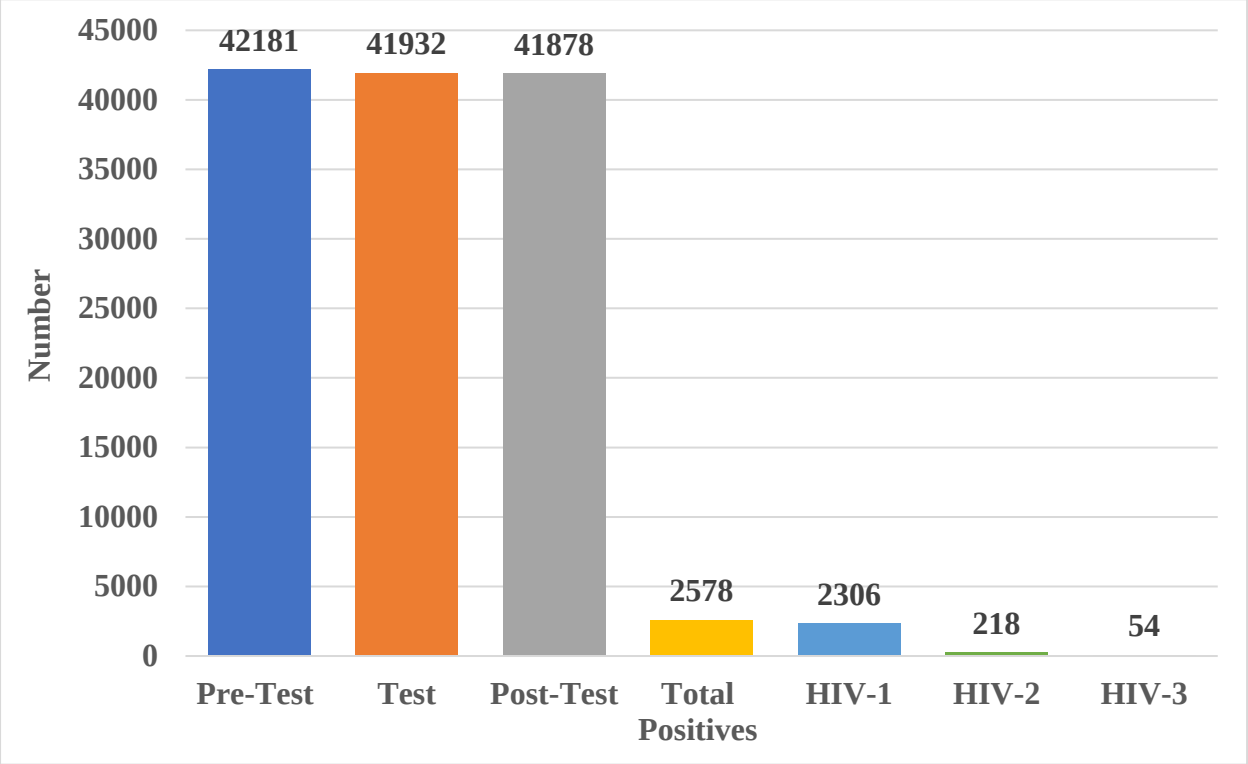
Organisation unit name	HCT/VCT Actual reports	HCT/VCT Expected reports	HCT/VCT Reporting rate	HCT/VCT Actual reports on time	HCT/VCT Reporting rate on time
Gambia	849	1176	72.2	608	51.7
Western 1	259	384	67.4	128	33.3
North Bank West	44	72	61.1	29	40.3
Central River	134	156	85.9	124	79.5
North Bank East	86	108	79.6	75	69.4
Upper River	133	168	79.2	113	67.3
Lower River	97	120	80.8	85	70.8
Western 2	96	168	57.1	54	32.1

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 72.2% while timeliness of the report is 51.7%. This meaning that the monthly reports are usually late to reach the RHDS for entry which is not in line with the HMIS policy.

1.3.2 HIV Counselling and Testing General Population (HCT) January-December 2022

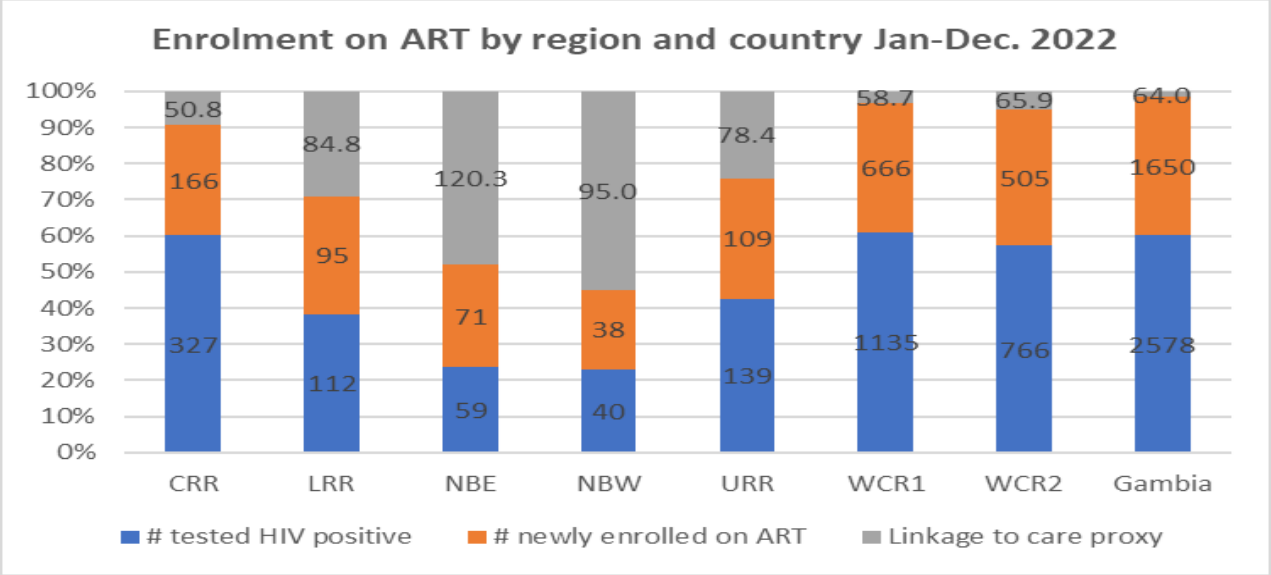
A total of 42181, 41932 and 41878 clients were pre tested, tested and post tested for the year under review. About 99% of who received a pre-test were tested and received their post-test results for the year. Out of a total of 2578 HIV positive clients in the year, HIV-1 accounts for 2306 (89%), HIV-2 218 (8.5%) and HIV-1&2 -dual constitutes 54 (2%). For the semester July-December 2022, the number of clients who have undergone the counselling and testing process during the semester in the general population was 21,566 (Pre-test), 21,415 (tested), 21406 (post tested) and a total of 687 HIV positives found (male 257and female 430 positive). Of the 21415 tested in the semester, 687(3.2%) were HIV positives.

Figure 1: Shows HIV Counselling & Testing in general population January-December 2022



Source DHIS-2

Figure 2: Enrollment on ART by Region and Country January-December 2022

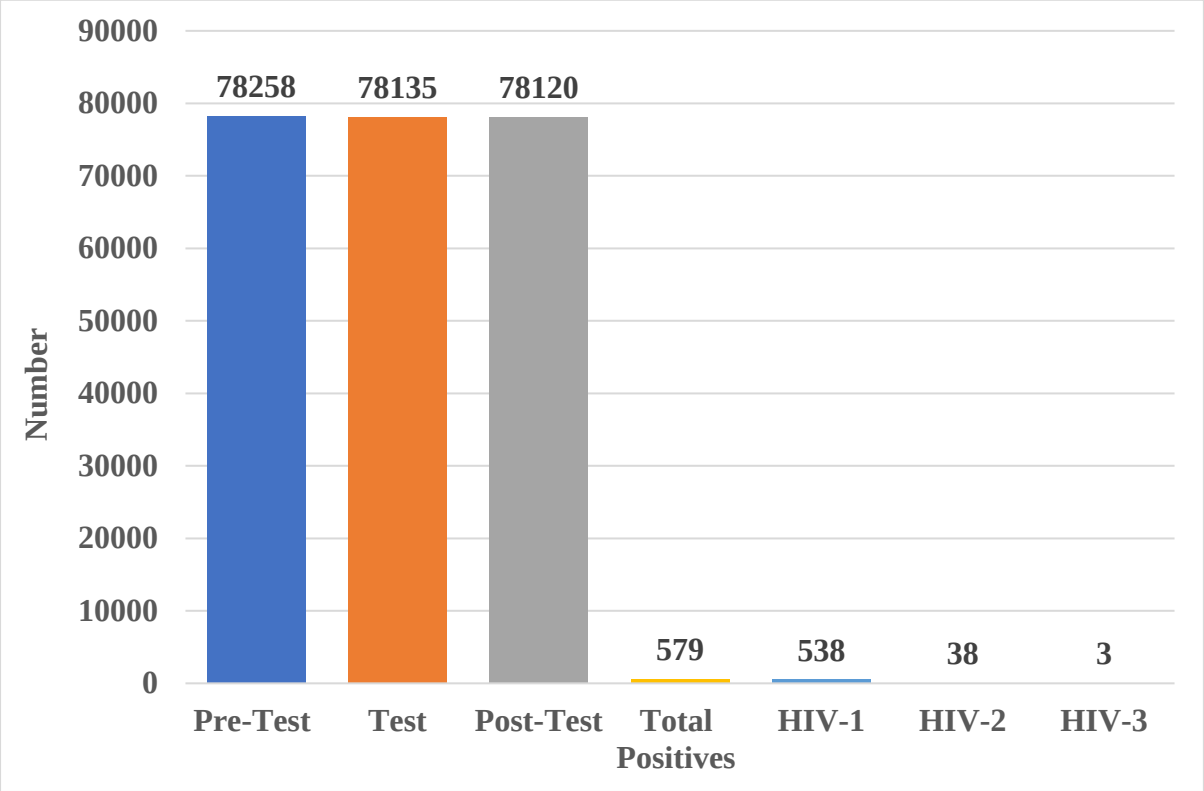


The figure 2 above indicates the linkage to care by region and country. The proportion of clients tested HIV positive and link to care is highest in north bank west region 95%, followed by lower river region and lowest in central river region. Nationally, the proportion of those tested HIV positive and link to care is 64%.

1.3.3 PMTCT HIV Counselling &Testing January-December 2022

A total of 78258 were pre-tested, 78135 tested and 78120 post-tested, almost all clients, 99% who were pretested, received their post-test results in 2022. Of the 78120 clients who were post-tested, 579 tested positive for HIV infection which indicates 0.7% positive rate among antenatal attendances. HIV-1 account for 538 (93%), HIV-2 accounts for 38 (7%) and HIV-1&2 3 (0.5%). Furthermore, during the semester July to December 2022. A total of 40426 received Pre-test, 40378 tested and 40375 post tested. Of the 40378 tested in the semester, 278(0.68%) were HIV positives.

Figure 3: Shows PMTCT HIV Counselling &Testing January-December 2022

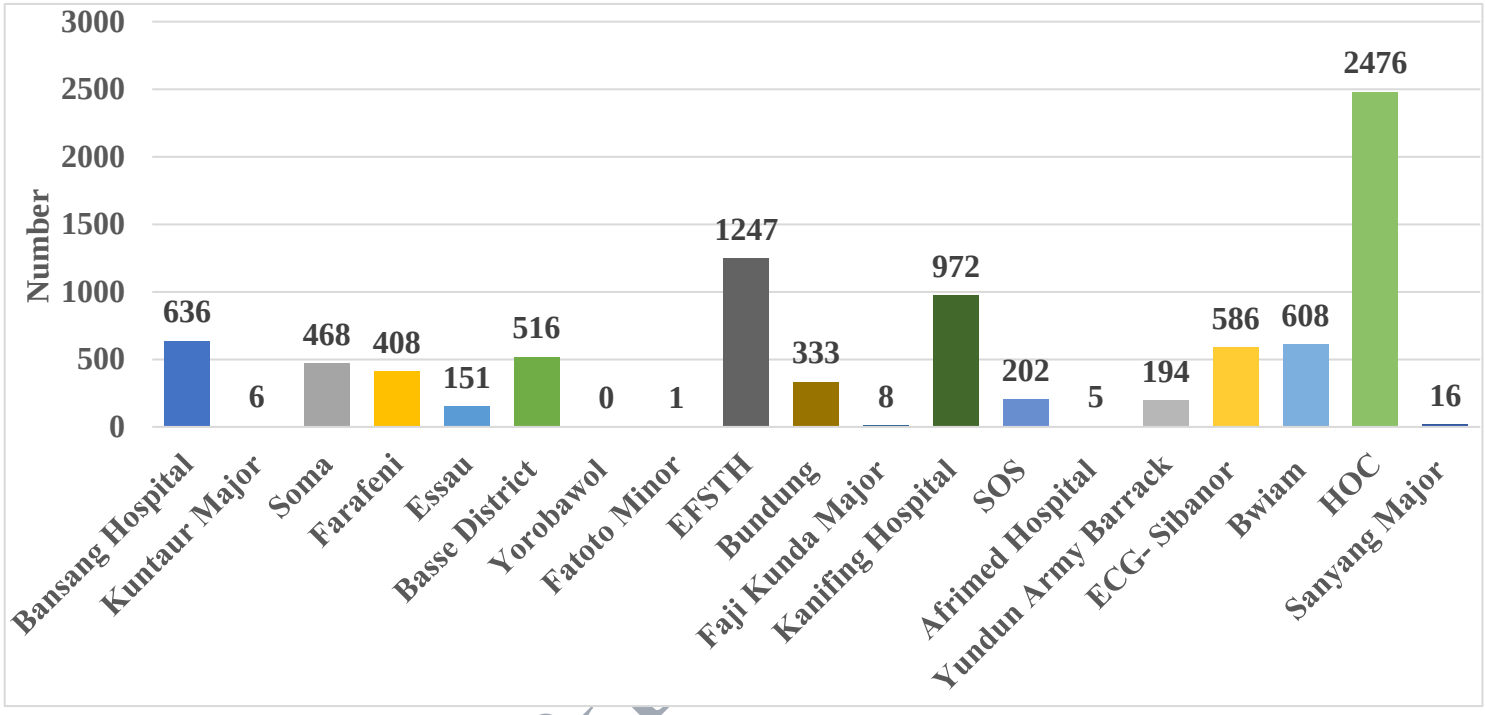


Source DHIS2

1.3.4 PLHIV currently on treatment by ART site December 2022

A total of 8833 patients/clients are currently on ART for the year under review. Out of the total patients/clients on ART, HOC recorded 2476 (28%), EFSTH 1247 (14%) and Kanifing General Hospital 972 (11%). These three facilities account for slightly more than 50% of total ART patients/clients.

Figure 4: Shows currently on treatment by ART site 2022 December



1.3.5 HIV Treatment in General Population December 2022 (viral load test & suppressed and died on ART) January-December 2022

As of December 2022, a total of 8833 patients were on ART among the general population, of which 562(6%) are under 15 years of age classified as paediatric. while 8271 (94%) are adult PLHIV above 15 years of age. Out of the total PLHIV on ART in the general population, female accounts for 6473 (73%).

With regards to viral load testing among PLHIV on ART, a total of 4008 benefitted Vira Load test (45%) of the total 8833 currently on ART and suppression among PLHIV on ART was (28%) 2473.There were 216 AIDS related deaths among PLHIV on ART, of which 89 and 127 were male and female respectively. Female accounts for 59% of the total deaths.

Table 2: Shows PLHIV Currently on ART December 2022 in General Population & Viral Load Test & Suppressed and Death by Gender January-December 2022

Currently on Treatment					**Viral Load Test**			**Viral Load Suppressed**			**Died on ART**		
<15 Years		**> 15 Years**		**Total**									
Male	Female	Male	Female	**ART**	Male	Female	**Total**	Male	Female	**Total**	Male	Female	**Total**
283	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

Source DHIS-2

1.3.6 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) as of December 2022

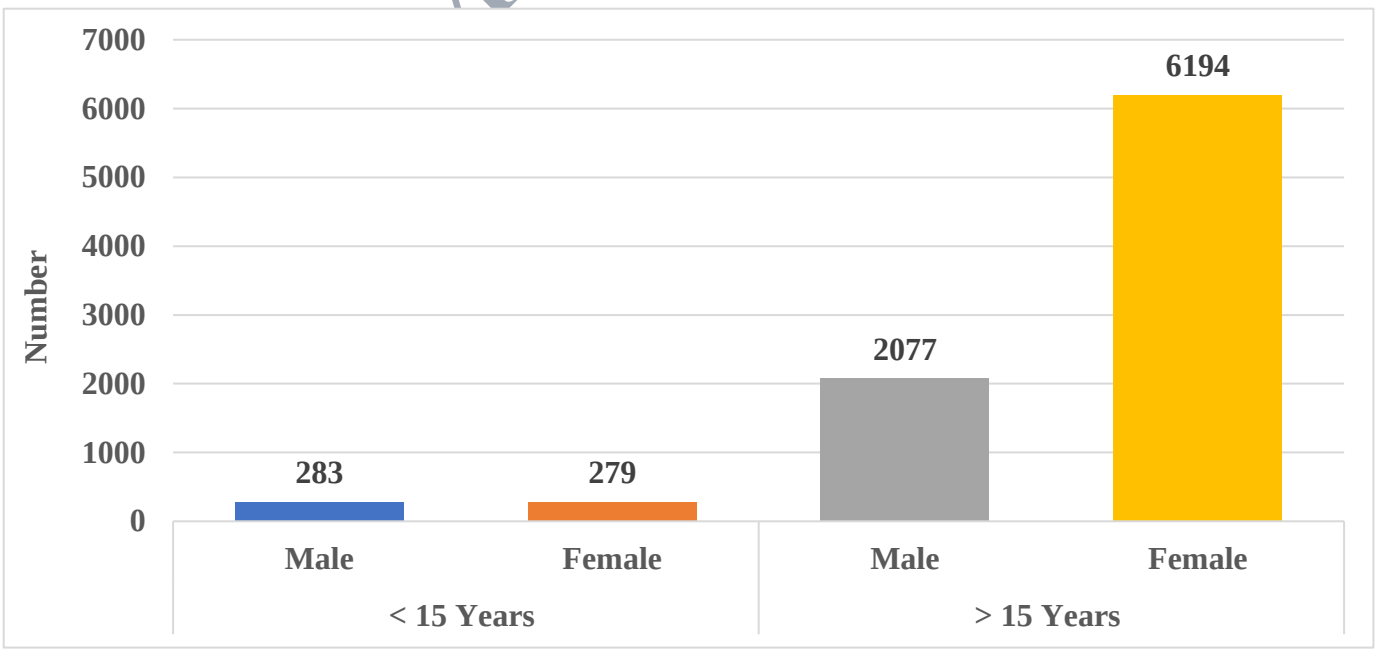
The table below indicates PLHIV currently on ART by sub recipient as of December 2022. Most of the PLHIVs on ART 5110 (58%) were receiving treatment from MOH/NACP, followed by HOC 2476 (28%) and EFSTH 1247 (14%). This indicated that more than half of the total patients on treatment are under MOH/NACP.

Table 3: Shows PLHIVs Currently on ART (General Population) by Sub- Recipient (SR) December 2022

Sub-Recipient	Currently on Treatment					Viral Load Test			Viral Load Suppressed			Died on ART		
	< 15 years		> 15 years		Total									
	M	F	M	F	ART	M	F	Total	M	F	Total	M	F	Total
MOH/NACP	190	165	1222	3533	5110	320	989	1309	113	371	484	49	85	134
HOC	62	85	526	1803	2476	576	1525	2101	372	1144	1516	35	38	73
EFSTH	31	29	329	858	1247	175	423	598	137	336	473	5	4	9
Total	**283**	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

Source DHIS-2

Figure 5: Show total on ART by age and sex January-December 2022



1.3.7 PMTCT ART by Health Region December 2022

A total of 661 women were found to be on ART at the end of December 2022. However, viral load testing remains a challenge for the HIV positive mothers that are receiving treatment. Only 134 viral load tests were conducted among 661 PMTCT mothers on ART and of which 22 were virally suppressed.

Table 4: Shows PLHIVs Currently on ART (PMTCT) by Region December 2022

Region	<15 Years	>15 Years	Viral Load Test	Viral Load Suppressed
CRR	0	74	21	1
LRR	0	30	7	4
NBE	0	18	2	2
NBW	0	34	13	1
URR	0	72	20	0
WR1	0	301	26	13
WR2	0	132	45	1
Gambia	**0**	**661**	**134**	**22**

Source DHIS-2

1.3.8 Infant ARV prophylaxis

Mother-to-child transmission of HIV (MTCT) is the most prevalent source of paediatric HIV infection eventhough paediatric HIV is almost entirely preventable. During the period under review, 335 infants were born to HIV positive mothers and 337 received ARV prophylaxis for the first time. To measure the effect of PMTCT services, infants born to HIV positive mothers are tested for HIV at 6 to 8 weeks, 9 and 18 months respectively. During the period under review, a total of 571 exposed infants were supposed to be tested for EID and Antibody tests. Early infant testing at 6 weeks has been a challenge for the programme, however, there has been an improvement in the testing rate at 6 weeks. Out of the 337 that were born to HIV positive mothers and received ARV prophylaxis 284 received virological test at 2 months representing 84% testing rate in the year.

Among the 284 that were tested, 7 tested HIV positive representing 2.5% positivity rate. None received virological test at 9 months and 128 received serology test at 18 months and registered 2 positives which accounts for 1.6% positive rate. A total of 352 infants received co-trimoxazole prophylaxis at 2 months.

Figure 5: Shows Infant ARV prophylaxis January–December 2022

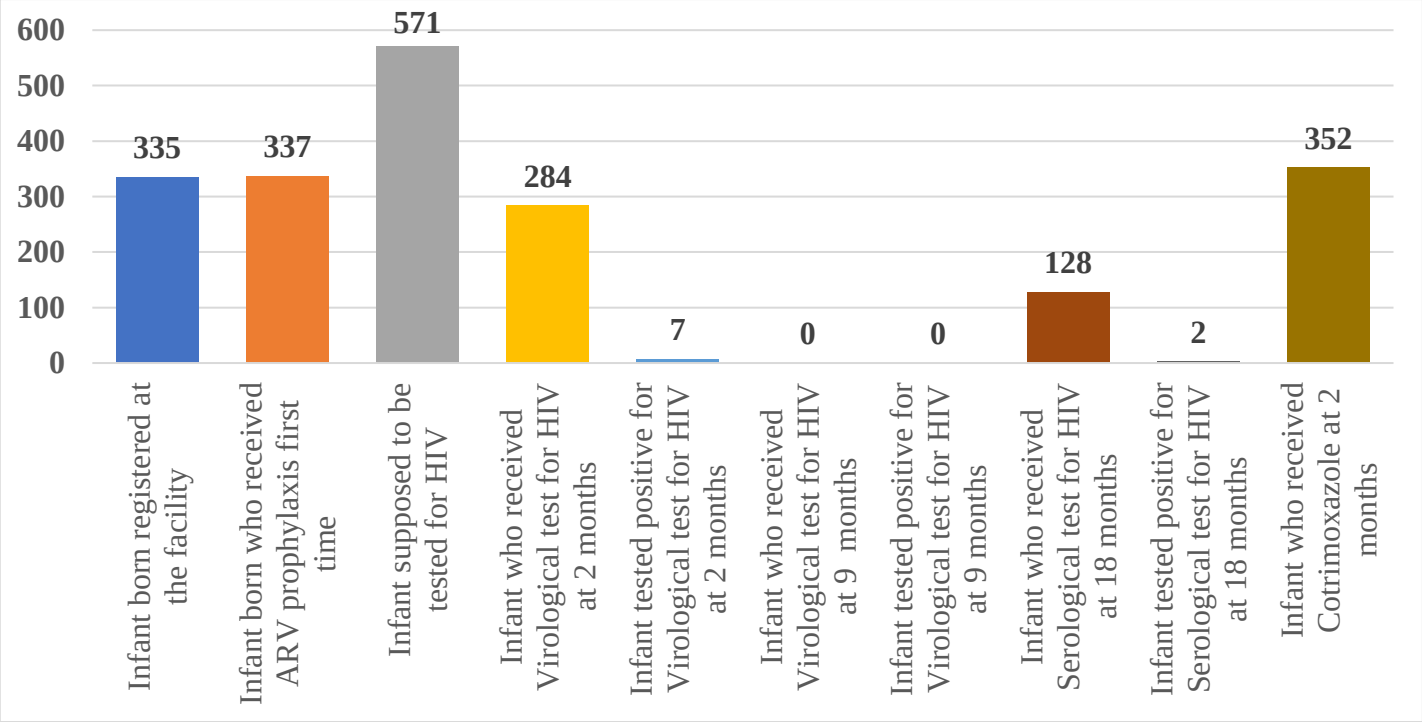


Table 5: Shows Infant ARV prophylaxis by region January–December 2022

Indicator	CRR	LRR	NBE	NBW	URR	WR1	WR2	GAMBIA
Infant born to HIV positive mothers	31	24	8	18	21	140	93	**335**
Infant born to HIV positive mothers who received ARV prophylaxis	24	22	7	19	20	140	105	**337**
Infant supposed to be tested for HIV (at 2 months, 9 months and 18 months combined)	19	42	15	14	20	209	252	**571**
Infant who received Virological test for HIV at 2 months	6	24	6	11	15	98	124	**284**
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	0	3	4	**7**
Infant who received Virological test for HIV at 9 months	0	0	0	0	0	0	0	**0**
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	0	0	**0**
Infant who received Serology test for HIV at 18 months	14	4	0	2	15	34	59	**128**
Infant who received Serology test for HIV at 18 months and tested positive	0	0	0	0	0	0	0	**2**

Source DHIS2

1.3.9 Prevalence of Opportunistic Infections January-December 2022

Figure 5 below shows that a total of 5335 opportunistic infections were recorded. Acute Respiratory Infection accounts for 1809 (34%) and the most frequent opportunistic infection seen among PLHIVs on ART, followed by diarrhea 1731 (32%) and Pneumonia 695 (13%) respectively. Central River Region recorded the lowest for the year under review.

Figure 7: Shows prevalence of Opportunistic Infections January-December 2022

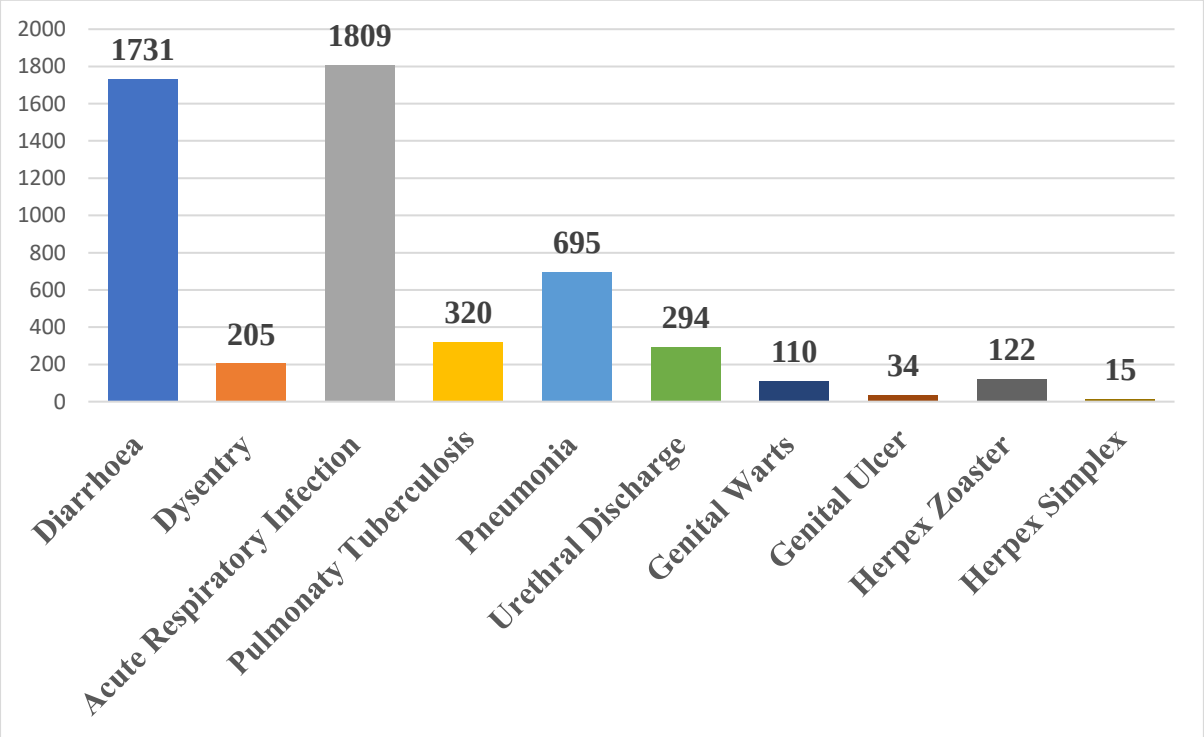


Table 6: Shows prevalence of Opportunistic Infections by health region January-December 2022

Opportunistic Infections	CRR	LRR	NBE	NBW	URR	WR1	WR2	Total
Diarrhea	0	40	103	4	42	1239	303	**1731**
Dysentery	0	7	0	0	9	141	48	**205**
Acute Respiratory Infection	5	95	34	2	45	1141	487	**1809**
Pulmonary Tuberculosis	2	5	10	21	4	235	43	**320**
Pneumonia	0	66	0	4	0	581	44	**695**
Urethral Discharge	0	23	14	0	8	144	105	**294**
Genital Warts	0	0	50	0	0	24	36	**110**
Genital Ulcer	0	2	0	0	0	7	25	**34**
Herpes Zosters	0	0	0	0	0	11	111	**122**
Herpes Simplex	0	5	0	1	2	2	5	**15**
Total	**7**	**243**	**211**	**32**	**110**	**3525**	**1207**	**5335**

Source DHIS-2

Annex 1: Table shows issues identified during monitoring, actions taken and recommendations

Services Area	Findings	Severity of the findings	Action(s) Taken	Recommendation
HCT	• No post-test dates for some clients in December • Late data entry in DHIS2 database • HMIS facility book not at the facility for the team to cross check data. The reason is because the book is taken to RHD for data entry • Completeness and Timeliness has been an issue for the programme • Low uptake of HCT among the general population	Major	• The feedback given to RHDs / Health Facility staff • The team and staff updated the registers • Data updated on the HMIS book at the facilities where the HMIS book is available and RHDs copies • DHIS2 updated by the Regional Data Managers at the RHDs • Staff encourage to submit monthly returns on time to the RHDs for timely entry of data. • Conducted staff mentoring on how to extract data from the registers • Feedback given to immediate supervisors on the findings of the visit. • Encourage staff to offer HIV testing for clients in the outpatients and inpatients to increase testing volume • Encourage staff on record all the service offered to clients in their folders	• RHDs/RDMs and RACs to verify monthly data on time • RHDs/RDMs and RACs to verify together at the end of the month • For the Regional AIDS Office to intensify supervision • Timely submission of monthly returns to the RHDs for timely data entry • We also encourage supervisors to verify their data before sending it to RHD for data entry • HMIS in collaboration with the RHDS should conduct an orientation on the importance of submitting service data to RHD on time • RHD to maintain a log book to track receipt data of each facility monthly return. In doing so, they will be able to follow up with facilities lacking behind • • Regular supervision/mentoring to staff by the RHD staff especially for the recently established sites • Both the PR/NACP monitoring and supervision teams to continue mentoring staff at facility especially those at the newly established sites to minimize data errors. •
General- ART	• Data inconsistency • Late data entry in DHIS2 database HMIS facility book not at the facility for the team cross check data. The reason is because the book is	• Major		• RHDs/RDMs and RACs to verify monthly data on time • For the Regional AIDS Office to intensify supervision to the facilities for timely computation of the monthly reports PR/NACP and RHDS to continue monitoring the performance of ART centres with regards to VL

	taken to RHD for data entry • Completeness and Timeliness has been an issue for the programme • Low Viral load testing among PLHIV on ART • High lost to follow up for PLHIV on ART			testing. This will ensure that PLHIV that are due for testing are tested The care team and the social workers in particular should intensify follow up to reduce drop out of PLHIV on ART
PMTCT counselling & testing	• No post-test dates for some clients • Late data entry in DHIS2 database HMIS facility book not at the facility for the team cross check data. The reason is because the book is taken to RHD for data entry • Completeness and Timeliness has been an issue for the programme	• Major		• RHDs/RDMs and RACs to verify monthly data on time • For the Regional AIDS Office to intensify supervision and to facility staff in extracting data from the registers to minimize errors
PMTCT ART	• Data inconsistency • Late data entry in DHIS2 database • HMIS facility book not at the facility for the team to cross check data. The	• Major		• PMTCT Mothers moved to the general ART should remain there permanently but should be re-register in the PMTCT register for subsequent pregnancies purposely to monitor the child. Should be counted in the general ART only •

	reason is because the book is taken to RHD for data entry • Completeness and Timeliness has been an issue for the programme • Low Viral load testing among PMTCT mothers on ART • Incomplete record keeping especially patients folders			

Annex 2: Data Tables by HIV services January-December 2022

Table 1.1: HIV Ccounselling and Testing in General Population January – December 2022

Region	Pre test	Tested	Post Tested	HIV-1	HIV -2	Dual HIV 1&2)	Total Positive (%)	Known Status	Linkage to care (%)
CRR	5909	5900	5875	280	29	18	327 (6%)	106	166 (51%)
LRR	1541	1525	1523	99	12	1	112 (7%)	38	95 (85%)
NBE	3383	3374	3373	54	5	0	59 (2%)	18	71 (120%)
NBW	732	717	714	38	2	0	40 (6%)	12	38 (95%)
URR	2519	2489	2488	130	5	4	139 (6%)	15	109 (78%)
WCR-1	20762	20692	20672	1032	84	19	1135 (5%)	302	666 (59%)
WCR-2	7335	7235	7233	673	81	12	766 (11%)	673	505 (66%)
Gambia	**42181**	**41932**	**41878**	**2306**	**218**	**54**	**2578 (6%)**	**1164**	**1650 (64%)**

Figure 2: Enrollment on ART by region and country January to December 2022

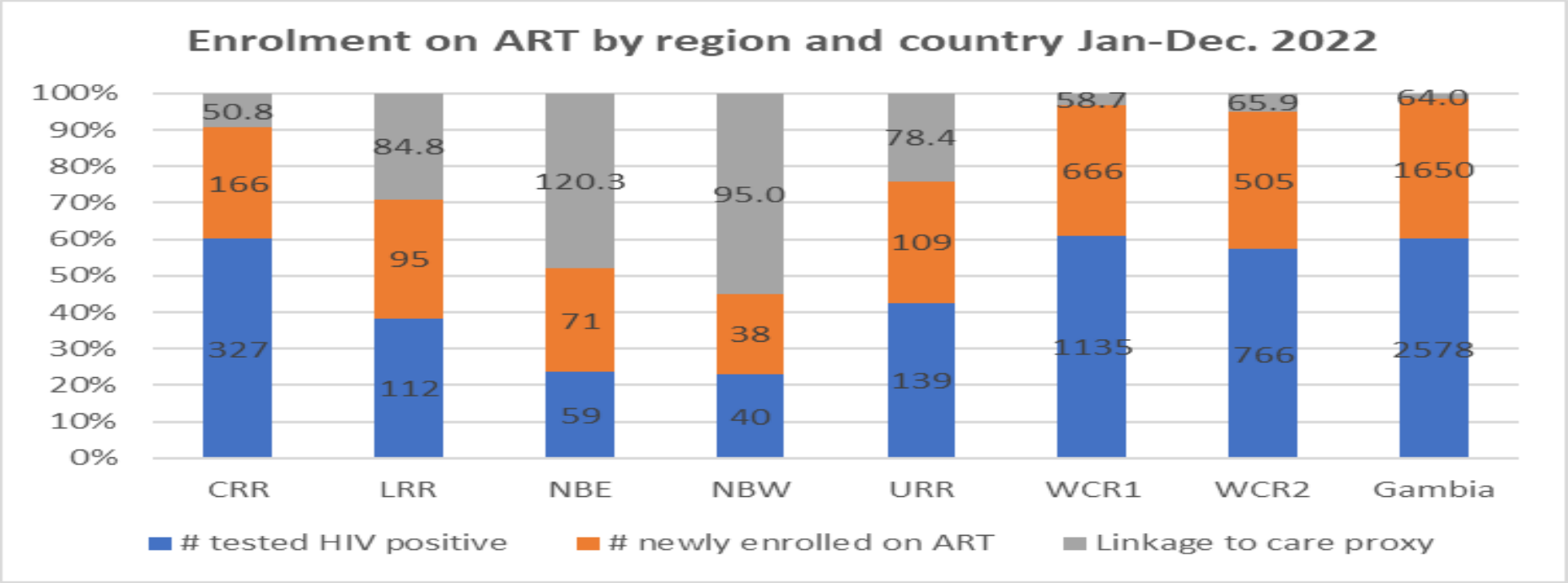


Table 1.2: ART General Population December 2022 (Viral Load Test & Suppressed and Died on ART January-December 2022)

ART-Sites	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			Died on ART		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Bansang Hospital	18	12	149	457	636	44	182	226	17	54	71	8	6	14
Kuntaur Major	0	0	4	2	6	1	3	4	0	0	0	0	0	0
Total CRR	**18**	**12**	**153**	**459**	**642**	**45**	**185**	**230**	**17**	**54**	**71**	**8**	**6**	**14**
Soma-**LRR**	22	20	114	312	468	43	128	171	21	74	95	0	3	3
Farafeni-**NBE**	14	17	95	282	408	80	205	285	18	40	58	5	5	10
Essau-**NBW**	9	9	38	95	151	0	10	10	0	0	0	1	8	9
Basse District	14	14	117	371	516	19	79	98	4	15	19	5	17	22
Yorobawol	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fatoto Minor	0	0	1	0	1	0	0	0	0	0	0	0	0	0
Total URR	**14**	**14**	**118**	**371**	**517**	**19**	**79**	**98**	**4**	**15**	**19**	**5**	**17**	**22**
Total Other Regions	**77**	**72**	**518**	**1519**	**2186**	**187**	**607**	**794**	**60**	**183**	**243**	**19**	**39**	**58**
EFSTH	31	29	329	858	1247	175	423	598	137	336	473	5	4	9
Bundung	13	9	85	226	333	54	115	169	21	73	94	6	6	12
Faji Kunda Major	0	0	2	6	8	0	0	0	0	0	0	0	0	0
Kanifing Hospital	32	39	251	650	972	19	110	129	8	42	50	9	14	23
SOS	10	8	51	133	202	11	19	30	8	15	23	0	1	1
Afrimed Hospital	1	0	3	1	5	3	0	3	0	0	0	2	0	2
Yundun Army Barrack	0	4	91	99	194	23	34	57	4	9	13	4	3	7
Total WR-1	**87**	**89**	**812**	**1973**	**2961**	**285**	**701**	**986**	**178**	**475**	**653**	**26**	**28**	**54**
ECG- Sibanor	28	22	108	428	586	18	80	98	12	49	61	1	7	8
Bwiam	29	11	107	461	608	4	23	27	0	0	0	8	14	22
HOC	62	85	526	1803	2476	576	1525	2101	372	1144	1516	35	38	73
Sanyang Major	0	0	6	10	16	1	1	2	0	0	0	0	1	1
Total WR-2	**119**	**118**	**747**	**2702**	**3686**	**599**	**1629**	**2228**	**384**	**1193**	**1577**	**44**	**60**	**104**
Gambia	**283**	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

Table 1.3: PLHIV on treatment by ATR Sites in the General population in 2022

ART-Site	Bansang	Kuntaur	Soma	Farafeni	Essau	Basse	Yorobawol	Fatoto	EFSTH	Bundung	Faji Kunda	Kanifing	SOS	Afrimed	Yundun Army	ECG- Sibanor	Bwiam	HOC	Sanyang	Total
2022	636	6	468	408	151	516	0	1	1247	333	8	972	202	5	194	586	608	2476	16	8833

Table 2: Shows PLHIVs Currently on ART (General Population) by Sub- Recipient (SR) December 2022

Sub- Recipient	Currently on Treatment					Viral Load Test			Viral Load Suppressed			Died on ART		
	< 15 years		> 15 years		Total ART									
	M	F	M	F		M	F	Total	M	F	Total	M	F	Total
MOH/NACP	190	165	1222	3533	5110	320	989	1309	113	371	484	49	85	134
HOC	62	85	526	1803	2476	576	1525	2101	372	1144	1516	35	38	73
EFSTH	31	29	329	858	1247	175	423	598	137	336	473	5	4	9
Total	**283**	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

Table 3.1: PMTCT Counselling & Testing January – December 2022

Region	Pre test	Tested	Post test	HIV- 1	HIV- 2	Dual HIV 1&2)	Total positive (%)	Total began ART (%)
CRR	9980	9978	9978	50	5	1	56 (0.6%)	58 (104)
LRR	3444	3444	3435	9	2	0	11 (0.3%)	22 (200)
NBE	4980	4972	4969	15	1	0	16 (0.3%)	15 (94)
NBW	4836	4802	4802	24	3	0	27 (0.6%)	20 (74)
URR	9946	9931	9931	39	2	0	41 (0.4%)	45 (110)
WCR2	32637	32574	32571	285	20	1	306 (0.9%)	230 (75)
WCR2	12435	12434	12434	116	5	1	122 (1.0%)	116 (95)
Gambia	**78258**	**78135**	**78120**	**538**	**38**	**3**	**579 (0.7%)**	**506 (87)**

Table 3.2: PMTCT ART December 2022

Region	Less Than 15	More Than 15	Viral Load Test	Viral Load Suppressed	Died
CRR	0	74	21	1	0
LRR	0	30	7	4	2
NBE	0	18	2	2	0
NBW	0	34	13	1	0
URR	0	72	20	0	4
WR1	0	301	26	13	0
WR2	0	132	45	1	3
Gambia	**0**	**661**	**134**	**22**	**9**

Table 4: Infant ARV prophylaxis January – December 2022

Indicator	CRR	LRR	NBE	NBW	URR	WR1	WR2	Gambia
Infant born registered at the facility	31	24	8	18	21	140	93	**335**
Infant born who received ARV prophylaxis first time	24	22	7	19	20	140	105	**337**
Infant supposed to be tested for HIV	19	42	15	14	20	209	252	**571**
Infant who received Virological test for HIV at 2 months	6	24	6	11	15	98	124	**284**
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	0	3	4	**7**
Infant who received Virological test for HIV at 9 months	0	0	0	0	0	0	0	**0**
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	0	0	**0**
Infant who received Serological test for HIV at 18 months	14	4	0	2	15	34	59	**128**
Infant tested positive for Serological test for HIV at 18 months	1	0	0	0	1	0	0	**2**
Infant who received Cotrimoxazole at 2 months	36	22	7	42	31	96	118	**352**

Table 5: Showing prevalence of Opportunistic Infections by region January – December 2022

Indicators	CRR	LRR	NBE	NBW	URR	WR1	WR2	Gambia
Diarrhea	0	40	103	4	42	1239	303	**1731**
Dysentery	0	7	0	0	9	141	48	**205**
Acute Respiratory Infection	5	95	34	2	45	1141	487	**1809**
Pulmonary Tuberculosis	2	5	10	21	4	235	43	**320**
Pneumonia	0	66	0	4	0	581	44	**695**
Urethral Discharge	0	23	14	0	8	144	105	**294**
Genital Warts	0	0	50	0	0	24	36	**110**
Genital Ulcer	0	2	0	0	0	7	25	**34**
Herpes Zoaster	0	0	0	0	0	11	111	**122**
Herpes Simplex	0	5	0	1	2	2	5	**15**
Gambia	**7**	**243**	**211**	**32**	**110**	**3525**	**1207**	**5335**

Annexes

Annex 1: Issues Identified

Annex 1 Issues Identified.docx

Annex 2: Filled Data Tables

Annex 2 Filled Data Tables.docx

Annex 3: Filled Data Tables in Excel Sheet

Annex 3 Filled Data Tables in Excel Sheet.x