



NATIONAL AIDS SECRETARIAT

Monitoring & Evaluation

GC7 Progress Report

January-December

2024



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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
HPHL	National Public Health Laboratory
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
NPS	National Pharmaceutical Service
OPD	Out Patient Department
PHC	Primary Health Care
PLHIV	People Living With Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
PSM	Procurement and Supply Chain Management
RAC	Regional AIDS Coordinator
RAO	Regional AIDS Office
RDM	Regional Data Manager
RHD	Regional Health Directorate
SRN	Sample Referral Network
TB	Tuberculosis
URR	Upper River Region
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WHR-I	Western Health Region-I
WHR-II	Western Health Region -II

1.0 Introduction

Annual report is valuable tool for communication among stakeholders and partners in program implementation process. In addition, year-end comprehensive reporting is a mean of giving stakeholders in-depth information on program implementation including achievements and challenges registered over a period of time. Furthermore, yearly HIV service monitoring and reporting is essential for meeting reporting requirements to stakeholders and partners. Field monitoring is facilitated by monitoring and evaluation unit through the management. Prior to the field visits the team endeavored and run targeted indicators and related service areas and communicated to the relevant partners. This enhanced data quality audit and monitoring procedures and processes. During monitoring field visits around the nation, Regional AIDS Offices, Hospitals, Health Facilities, PHC Circuits, Regional Health Directorates, and other pertinent stakeholders played a pivotal role which made the field visits a success. Considering the aforementioned, the monitoring and evaluation team made sure that entry and exit meetings with players in the HIV care delivery process were successful and efficient. Furthermore, discussions with healthcare professionals participating in the HIV service delivery process provided the monitoring and evaluation team with valuable insights for better service delivery at all levels.

This served as a critical point fostering an inclusiveness partnership in the grant implementation process. The report focuses on the retention in care, viral load suppression levels, testing and treatment initiation rates to name but a few. These metrics aid in evaluating the effectiveness of HIV programs and serve as a guide for allocating resources and improving services. Over the period the program employed robust monitoring strategies in a bid to achieve program objectives.

1.1 Key Indicators Monitored

- HIV Testing Rates
- Linkage to Care
- ART Initiation Rates
- Viral Load Testing and Suppression
- EID testing levels

1.2 Objectives 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

1.3 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
- Discussions
- Feedback

1.4 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

Table1:0: Shows completeness and timeliness of reporting January- December 2024

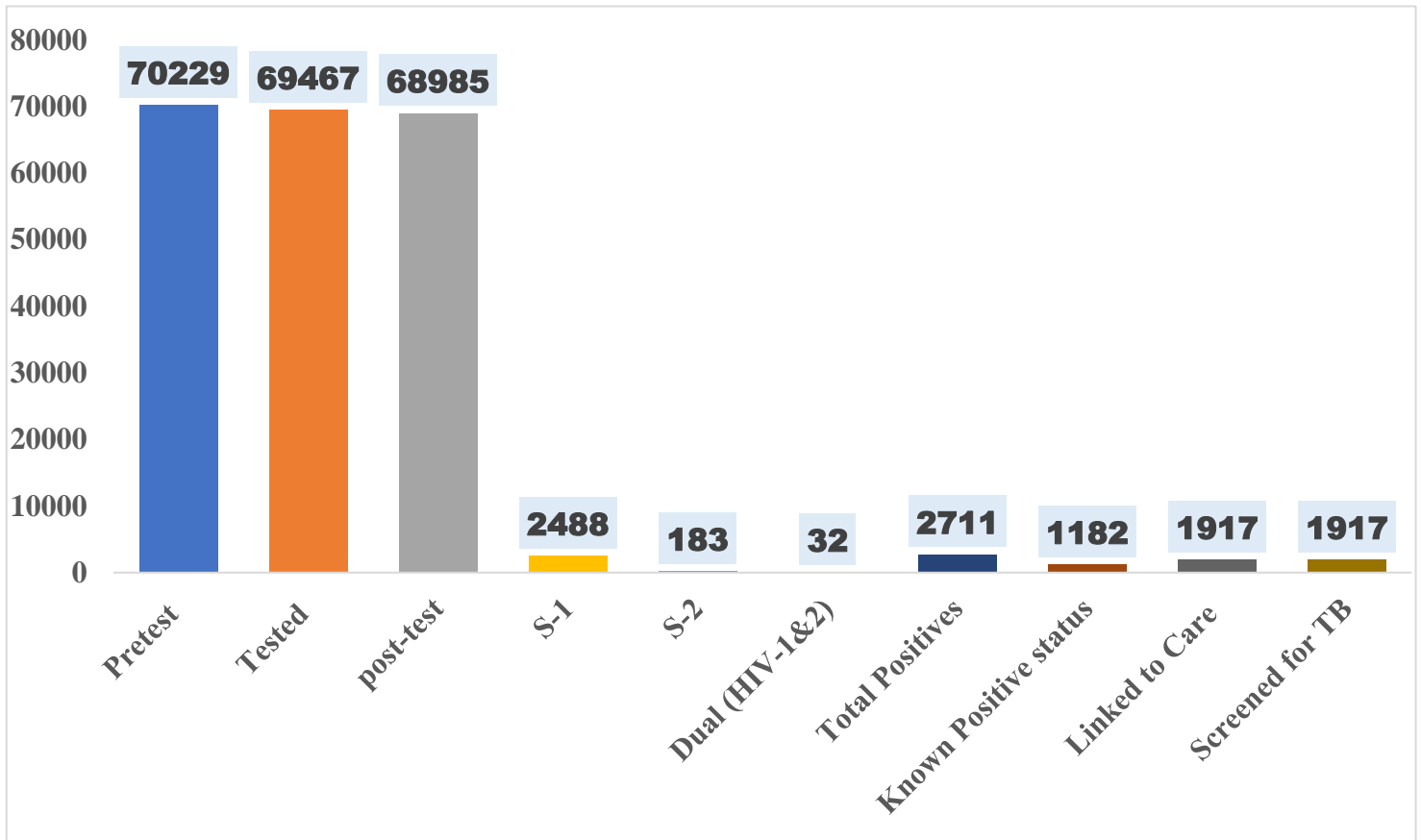
Region	Health Facility Returns 05 - HCT/VCT - Expected reports	Health Facility Returns 05 - HCT/VCT - Actual reports	Health Facility Returns 05 - HCT/VCT - Reporting rate	Health Facility Returns 05 - HCT/VCT - Actual reports on time	Health Facility Returns 05 - HCT/VCT - Reporting rate on time
CRR	132	131	99.2	128	98%
LRR	120	119	99.2	118	99%
NBE	84	83	98.8	50	60%
NBW	84	72	85.7	39	54%
URR	120	118	98.3	113	96%
WHR-I	324	287	88.6	191	67%
WHR-II	132	121	91.7	111	92%
Gambia	996	931	93%	750	81%

The challenges related to the completeness and timeliness of reports from implementing facilities are significant concerns for HIV programs. These issues can affect data quality and, consequently, the effectiveness of interventions. The actual reports on time and the actual reports indicated **81%** national. Central, Lower, Upper and Western-II health regions recorded higher than the national score. However, western-I, North Bank East and West are far from the other regions and national. Similarly, the national reporting rate is **93%**, but the timeliness of reports is only **75%**. This discrepancy highlights a challenge in ensuring that reports are both complete and submitted on time. There is significant regional variation, with North Bank West having the lowest reporting rate and timeliness (**85.7% and 46.4%**), while Lower River Region has the highest (**99.2% and 98.3%**). This variability suggests that some regions are better equipped to manage reporting processes. However, nationally the reporting rate is **93%** while timeliness of the report is **75%**. Incomplete or delayed reports can lead to inaccurate or incomplete data, which can compromise the ability to monitor program effectiveness and make informed decisions

1.4.1 HIV Counselling and Testing General Population (HCT) January-December 2024

A total of N=70229 clients were pretested, of which N=69467 were tested and of which 68985 received their posttest counseling results. A total of N=2711 clients tested positive of which HIV-1 account for N=2488 (92%), HIV-2 accounts for N=183 (7%) and Dual HIV-1&2 accounts for N=32 (1%). Clients who already know their HIV-positive status before current test accounts for N=1182. Out of the total positives 71% were linked to care and all were screened for Tuberculosis

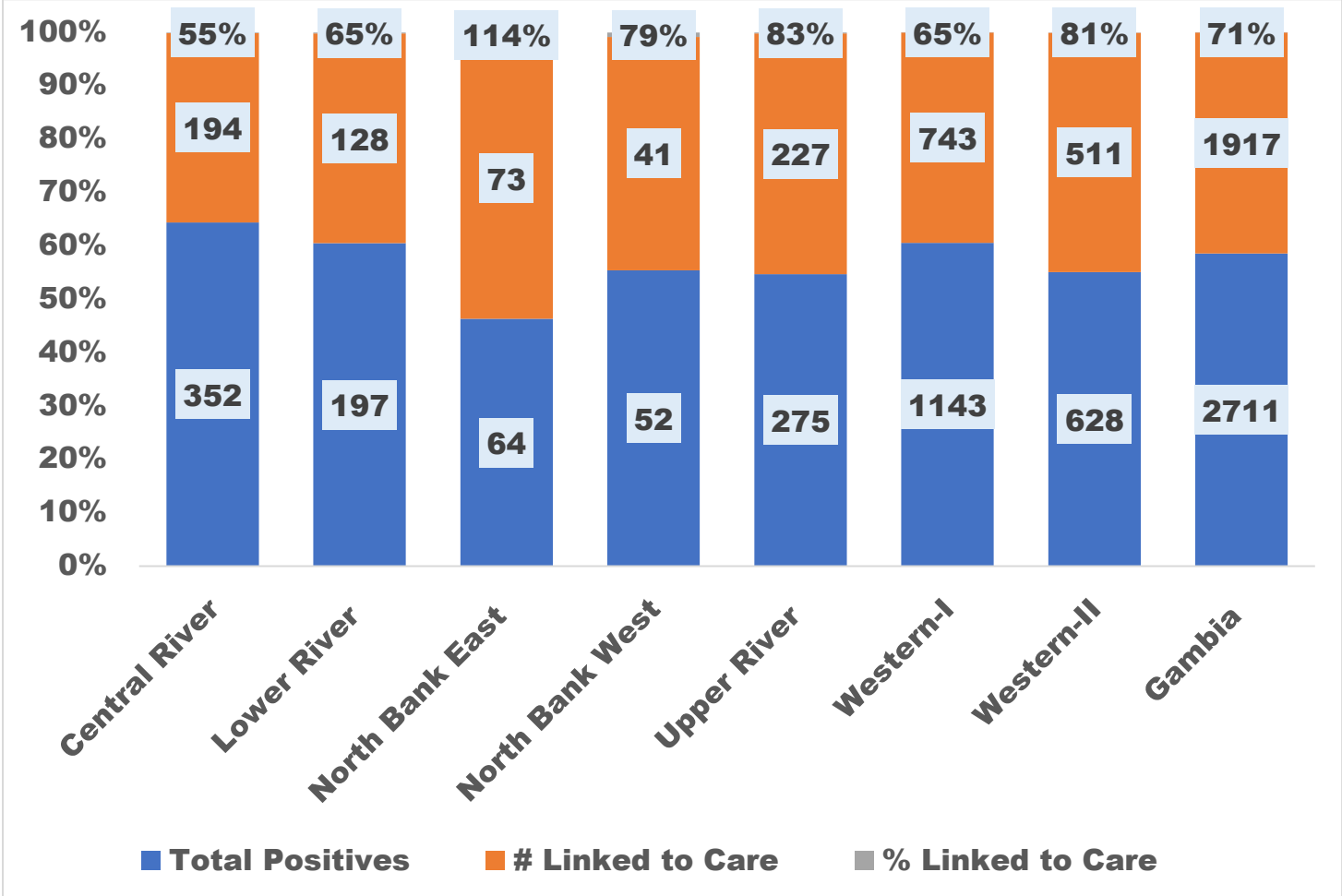
Figure 1.0: Shows HIV Counselling & Testing in general population January-December 2024



Source DHIS-2

The figure 1.1 below indicates that only North Bank East achieved the 95% enrollment target. Consequently, the country did not meet the 95% enrollment rate. This is crucial for the achievement of the prevention target. Central River Region recorded the lowest percentage enrollment rate linked to care.

Figure 1.1: General Population % Enrollment on ART by Region and Country January- December 2024

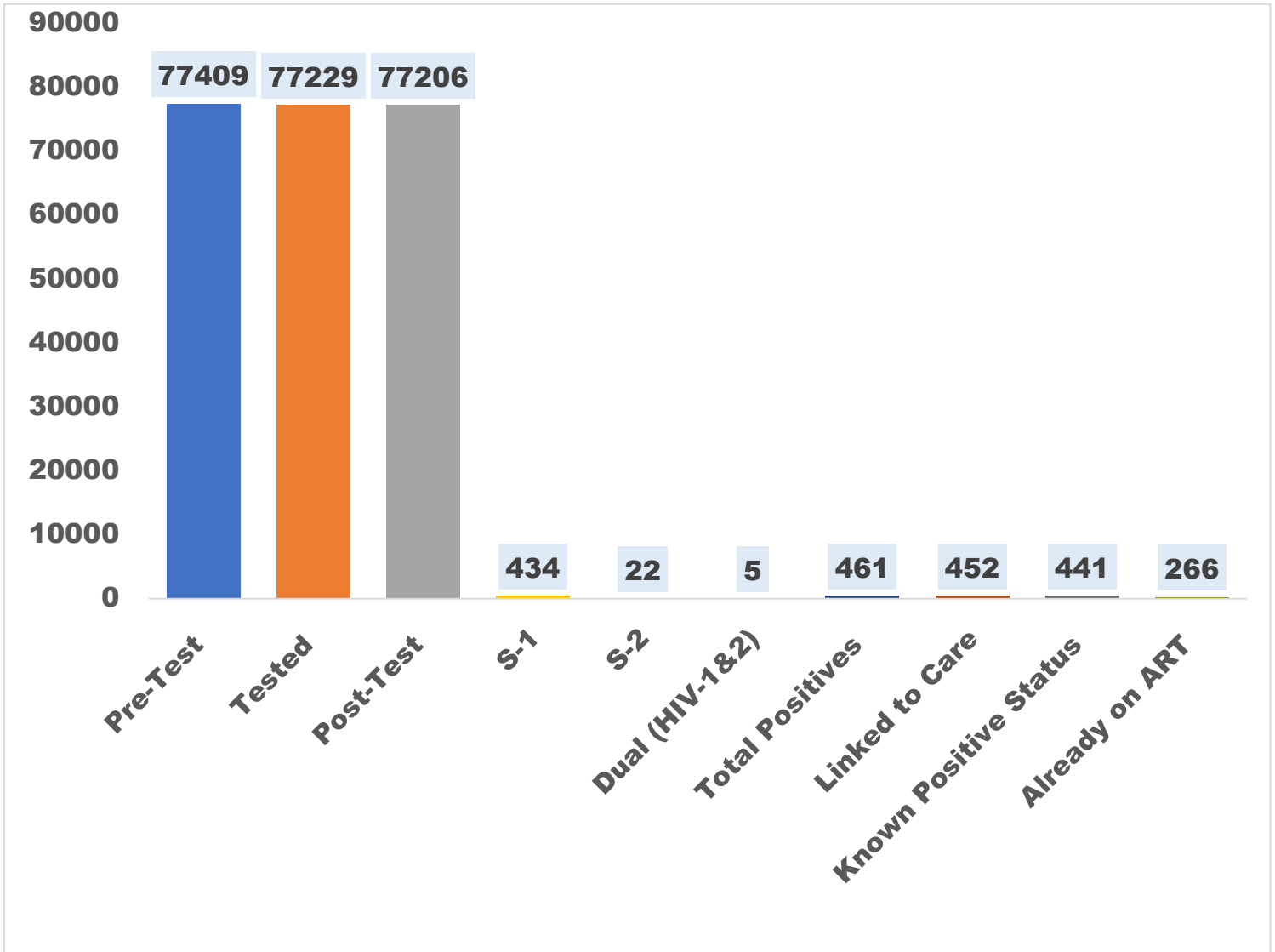


Source DHIS2

1.4.2 PMTCT HIV Counselling & Testing January-December 2024

A total N=77409 clients pretested of which N=77229 tested of which N= 77206 received their posttest counseling results. A total of N=461 clients tested positive of which HIV-1 account for N=434 (94%), HIV-2 accounts for N=22 (5%) and Dual HIV-1&2 accounts for N=5 (1%). Out of the total positives of 461, N=452 (98%) were linked to care and 99.5% were screened for Tuberculosis.

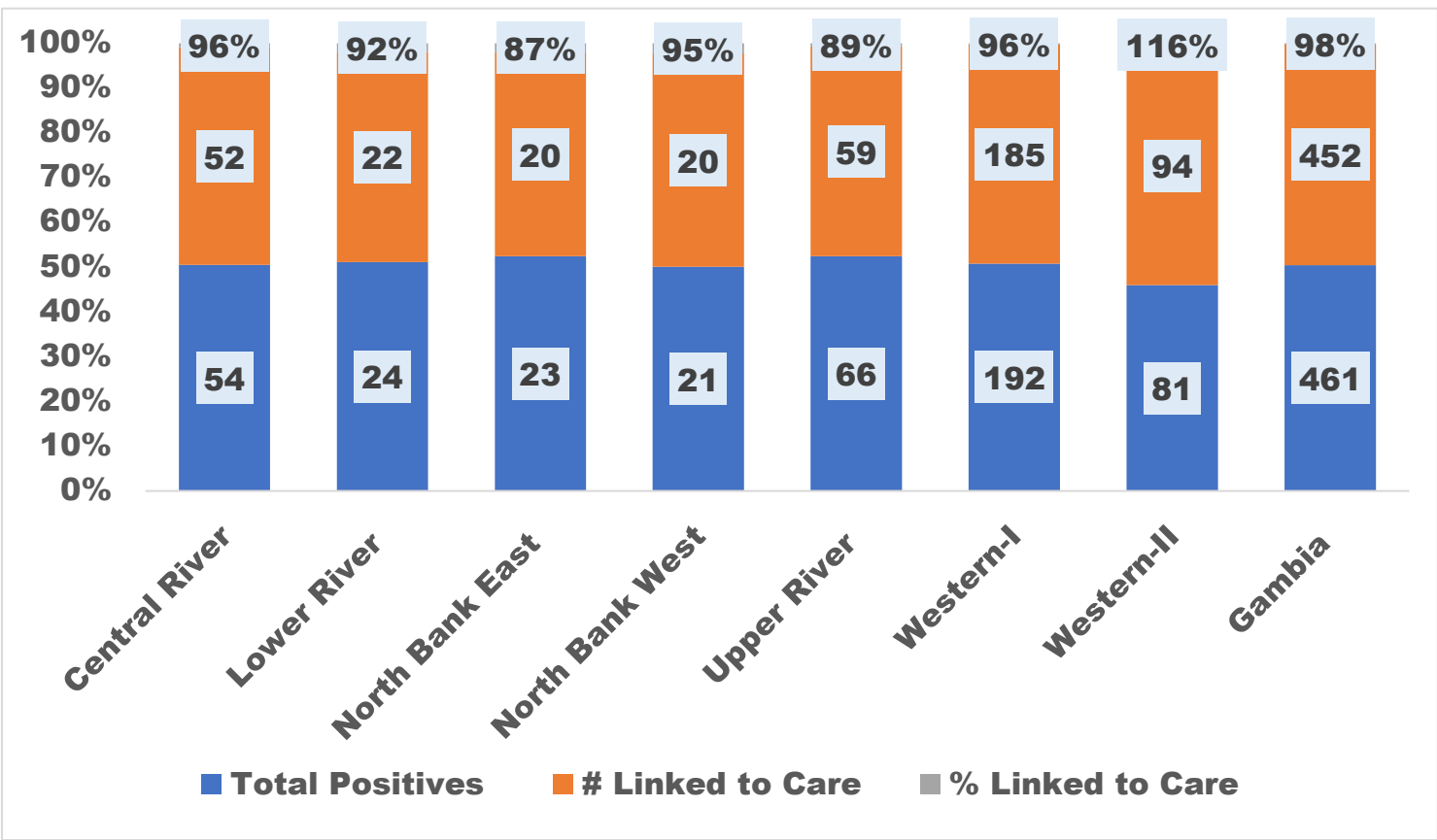
Figure 2.0: Shows PMTCT HIV Counselling & Testing January-December 2024



Source DHIS2

Lower River, North Bank East and Upper River Region did not meet the 95% target enrollment rate into care. This is a cause for concern as it can significantly affects the Global AIDS target of ending HIV/AIDS by 2030.

Figure 2.1: PMTCT % Enrollment on ART, Positive Known Status & Already on ART by Region January-December 2024



Source DHIS2

The data provided indicates that out of a total of N=11,187 patients on treatment, the majority (93%) are from the general population, while 6% are from PMTCT (Prevention of Mother-to-Child Transmission) programs and 1% from key populations. A total of N=7541 viral tests were performed in the year, out of which 5949 had viral suppression, representing an overall suppression rate of 79%. Viral suppression was higher among female patients. However, suppression among PMTCT ART mothers is only 53%, which is significantly lower than the overall rate. Globally, as of 2023, about 77% of people living with HIV were accessing antiretroviral therapy (ART), with varying viral suppression rates across different regions and populations. The UNAIDS aims for 95% viral suppression among people living with HIV by 2030, highlighting the need for improved treatment outcomes and adherence support. *Details see table 1.1 below.*

Table 1.1: Shows Total PLHIV currently on ART, Viral Load Test & Suppress and Death by Gender January-December 2024

Population Group	Currently on Treatment				Total-ART	Viral Load Test			# Viral Load Suppressed			% viral suppression by sex and total test			# Died on ART		
	< 15 years		> 15 years			M	F	Total	M	F	Total	M	F	Total	M	F	Total
	M	F	M	F													
General Population	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174
PMTCT ART	0	0	0	640	640	0	301	301	0	160	160	0	53%	53%	0	2	2
Key Population	0	0	76	62	138	29	17	46	21	12	33	72%	71%	72%	0	0	0
Total	343	334	2488	8022	11187	1810	5751	7561	1367	4596	5963	76%	80%	79%	67	109	176

Source DHIS2

The table above indicates that only **N=677 (6%)** of clients on ART are pediatric, while **N=10,510 (94%)** are adults. Female account for **N=8,356 (75%)** of clients on treatment, indicating a significant gender disparity in treatment access or uptake. Viral suppression among female patients recorded **N=4596 (80%)**. A total of **N= 176** died on while on treatment, **N=109 (62%)** are females. This is largely due to the higher number of female patients on treatment rather than a higher mortality rate per capita. **Details see table 1.2 below**

Table 1:2 shows Total ART population (pediatric & adult), including Key Population viral load test & suppressed and deaths by gender December 2024

Pediatric (<15 Years)				Adult (> 15 Years)				Total
Male		Female		Male		Female		
#	%	#	%	#	%	#	%	11187
343	3%	334	3%	2488	22%	8022	72%	
Total Viral Load Test & Suppressed by gender January-December 2024								
Male			Female			Total Test	% total Suppressed	
# Tested	# Suppressed	% Suppressed	# Tested	# Suppressed	% Suppressed	7561	79%	
1810	1367	76%	5751	4596	80%			
Died on ART								
Male			Female			176		
#	%		#	%				
67	38%		109	62%				

Source DHIS-2

1.4.3 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) December 2024

Among PLHIV on treatment, 61% (N=6,367) are managed by the Ministry of Health, 27% (N=2,767) by HOC and 12% (N=1,271) are managed by EFSTH. The overall suppression rate among sub-recipients is not explicitly stated, but it is noted that HOC achieved a slightly higher suppression rate of 83% indicating effective treatment management. A total of N=174 clients died while on treatment. The Ministry of Health recorded the most deaths (N=115), likely due to its larger number of health facilities and patient load. Among the PLHIV who died while on treatment, 61% (174) were female, consistent with the gender distribution of clients on treatment. *Details see table 1.3 below*

Table 1:3 Shows PLHIV Currently on ART (General Population) by Sub- Recipient (SR) December 2024

ART-Sites	< 15 Years		> 15 Years		Total	Viral Load Test			Viral Suppressed			% viral suppression by sex and total test			Died on ART		
	M	F	M	F		M	F	Total	M	F	Total	M	F	% Total	M	F	Total
MOH	222	203	1482	4464	6371	916	2853	3769	676	2306	2982	74%	81%	79%	45	70	115
HOC	97	103	570	1997	2767	607	1901	2508	479	1598	2077	79%	84%	83%	20	29	49
EFSTH	24	28	360	859	1271	258	679	937	191	520	711	74%	77%	76%	2	8	10
Gambia	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174

Source DHIS2

1.4.4 Key population on ART as at December 2024

The table below indicates that a total of 138 key populations are on Antiretroviral Therapy (ART). However, it is important to note that some KP's are receiving their treatment at the public health facilities and therefore not captured in the table below.

Table 1.4: Shows Key Population Currently on ART by Health Facility - December 2024

Facility	Female Key Population by Age				Total	Male Key Population by Age				Total
	<15	15-24	25-49	>49		<15	15-24	25-49	>49	
Barra Wellness Center	0	0	4	0	4	0	0	0	0	0
Basse Wellness Center	0	0	4	0	4	0	2	2	0	4
Mobile Clinic 1	0	7	32	1	40	0	33	33	0	66
Soma Wellness Center	0	1	11	2	14	0	0	0	0	0
Prisons	0	0	0	0	0	0	0	6	0	6
PWUD	0	0	0	0	0	0	0	0	0	0
Gambia	0	8	51	3	62	0	35	41	0	76

Source DHIS-2

2.0: PMTCT ART by Health Region December 2024

All PMTCT mothers on ART are more than 15 years of age, with a total of N=640 mothers. PMTCT mothers recorded a relatively low viral suppression rate of 53% across all regions, significantly below the UNAIDS target of 95%. With regional variability, Western-I recorded the highest viral suppression rate at 76%, still below the UNAIDS target. The low viral suppression rate among PMTCT mothers is concerning, as achieving viral suppression is crucial for preventing mother-to-child transmission of HIV. Factors such as late initiation of ART, poor adherence, and inadequate antenatal care visits can contribute to this issue. Two (2) PMTCT mothers died while on ART, with one (1) death in the Upper River Region and the other in the Western Health Region-II. The low number of deaths among PMTCT mothers on ART suggests that, despite challenges with viral suppression, mortality rates are relatively low. However, each death highlights the need for improved care and support.

Table 1:5: Shows PLHIV Currently on ART (PMTCT) by Region December 2024

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	75	75	33	11	33%	0
Lower River Region	0	24	24	10	3	30%	0
North Bank East	0	21	21	12	4	33%	0
North Bank West	0	42	42	25	12	48%	0
Upper River Region	0	87	87	31	6	19%	1
Western-I	0	280	280	107	81	76%	0
Western-II	0	111	111	83	43	52%	1
Gambia	0	640	640	301	160	53%	2

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. 91% of infants received ARV prophylaxis for the first time, indicating a high level of intervention coverage. Early Infant Diagnosis is a key component of PMTCT. A total of 331 HIV exposed infants were tested at 6- 8weeks of birth and 14 tested HIV positive indicating a 4% HIV prevalence, and at 9 months, 7% (13/185) tested positive and at 18 months, 5% (9/196) tested positive. The World Health Organization (WHO) recommends cotrimoxazole prophylaxis for infants born to HIV-positive mothers from 6 weeks of age until HIV infection is ruled out. A total of 320 exposed infants received cotrimoxazole prophylaxis as recommended by WHO However, the effectiveness and necessity of this prophylaxis may vary depending on the local healthcare infrastructure and the availability of antiretroviral therapy for mothers and infants. *Details see table 1.6 below.*

Table 1:6: Shows ARV Infant January-December 2024

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	34	24	12	14	37	96	91	308
Infant born who received ARV prophylaxis first time	29	20	10	12	31	96	81	279
Infant who received Virological test for HIV at 2 months	20	30	13	12	24	120	110	331
Infant tested positive for Virological test for HIV at 2 months	1	1				5	7	14
Infant who received Virological test for HIV at 9 months	9	24	2	8	5	64	73	185
Infant tested positive for Virological test for HIV at 9 months						6	7	13
Infant who received Serological test for HIV at 18 months	8	18	3	2	7	48	110	196
Infant tested positive for Serological test for HIV at 18 months	1					3	5	9
Infant who received Cotrimoxazole at 2 months	19	25	5	12	31	87	141	320

Source DHIS-2

4.0 TB and HIV Collaboration

Tuberculosis (TB) screening is a routine part of care for people living with HIV (PLHIV) who are newly initiated on Antiretroviral Therapy (ART). The goal is to identify people who may have TB and need further testing, and to determine if they are eligible for Tuberculosis Preventive Treatment (TPT). In addition, TB screening can reduce the incidence and mortality of TB among PLHIV. Data shows that about 97% of PLHIV that started ART during the year under review were screened for TB in all the HIV service points across the country.

5.0 Opportunistic Infections January-December 2024

Opportunistic infections remain a critical health issue for individuals with HIV, particularly those with compromised immune systems. Effective prevention and management strategies are essential to reduce the incidence and severity of these infections. For the period under review, Acute Respiratory Infections and Diarrhea, are more frequent 46% of cases (N=1488) and 25% of cases (N=828) respectively. Other notable OIs include Pulmonary Tuberculosis, Pneumonia, Herpes Zoster, and Herpes Simplex to name but a few. *Details see table 1.7*

Table 1:7: Shows Opportunistic Infections January-December 2024

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	79	5	39	4	130	342	229	828
Dysentery	0	3	2	0	47	5	59	116
Acute Respiratory Infection	0	75	23	0	109	987	294	1488
Pulmonary Tuberculosis	7	2	0	9	3	72	28	121
Pneumonia	1	5	0	0	58	52	26	142
Urethral Discharge	15	0	1	0	16	131	161	324
Genital Warts	0	0	5	0	8	20	17	50
Genital Ulcer	32	0	0	0	2	9	28	71
Herpes Zoster	8	0	0	0	15	3	86	112
Herpes Simplex	0	3	0	0	0	1	12	16
Gambia	142	93	70	13	388	1622	940	3268

Source DHIS-2

Annex I: Issues identified, actions taken, responsible person (s) and recommendations

Health Facility	Issues identified	Action taken	Responsible person(s)	Recommendations
Kuntair Major Health Center	<ul style="list-style-type: none"> ART-PMTCT 8 currently patients reported verified 4 	<ul style="list-style-type: none"> Updated the monthly return and DHIS2 data bases Facility staff, focal persons, Regional AIDS Office and Regional Health Directorates were given feedbacks in a form of a short discussions 	<ul style="list-style-type: none"> Officer In Charges Data Entry clerks Regional AIDS Offices Regional Health Directorates NAS- M&E team Principal Nursing Officers Regional Data Managers Hospital Management Administrators Facility laboratory heads and Regional Laboratory Scientists 	<ul style="list-style-type: none"> Intensify and strengthening internal and external data verification strategies Ensure regular supportive monitoring by supervisors Identify personnel (s) or data committee who will be responsible for data collation and verification before punching into data base Ensure hard copies are vetted before punching Viewing right holders should ensure that regional or facility data is of high quality Strengthening data verification and monitoring at all levels
Ngenyen Sanjal Minor Health Centre	<ul style="list-style-type: none"> PMTCT-Counselling 2 positive reported verified 0 ART-PMTCT 2 defaulters verified 0 			
Illiassa Minor Health Centre	<ul style="list-style-type: none"> PMTCT-Counselling 2 positive reported verified 0 			
Brikama-Ba Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT 18 defaulter reported verified 0 			
Janjang-bureh Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT 12 currently patients reported verified 8 			
Kudang Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT 10 currently patients reported verified 8 Viral load reported 0 verified 3 			
Sami Karantaba Minor Health Center	<ul style="list-style-type: none"> ART-PMTCT defaulter 1 reported verified 0 			
Fatoto Minor Health Centre	<ul style="list-style-type: none"> General ART Viral load reported 0 verified 2 			
Sabi Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT currently began reported 0 verified 1 			
Baja Kunda Major Health Centre	<ul style="list-style-type: none"> PMTCT Counselling ART stated more than 4 weeks reported 1 verified 0 			
Demba Kunda Koto Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT 5 currently patients reported verified 4 			
Garawol Minor Health Centre	<ul style="list-style-type: none"> ART-PMTCT currently patients reported 0 verified 3 Transfer out 0 reported 2 verified 			
Kiang Karantaba Minor Health Centre	<ul style="list-style-type: none"> HCT reported 0 verified 8 ART-PMTCT currently patients reported 2 verified 1 			

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

Dongoroba Minor Health Centre	<ul style="list-style-type: none"> • ART-PMTCT currently patients reported 0 verified 1 	<ul style="list-style-type: none"> • Updated the monthly return and DHIS2 data bases • Facility staff, focal persons, Regional AIDS Office and Regional Health Directorates were given feedbacks in a form of a short discussions 	<ul style="list-style-type: none"> • Officer In Charges • Data Entry clerks • Regional AIDS Offices • Regional Health Directorates • NAS- M&E team • Principal Nursing Officers • Regional Data Managers • Hospital Management • Administrators • Facility laboratory heads and Regional Laboratory Scientists 	<ul style="list-style-type: none"> • Intensify and strengthening internal and external data verification strategies • Ensure regular supportive monitoring by supervisors • Identify personnel (s) or data committee who will be responsible for data collation and verification before punching into data base • Ensure hard copies are vetted before punching • Viewing right holders should ensure that regional or facility data is of high quality • Strengthening data verification and monitoring at all levels
Jalangberek Minor Health Centre	<ul style="list-style-type: none"> • ART-PMTCT defaulter 0 reported verified 1 			
Kwinella Minor Health Centre	<ul style="list-style-type: none"> • ART-PMTCT currently patients reported 9 verified 5 			
Pakaliba Minor Health Centre	<ul style="list-style-type: none"> • ART-PMTCT currently patients reported 1 verified 2 			
Sanyang Major Health Centre	<ul style="list-style-type: none"> • HCT Reported 102 verified 87 			
Basse District Hospital	<ul style="list-style-type: none"> • Key variables example age, sex, date of testing, sample collection date in the facility and laboratory viral load registers not completely filled • Key variables example age at testing not completely filled both in the facility and laboratory EID registers • All viral load samples from Yorobawol were invalid • December 11 EID tests were invalid • General ART Viral load reported 53 verified 72 			
Yorobawol	<ul style="list-style-type: none"> • All the viral load results from Yorobawol were invalid • Low HCT uptake (3 recorded) in the month of December-2024 • General ART Viral load reported 0 verified 2 			
Essau District Hospital	<ul style="list-style-type: none"> • HCT-data mismatch between facility and laboratory registers • Reported 18 known status verified 0 for quarter four-2024 			

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

Soma District Hospital	<ul style="list-style-type: none"> • October 49 viral load tests conducted 10 invalid results recorded • November 57 viral load tests conducted 10 invalid results recorded • December 79 viral load tests conducted 25 invalid results recorded • Key variables example age, sex, date of testing, sample collection date in the facility and laboratory viral load registers not completely filled • Adding invalid viral load test results to total test 	<ul style="list-style-type: none"> • Updated the monthly return and DHIS2 data bases • Facility staff, focal persons, Regional AIDS Office and Regional Health Directorates were given feedbacks in a form of a short discussions 	<ul style="list-style-type: none"> • Officer In Charges • Data Entry clerks • Regional AIDS Offices • Regional Health Directorates • NAS- M&E team • Principal Nursing Officers • Regional Data Managers • Hospital Management • Administrators • Facility laboratory heads and Regional Laboratory Scientists 	<ul style="list-style-type: none"> • Intensify and strengthening internal and external data verification strategies • Ensure regular supportive monitoring by supervisors • Identify personnel (s) or data committee who will be responsible for data collation and verification before punching into data base • Ensure hard copies are vetted before punching • Viewing right holders should ensure that regional or facility data is of high quality • Strengthening data verification and monitoring at all levels
Farafenni General Hospital	<ul style="list-style-type: none"> • Most of the pediatric patients have high viral load values • Majority of the infants/babies tested for EID are not born by HIV positive mothers 			
Hands on Care	<ul style="list-style-type: none"> • Relatively higher defaulter rate in December-2024 			
Kanifing General Hospital	<ul style="list-style-type: none"> • Registers not updated accordingly resulted to higher defaulter rate in December 			

Recommendations

- Facility staff who are sending sample should ensure that all the registers and sample referral forms are completely filled
- Sample Referral Network (SRN) motorcycle riders should ensure that all variables in the sample referral forms are completely filled before collecting the sample example viral load and EID forms
- Laboratory staff should ensure that all the variables in the registers are completely filled
- EID is targeting only children born to HIV positive mothers-Farafenni General Hospital
- Invalid, error and incomplete viral load or EID should not be counted as test instead efforts should be made to repeat the test
- Reenforce adherence counselling to care givers/parents of children with higher viral load values
- Capacity building for laboratory staff in some of the Gen Xpert sites with persistent invalid or error results example Soma District Hospital, Bundung Maternal and Child Hospital and Basse District Hospital
- Ensure all HIV positives are enrolled into ART treatment
- Provide targeted support to regions with lower reporting rates to improve their capacity for timely and complete reporting
- Improve access to counseling, adherence support, and regular viral load monitoring for PMTCT mothers to enhance viral suppression rates
- Encourage early initiation of ART before or during pregnancy to maximize the chances of achieving viral suppression
- Ensure optimal adherence counseling to improve Viral Load uptake and viral suppression
- Strengthen PICT at pediatric OPD, wards and malnutrition units to improve the HTS and treatment uptake for children

Annex II: Data Tables by Indicators and Service Areas

Table 1: Shows HIV Counselling & Testing General Population. January-December 2024

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	Screened for TB
Central River Region	5899	5846	5797	328	21	3	352	6.0%	43	194		194
Lower River Region	4332	4233	4248	185	11	1	197	4.7%	92	128		128
North Bank East	3487	3481	3481	55	7	2	64	1.8%	11	73		73
North Bank West	2159	2145	2139	47	4	1	52	2.4%	14	41		41
Upper River Region	4975	4902	4885	259	11	5	275	5.6%	51	227		227
Western-I	31497	31205	30784	1050	78	15	1143	3.7%	535	743		743
Western-II	17880	17655	17651	572	51	5	628	3.6%	436	511		511
Gambia	70229	69467	68985	2496	183	32	2711	3.9%	1182	1917		1917

Source DHIS2

Table 2: Shows PMTCT HIV Counselling & Testing January -December 2024

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	Screened for TB
CRR	8601	8595	8595	50	1	3	54	0.6%	51	52	96%	8	52
LRR	3593	3590	3587	24	0	0	24	0.7%	18	22	92%	8	22
NBE	5421	5416	5404	23	0	0	23	0.4%	14	20	87%	11	20
NBW	4397	4390	4380	21	0	0	21	0.5%	11	20	95%	6	20
URR	10537	10537	10537	62	4	0	66	0.6%	39	59	89%	23	59
WHR-I	31301	31144	31144	182	8	2	192	0.6%	131	185	96%	61	185
WHR-II	13559	13557	13559	72	9	0	81	0.6%	177	94	116%	149	94
Gambia	77409	77229	77206	434	22	5	461	0.6%	441	452	98%	266	452

Source DHIS2

Table 3. Shows PLHIV Currently on ART General Population by Health Facility (ART Sites) December 2024

ART-Sites	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppression by sex and total test			Died on ART		
	M	F	M	F	Total	M	F	Total	M	F	Total	M	F	% total	M	F	Total
Bansang	19	14	161	495	689	114	377	491	76	295	371	67%	78%	76%	2	1	3
Kuntaur Major	4	2	16	51	73	8	28	36	4	22	26	50%	79%	72%	1	1	2
Total CRR	23	16	177	546	762	122	405	527	80	317	397	66%	78%	75%	3	2	5
Soma-LRR	22	25	133	399	579	92	279	371	58	198	256	63%	71%	69%	2	2	4
Farafenni-NBE	22	24	115	318	479	87	186	273	65	142	207	75%	76%	76%	4	4	8
Essau-NBW	8	9	44	107	168	22	88	110	21	66	87	95%	75%	79%	4	3	7
Basse District	22	19	133	427	601	43	192	235	34	139	173	79%	72%	74%	8	7	15
Yorobawol	2	0	7	30	39	1	14	15	1	14	15	100%	100%	100%	2	4	6
Fatoto Minor	1	3	9	22	35	5	18	23	5	14	19	100%	78%	83%	0	4	4
Total URR	25	22	149	479	675	49	224	273	40	167	207	82%	75%	76%	10	15	25
Other Regions	100	96	618	1849	2663	372	1182	1554	264	890	1154	71%	75%	74%	23	26	49
EFSTH	24	28	360	859	1271	258	679	937	191	520	711	74%	77%	76%	2	8	10
Bundung	11	12	82	274	379	22	100	122	14	74	88	64%	74%	72%	1	3	4
Faji Kunda	1	1	25	74	101	19	52	71	12	48	60	63%	92%	85%	1	0	1
Kanifing	39	45	270	752	1106	102	322	424	77	280	357	75%	87%	84%	2	10	12
SOS	10	6	45	142	203	31	87	118	24	74	98	77%	85%	83%	1	2	3
Afrimed	1	1	16	38	56	8	22	30	4	11	15	50%	50%	50%	1	2	3
Yundun Army	7	3	116	145	271	70	98	168	56	70	126	80%	71%	75%	2	1	3
Elemats	0	0	1	5	6	0	6	6	0	5	5	0%	83%	83%	0	0	0
Fajara Barracks	0	0	8	15	23	5	10	15	5	6	11	100%	60%	73%	1	1	2
Serrekunda	0	0	19	91	110	8	39	47	6	35	41	75%	90%	87%	0	1	1
Total Western-I	93	96	942	2395	3526	523	1415	1938	389	1123	1512	74%	79%	78%	11	28	39
ECG- Sibanor	18	16	126	486	646	126	438	564	101	386	487	80%	88%	86%	5	8	13
Bwiam	33	23	140	539	735	148	484	632	112	423	535	76%	87%	85%	5	15	20
Hands On Care	97	103	570	1997	2767	607	1901	2508	479	1598	2077	79%	84%	83%	20	29	49
Sanyang Major	2	0	16	54	72	5	13	18	1	4	5	20%	31%	28%	3	1	4
Total Western-II	150	142	852	3076	4220	886	2836	3722	693	2411	3104	78%	85%	83%	33	53	86
Gambia	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174

Source DHIS2

Table 3.1 Shows PLHIV Currently on ART General Population by Health Region-December 2024

Regions	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppressed on Total Test			Died on ART		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Central River Region	23	16	177	546	762	122	405	527	80	317	397	66%	78%	75%	3	2	5
Lower River Region	22	25	133	399	579	92	279	371	58	198	256	63%	71%	69%	2	2	4
North Bank East	22	24	115	318	479	87	186	273	65	142	207	75%	76%	76%	4	4	8
North Bank West	8	9	44	107	168	22	88	110	21	66	87	95%	75%	79%	4	3	7
Upper River Region	25	22	149	479	675	49	224	273	40	167	207	82%	75%	76%	10	15	25
Western-I	93	96	942	2395	3526	523	1415	1938	389	1123	1512	74%	79%	78%	11	28	39
Western-II	150	142	852	3076	4220	886	2836	3722	693	2411	3104	78%	85%	83%	33	53	86
Gambia	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174

Source DHIS2

Table 3.2 Shows PLHIV Currently on ART General Population by Sub-Recipient (SR) -December 2024

Sub- Recipient	Currently on Treatment				Total-ART	Viral Load Test			Viral Load Suppressed			% viral suppression by sex and total test			Died on ART		
	< 15 years		> 15 years			Male	Female	Total	Male	Female	Total	Male	Female	% total	Male	Female	Total
	Male	Female	Male	Female													
MOH	222	203	1482	4464	6371	916	2853	3769	676	2306	2982	74%	81%	79%	45	70	115
HOC	97	103	570	1997	2767	607	1901	2508	479	1598	2077	79%	84%	83%	20	29	49
EFSTH	24	28	360	859	1271	258	679	937	191	520	711	74%	77%	76%	2	8	10
Gambia	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174

Source DHIS2

Table 3.3 Shows Key Populations Currently on ART by Health Facility -December 2024

Facility	Female Key Population by Age				Total	Male Key Population by Age				Total
	<15	15-24	25-49	>49		<15	15-24	25-49	>49	
Barra Wellness Center	0	0	4	0	4	0	0	0	0	0
Basse Wellness Center	0	0	4	0	4	0	2	2	0	4
Mobile Clinic 1	0	7	32	1	40	0	33	33	0	66
Soma Wellness Center	0	1	11	2	14	0	0	0	0	0
Prisons	0	0	0	0	0	0	0	6	0	6
PWUD	0	0	0	0	0	0	0	0	0	0
Gambia	0	8	51	3	62	0	35	41	0	76

Source DHIS2

Table 4. Shows PMTCT-ART by Health Region-December 2024

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	75	75	33	11	33%	0
Lower River Region	0	24	24	10	3	30%	0
North Bank East	0	21	21	12	4	33%	0
North Bank West	0	42	42	25	12	48%	0
Upper River Region	0	87	87	31	6	19%	1
Western-I	0	280	280	107	81	76%	0
Western-II	0	111	111	83	43	52%	1
Gambia	0	640	640	301	160	53%	2

Source DHIS2

Table 5: Shows ARV Infant January -December 2024

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	34	24	12	14	37	96	91	308
Infant born who received ARV prophylaxis first time	29	20	10	12	31	96	81	279
Infant who received Virological test for HIV at 2 months	20	30	13	12	24	120	110	331
Infant tested positive for Virological test for HIV at 2 months	1	1	0	0	0	5	7	14
Infant who received Virological test for HIV at 9 months	9	24	2	8	5	64	73	185
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	6	7	13
Infant who received Serological test for HIV at 18 months	8	18	3	2	7	48	110	196
Infant tested positive for Serological test for HIV at 18 months	1	0	0	0	0	3	5	9
Infant who received Cotrimoxazole at 2 months	19	25	5	12	31	87	141	320

Source DHIS2

Table 6. Shows ART Summary by Population-December 2024

Population Group	Currently on Treatment					Viral Load Test			Viral Load Suppressed			% viral suppressed			Died on ART		
	< 15 years		> 15 years		Total-ART	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
	Male	Female	Male	Female													
General Population	343	334	2412	7320	10409	1781	5433	7214	1346	4424	5770	76%	81%	80%	67	107	174
PMTCT ART				640	640		301	301		160	160		53%	53%		2	2
Key Population	0	0	76	62	138	29	17	46	21	12	33	72%	71%	72%	0	0	0
Total	343	334	2488	8022	11187	1810	5751	7561	1367	4596	5963	72%	80%	79%	67	109	176

Source DHIS2

Table 7 Shows Opportunistic Infections January -December 2024

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	79	5	39	4	130	342	229	828
Dysentery	0	3	2	0	47	5	59	116
Acute Respiratory Infection	0	75	23	0	109	987	294	1488
Pulmonary Tuberculosis	7	2	0	9	3	72	28	121
Pneumonia	1	5	0	0	58	52	26	142
Urethral Discharge	15	0	1	0	16	131	161	324
Genital Warts	0	0	5	0	8	20	17	50
Genital Ulcer	32	0	0	0	2	9	28	71
Herpes Zoster	8	0	0	0	15	3	86	112
Herpes Simplex	0	3	0	0	0	1	12	16
Gambia	142	93	70	13	388	1622	940	3268

Source DHIS2

Table 8 Shows completeness and timeliness of reporting by region January- December 2024

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	132	131	99.2	128	97
Lower River	120	119	99.2	118	98.3
North Bank East	84	83	98.8	50	59.5
North Bank West	84	72	85.7	39	46.4
Upper River	120	118	98.3	113	94.2
Western-I	324	287	88.6	191	59
Western-II	132	121	91.7	111	84.1
Gambia	996	931	93%	750	75%

Source DHIS2

Annex III: Photos from the field visit with Director-RHD-URR



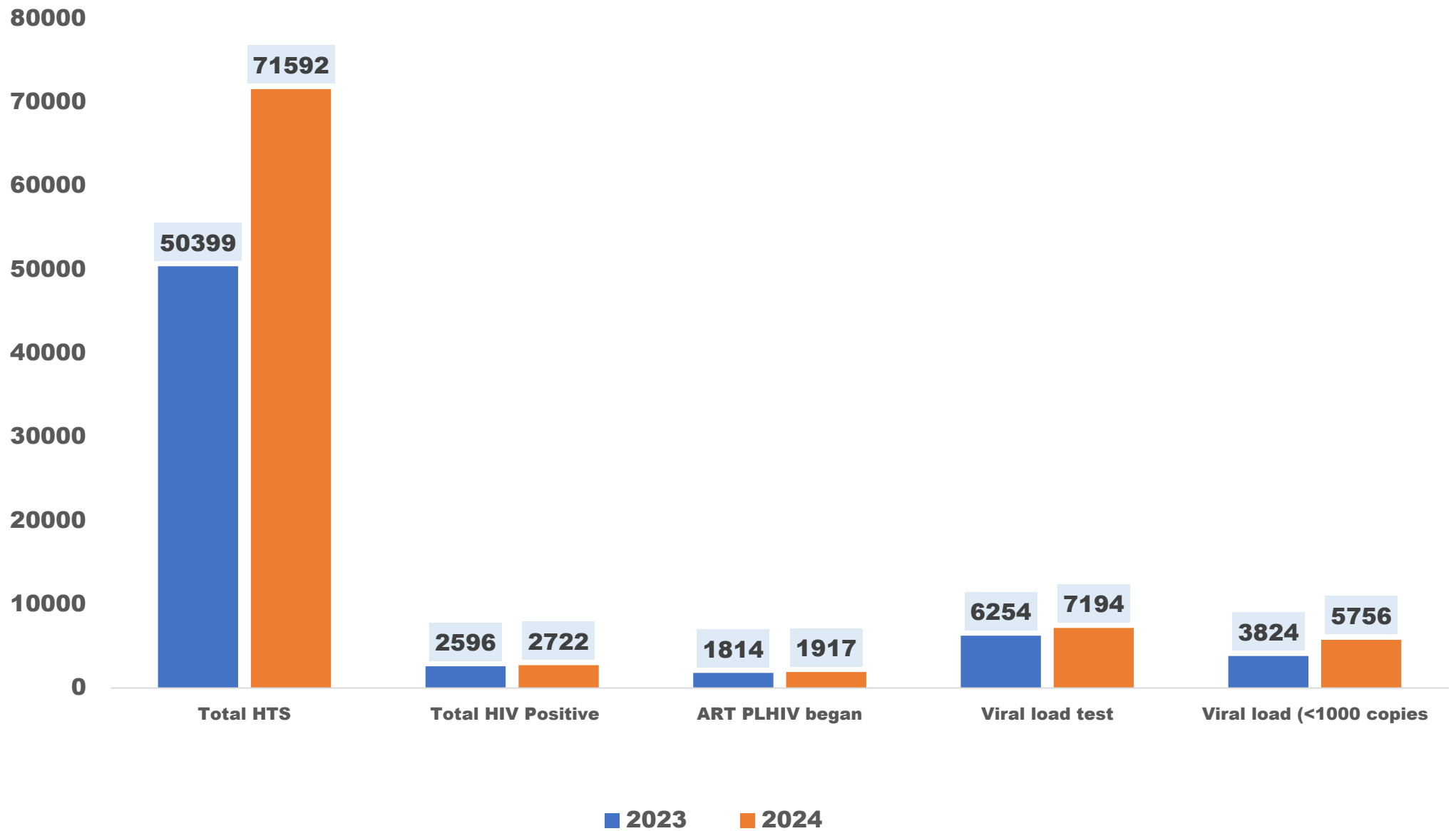
Prior to the facility visits, the Upper River Region Regional Health Directorate courtesy call.

Lab Viral Load Register																	
Serial No.	VS Sample Collection Date (DD/MM/YYYY)	Sample Log Number/Job Number	PHCT/ART Site	Primary PHCT/ART Site (Not always referred for VL analysis from other facility)	PHCT/ART Number	Client Name (Unique Identification Code - UIC)	D.O.B./Age	SEX	Address/Contact Information/Phone Number	Reason for Test		Date Tested (DD/MM/YYYY)	RESULTS: Viral Load Value (Copies/ml)	State VS. Results Sent to PHCT/ART Site (DD/MM/YYYY)	If multiple projects, Date Facility/Number of Project	Reason for Sample Rejection	Comments
										Routine	Target						
0001	21/01/15	0001	Efian	Kankar	001/15		38	F	Kankar	✓		21/01/15	26000				
0002	21/01/15	0002	Efian	Efian	1297		27	F	Efian	✓		21/01/15	6000				
0003	21/01/15	0003	Csasu	Csasu	1141/15		30	F	Csasu	✓		21/01/15	10000				
0004	21/01/15	0004	Csasu	Kankar	001/15		33	F	Bam	✓		21/01/15	200				incomplete
0005	21/01/15	0005	Csasu	Kankar	010/15		31	F	Bam	✓		21/01/15	100				incomplete
0006	21/01/15	0006	Csasu	Csasu	1222		34	F	Csasu	✓		21/01/15	40000 (by 160)				
0007	21/01/15	0007	Csasu	Csasu	0010/15		34	F	Csasu	✓		21/01/15	6000				
0008	21/01/15	0008	Efian	Efian	001/15		45	F	Efian	✓		21/01/15	40				

Lab Early Infant Diagnosis Register																
Serial No.	VS Sample Collection Date (DD/MM/YYYY)	Sample Log Number/Job Number	PHCT/ART Site	Primary PHCT/ART Site (Not always referred for VL analysis from other facility)	PHCT/ART Number	Client Name (Unique Identification Code - UIC)	D.O.B./Age	SEX	Address/Contact Information/Phone Number	Reason for Test	Date Tested (DD/MM/YYYY)	RESULTS: Viral Load Value (Copies/ml)	State VS. Results Sent to PHCT/ART Site (DD/MM/YYYY)	If multiple projects, Date Facility/Number of Project	Reason for Sample Rejection	Comments
001	21/01/15	001	Efian	Efian	001/15		21	F	Efian	✓		21/01/15	6000			
002	21/01/15	002	Csasu	Csasu	001/15		22	F	Csasu	✓		21/01/15	6000			
003	21/01/15	003	Csasu	Csasu	001/15		23	F	Csasu	✓		21/01/15	6000			
004	21/01/15	004	Csasu	Csasu	001/15		24	F	Csasu	✓		21/01/15	6000			
005	21/01/15	005	Csasu	Csasu	001/15		25	F	Csasu	✓		21/01/15	6000			
006	21/01/15	006	Csasu	Csasu	001/15		26	F	Csasu	✓		21/01/15	6000			
007	21/01/15	007	Csasu	Csasu	001/15		27	F	Csasu	✓		21/01/15	6000			
008	21/01/15	008	Csasu	Csasu	001/15		28	F	Csasu	✓		21/01/15	6000			
009	21/01/15	009	Csasu	Csasu	001/15		29	F	Csasu	✓		21/01/15	6000			
010	21/01/15	010	Csasu	Csasu	001/15		30	F	Csasu	✓		21/01/15	6000			

Photo showing missing key variables in the registers

Annex IV: Charts comparing HTS Indicators in General Population for 2023 and 2024



Annex V: Charts comparing HTS Indicators Among PMTCT Mothers for 2023 and 2024

