National AIDS Secretariat

Monitoring & Evaluation

GC7 Progress Report

January-March

2025

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 Secretariat
NBE	North Bank East
NBW	North Bank West
PLHIV	People Living With Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
RAC	Regional AIDS Coordinator
RDM	Regional Data Manager
RHD	Regional Health Directorate
TB	Tuberculosis
URR	Upper River Region
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WHR-I	Western Health Region 1

WHR-II	Western Health Region 2
NPS	National Pharmaceutical Service
PSM	Procurement and Supply Chain Management
HPHL	National Public Health Laboratory

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1.0 Introduction

The National AIDS Secretariat, in partnership with stakeholders, carried out field monitoring visits to a few chosen medical institutions around The Gambia in the first quarter of this year in support of national initiatives to improve the provision of HIV and AIDS services. The purpose of these visits was to evaluate how HIV and AIDS services are being implemented, pinpoint problems, and assist service providers to improve the quality of care they provide. Important elements like HIV testing services (HTS), antiretroviral therapy (ART), PMTCT (prevention of mother-to-child transmission), data management, and supply chain systems were assessed by the monitoring teams. Additionally, field visits provide a chance to interact with healthcare professionals, offer technical assistance on-site, and collect information to guide program decision making processes. The information gathered during the field visits is communicated to the health facilities concerned and regional authorities mainly in the form of immediate face to face feedback sharing and sharing of the final monitoring report. During the field visit coaching and mentorship take a center stage this is because some redeployed staff need orientation on the understanding of the service indicators.

1.1 Objective of the Monitoring Visit

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

1.2 Monitoring Approach

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

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

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

Table1:0: Shows completeness and timeliness of reporting January- March 2025

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	33	33	100	33	100
LRR	30	30	100	30	100
NBE	21	21	100	7	33.3
NBW	21	19	90.5	18	85.7
URR	36	36	100	36	100
WHR-I	84	78	92.9	62	73.8
WHR-II	39	33	84.6	27	69.2
Gambia	264	250	94.7%	213	85.2%

High-performing regions: Central River, Lower River, and Upper River Regions had 100% reporting and timely submission rates, showing excellent compliance and performance. These regions met all expectations for both submission and timeliness, indicating strong monitoring, supervision, and likely functional data systems.

Moderate performance: North Bank West reported 90.5% of expected reports, with a relatively high 85.7% on-time reporting rate. Indicates minor reporting gaps, possibly due to logistical or staffing challenges, but still efficient.

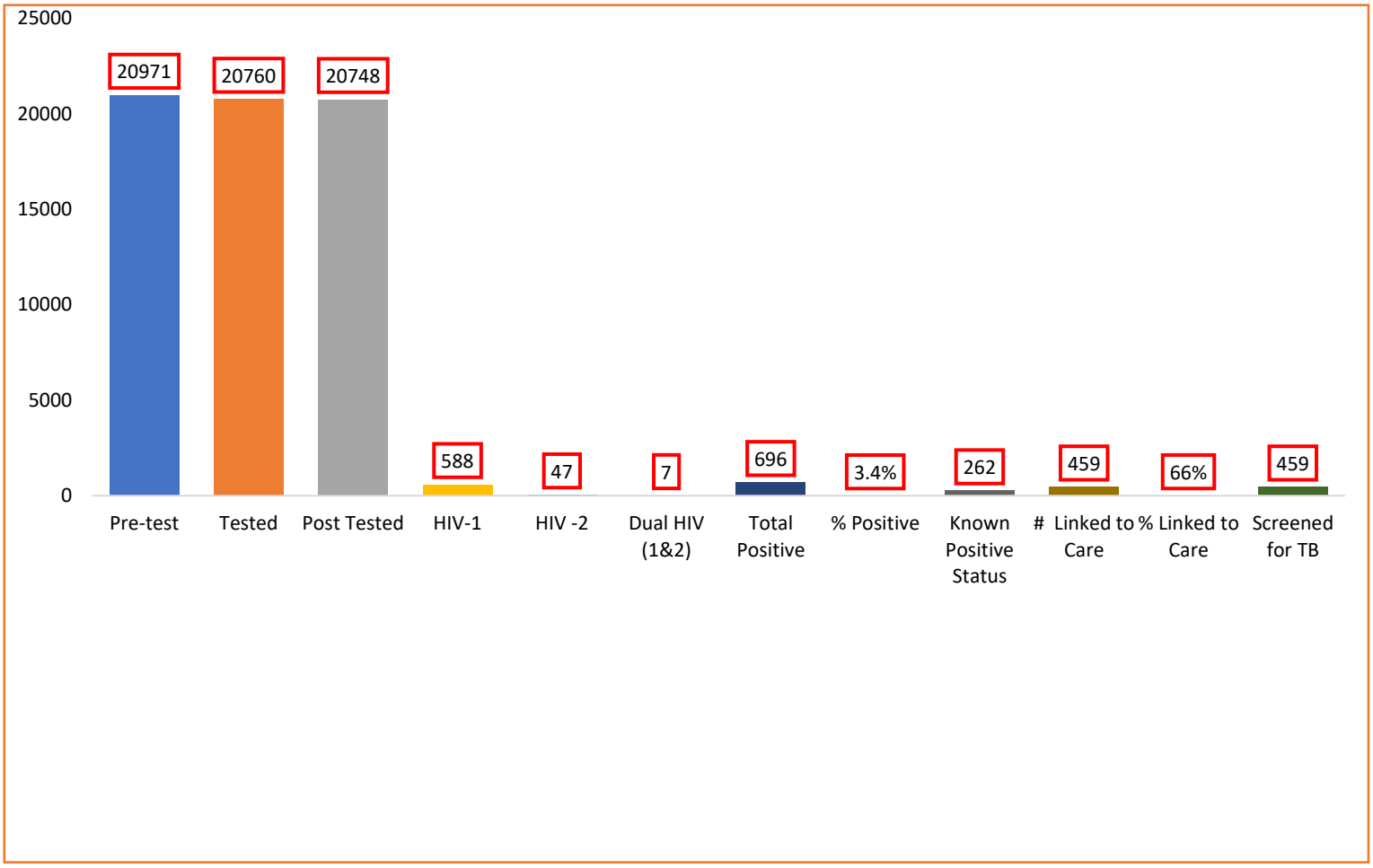
Low performance: North Bank East achieved 100% reporting, but only 33.3% were submitted on time, the lowest timely reporting rate nationwide for the period under review. This suggests delays in data compilation or transmission, which can impact real-time decision-making and response. Western-I and Western-II had the lowest overall reporting rates at 92.9% and 84.6%, respectively. Their on-time reporting rates were also lower than average (73.8% and 69.2%), possibly due to higher facility volumes or system bottlenecks in urban settings.

Nationally, the national reporting rate is 94.7% and timely reporting rate: 85.2%. This reflects generally good performance nationally but highlights that one in seven facilities either did not report or did not report on time, which can affect the quality of national-level data analysis and response planning.

1.3.1 HIV Testing Services General Population (HTS) January-March 2025

Total Pre-test Counseled N=20,971, total tested N=20,760 and total post-tested N= 20,748. The data indicates that almost everyone who was tested received their post-test counseling results 99.9%. The majority of positive cases were HIV-1, consistent with national epidemiological trends. Total HIV Positive: 696 (3.4%) and 459 (66%) were linked to Care. Known HIV Positive status during HTS process: 262.Positivity rate nationally for the general population is 3.4%. Linkage to care is 66%, indicating room for improvement, particularly in some regions. TB screening was 100% among those newly diagnosed and linked to care.

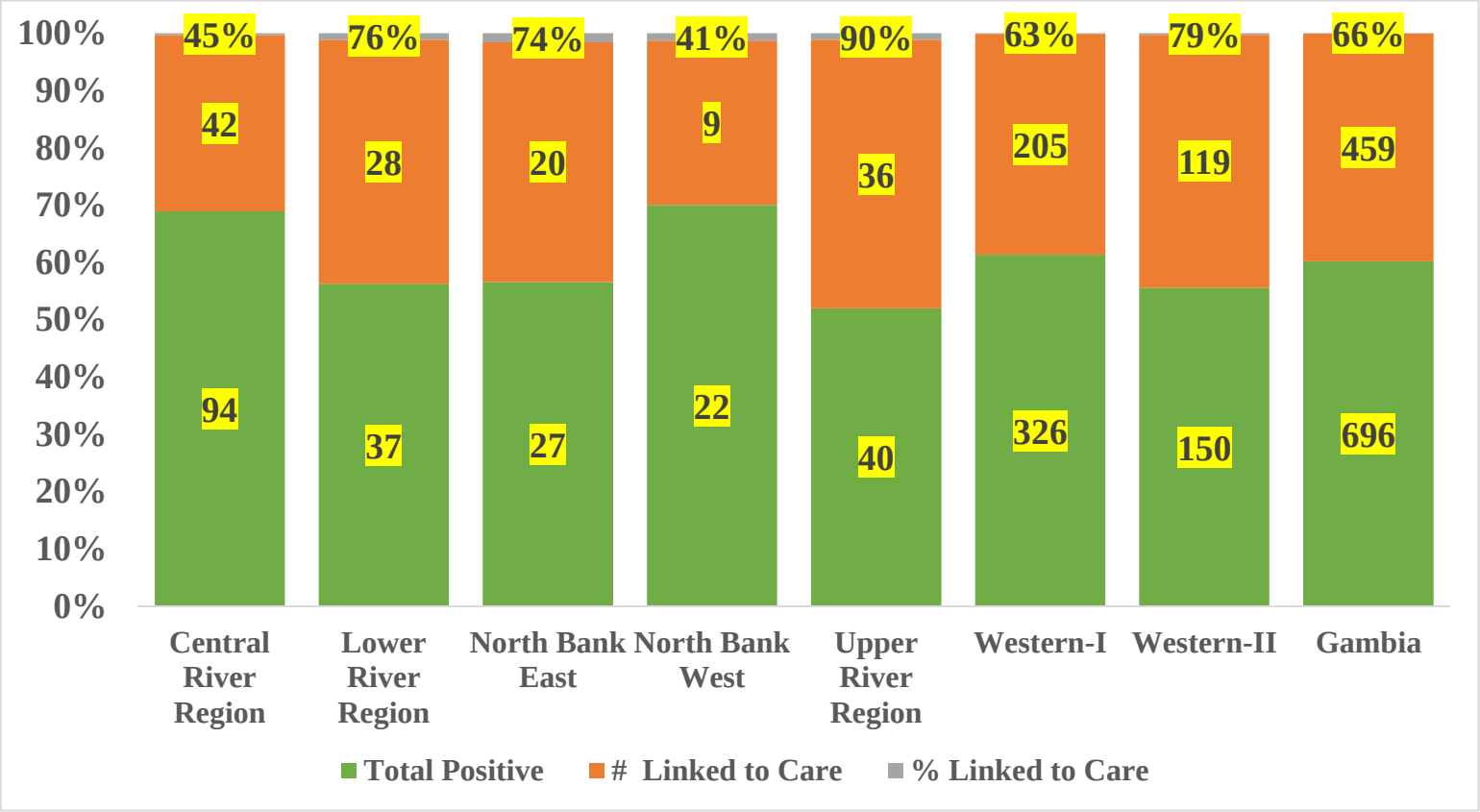
Figure 1.0: Shows HIV Counselling & Testing in general population January-March 2025



Source DHIS-2

The figure below indicates linkage to care by region and country. A total of N=696 HIV-positive cases were newly diagnosed in the quarter, of which N=459 linked to care indicating an overall national linkage rate at 66%. This means 1 in 3 HIV-positive individuals was not linked to care, which poses a major barrier to achieving UNAIDS 95-95-95 targets.

Figure 1.1: General Population % Enrollment on ART by Region and Country January- March 2025



Source DHIS2

1.3.2 PMTCT HIV Counselling &Testing January-March 2025

Pre-test Counselled: 16,939 individuals received pre-test counselling. N=16,924 individuals underwent HIV testing. N=16,921 individuals received post-test counselling, representing 99.98% of those tested.

HIV Test Results: HIV-1 Positive Cases n=91, HIV-2 Positive Cases N= 5 and Dual HIV-1 & 2 Positive N= 4. Total New HIV Positive Cases= 100 indicating Positivity rate of 0.59%

Linkage to Care: Linked to Care N= 82 out of the 100 new positives (82% linkage rate). Already on ART before current pregnancy=76 antenatal mothers and those who Known their HIV Positive Status N=99 (Antenatal mothers who are aware of their HIV positive status).

Key Insights

The PMTCT testing program shows excellent coverage and counselling among antenatal mothers. The HIV positivity rate is low, which may reflect good prevention efforts or low prevalence among antenatal. Linkage to care is strong, though there is room to reach the remaining 18%.

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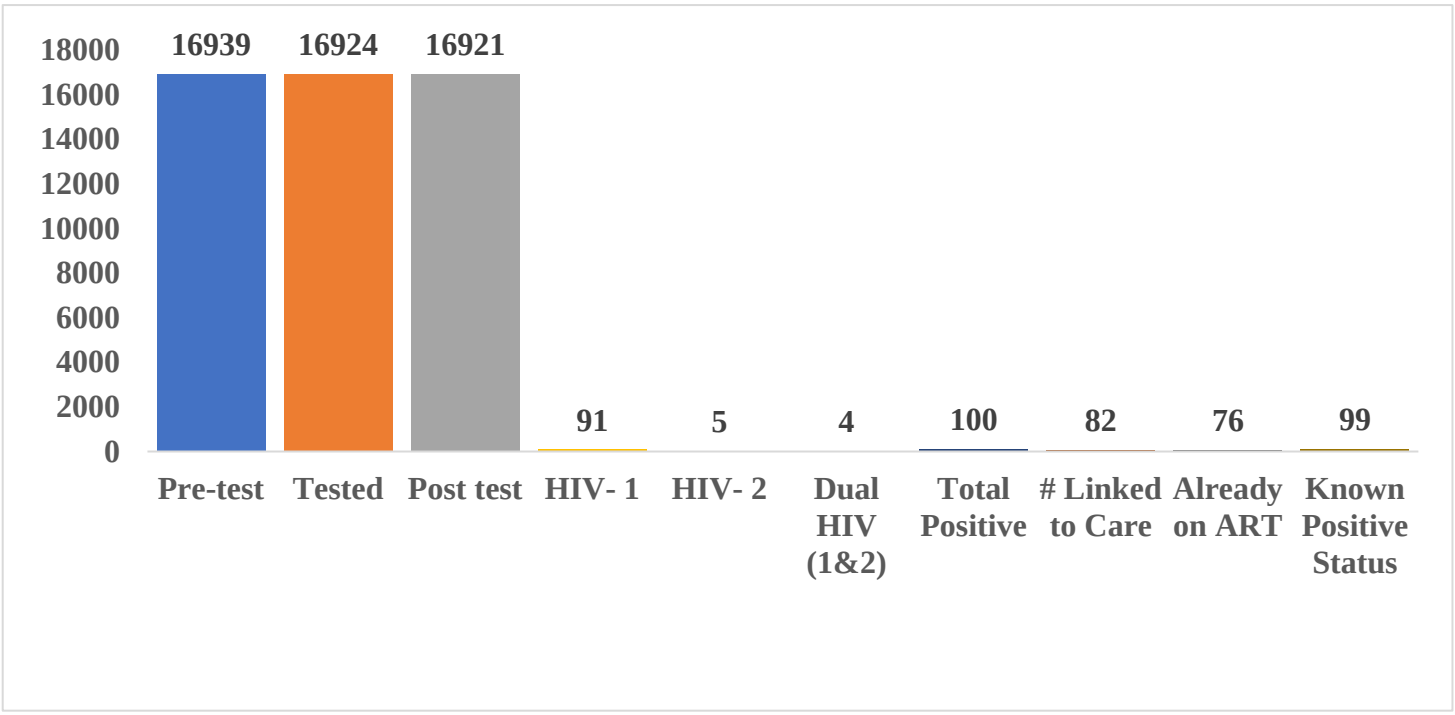
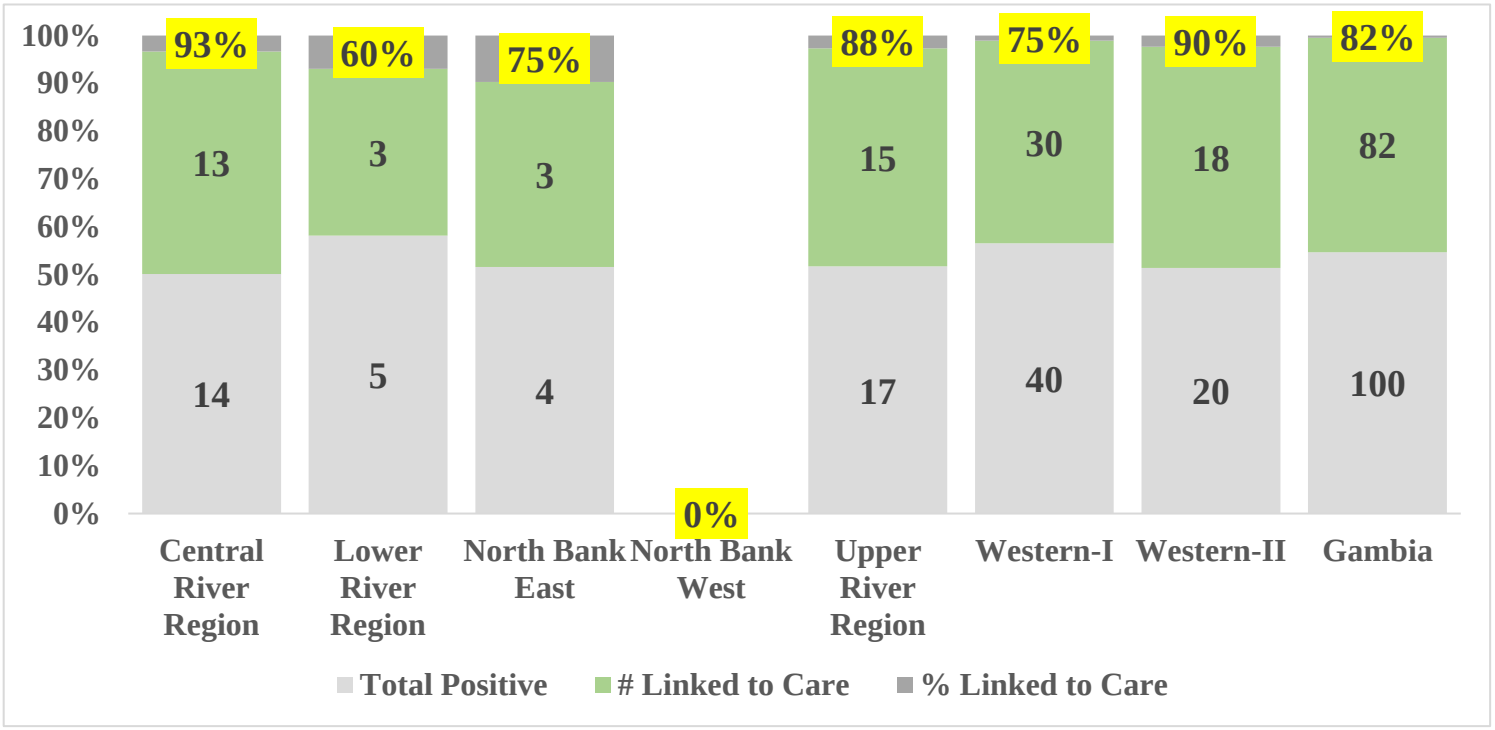
Figure 2.0: Shows PMTCT HIV Counselling &Testing January-March 2025



Source DHIS2

The figure below revealed that none of the region met the 95% enrollment target, this is a cause for concern as all the regions are struggling to meet the 95% enrollment target. More especially for the case of the north bank east region for the quarter under review there was no enrollment which is too serious, and it need to be look at holistically. In the north bank west compared to the same period last year three positive mothers recorded against zero this year.

Figure 2.1: PMTCT % Enrollment on ART by Region and National January-March 2025



Source DHIS2

Total general population on ART is **N=10713** which represents **94**% of total on ART with 87**%** viral suppression rate. Total PMTCT-ART is **N= 573** which represents **5%** of total on ART with 62% viral load suppression rate while the Key population is **N=104** which represents **1%** of total on ART with **77%** viral load suppression rate. Viral Load Suppression rate is highest in the General Population and lowest among PMTCT ART which is attributable to not testing all the PMTCT-ART Mothers for viral load testing. Key Populations show small numbers but relatively high suppression rate (77%). Total ART deaths are predominantly from the General Population (51 of 53 deaths)***. Details see table 1.1 below.***

Table 1.1: Shows Total PLHIV on ART, Viral Load Test, Suppress and Death by Gender January-March 2025

Population Group	Currently on Treatment				Total-ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed		Total	Died on ART		Total
	< 15 years		> 15 years														
	M	F	M	F		M	F		M	F		M	F		M	F	
General Population	357	305	2512	7539	10713	369	1134	1503	322	986	1308	87%	87%	87%	18	33	51
PMTCT ART				573	573		148	148		92	92		62%	62%		1	1
Key Population	0	52	0	52	104	6	7	13	6	4	10	100%	57%	77%	0	1	1
Total	**357**	**357**	**2512**	**8164**	**11390**	**375**	**1289**	**1664**	**328**	**1082**	**1410**	**87%**	**84%**	**85%**	**18**	**35**	**53**

Source DHIS2

The table below shows a detailed disaggregation of PLHIV on ART. Pediatric patients account for **N=714 (6%)** of the total PLHIV population. Total adults PLHIV is **N=10676 (94%).** Total adult females PLHIV is **N=8164 (72%)** of total PLHIV, indicating gender inequality on ART coverage. Suppression rate is not far apart across both genders 87% and 83% among male and female respectively. Higher number of females tested, aligning with the higher proportion of adult females in the overall ART population. Mortality is higher among females (65%), again possibly due to their larger representation in the ART program. Out of the N=53 deaths, only one (1) death recorded on PMTCT ART mother and one (1) death recorded on key population. ***Details see table 1.2 below.***

Table 1:2 shows total ART population, viral load test & suppressed and deaths by gender March 2025

Pediatric (<15 Years)				Adult (> 15 Years)				Total
Male		Female		Male		Female		
#	%	#	%	#	%	#	%	**11390**
357	3%	357	3%	2512	22%	8164	72%	

Total Viral Load Test & Suppressed by gender January-March 2025								
Male			Female			Total # Tested	Total # Suppressed	% Total Suppressed
# Tested	# Suppressed	% Suppressed	# Tested	# Suppressed	% Suppressed	1664	1410	**85%**
375	328	87%	1289	1082	83%			

Died on ART				
Male		Female		**53**
#	%	#	%	
18	34%	35	66%	

Source DHIS-2

1.3.3 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) March 2025

MOH/NACP account for the highest ART case load N=6567 (61%), HOC N=2826 (27%) and EFSTH N=1310 (12%) patients respectively. The highest viral suppression rate is recorded at Hands on Care 96%. Total on ART in Gambia by sub recipient is N= 10,655 with viral suppression rate of 87%. This excludes the key population and PMTCT ART. Total deaths on ART recorded is 51 individuals. ***Details see table 1.3 below***

Table 1:3 Shows PLHIV Currently on ART (General Population) by Sub- Recipient (SR) March 2025

Sub-Recipient	Currently on Treatment					Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed on Total Test	Died on ART		Total
	< 15 years		> 15 years		Total ART										
	Male	Female	Male	Female		Male	Female		Male	Female			Male	Female	
MOH/NACP	229	179	1567	4602	6577	215	744	959	175	623	798	83%	14	28	42
Hands On Care	104	100	584	2038	2826	91	231	322	86	224	310	96%	3	5	8
EFSTH	24	26	361	899	1310	63	159	222	61	139	200	90%	1	0	1
Gambia	**357**	**305**	**2512**	**7539**	**10713**	**369**	**1134**	**1503**	**322**	**986**	**1308**	**87%**	**18**	**33**	**51**

Source DHIS2

1.3.4 Key population on ART as of March 2025

Mobile Clinic-1 accounts for the largest number of key populations on ART with a total number of N=51 representing 49% of total key population on treatment. The facility recorded a total of N=11 FSWs in January- March 2025. Seemingly there is evident that MSMs are in Soma, but they are not reaching for the services which is attributable to geographical location of the regional proximity to the neighboring Senegal-Cassamance region. Comparatively there are more FSWs than MSWs similar pattern observed in the general population. Prisons recorded the smallest number of both genders. Barra Wellness Center, PWUD, Basse Wellness Center and Soma Wellness Center recorded no males for period under review.

Table 1.4: Shows Key Population Currently on ART by Health Facility - March 2025

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	0	0	0	0	0	0	0	0
Basse Wellness Center	0	0	5	0	5	0	0	0	0	0
Mobile Clinic 1	0	6	25	1	32	0	23	28	0	51
Soma Wellness Center	0	0	10	1	11	0	0	0	0	0
Prisons	0	1	3	0	4	0	1	0	0	1
PWUD	0	0	0	0	0	0	0	0	0	0
Gambia	**0**	**7**	**43**	**2**	**52**	**0**	**24**	**28**	**0**	**52**

Source DHIS-2

2.0 PMTCT ART by Health Region March 2025

The table presents data on antiretroviral therapy (ART) and viral load suppression across different regions in The Gambia for PMTCT ART. In total 573 HIV positive antenatal mothers are on ART, all aged >15 years. A total of 148 viral load tests were conducted 92 were suppressed indicating 62% viral suppression rate. Only one (1) PMTCT ART Mother died in the first quarter 2025 recorded in Central River Region.

Table 1:5: Shows PLHIV Currently on ART (PMTCT) by Region March 2025

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	65	65	9	4	44%	1
Lower River Region	0	23	23	1	0	0%	0
North Bank East	0	27	27	6	0	0%	0
North Bank West	0	39	39	16	6	38%	0
Upper River Region	0	90	90	16	6	38%	0
Western-I	0	234	234	62	42	68%	0
Western-II	0	95	95	38	34	89%	0
Gambia	**0**	**573**	**573**	**148**	**92**	**62%**	**1**

Source DHIS2

3.0 Infant ARV

Mother-to-child transmission of HIV (MTCT) is the most prevalent source of Pediatric HIV infection even though Pediatric HIV is almost entirely preventable. During the period under review, N=99 infants were born and N=88 received ARV prophylaxis for the first time. N=98 tested at 2 months and N=3 tested positive representing 3% positive rate. N=55 tested at 9 months and N=2 tested positive representing 4% positive rate. At 18 Months, N=37 tested and N=1 tested positive representing 3% positive rate. N=157 infants on cotrimoxazole at two-month prophylaxis. In the period a total number of N=99 infants born to exposed mothers and N=88 received ARV prophylaxis for the first time. This indicates that a total of eleven (11) infants missed ARV prophylaxis which could be related to service gap in the struggles to prevent the infants from catching the infection. Inclusion, the testing number has increased but positivity rate at 2 months remained the same at 3%. Comparatively there has been a significant reduction in the percentage of positivity rate at 9 months and 18 months of 14% and 15% respectively. This could be linked to continues adherence counselling to exposed mothers.

Table 1:6: Shows ARV Infant January-March 2025

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	**Gambia**
Infant born registered at the facility	15	7	0	6	6	31	34	**99**
Infant born who received ARV prophylaxis first time	8	6	0	4	5	31	34	**88**
Infant who received Virological test for HIV at 2 months	6	2	1	3	12	42	32	**98**
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	1	2	0	**3**
Infant who received Virological test for HIV at 9 months	2	3	0	5	10	25	10	**55**
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	2	0	**2**
Infant who received Serological test for HIV at 18 months	0	3	0	1	4	13	16	**37**
Infant tested positive for Serological test for HIV at 18 months	0	0	0	0	0	1	0	**1**
Infant who received Cotrimoxazole at 2 months	10	9	13	7	22	43	53	**157**

Source DHIS-2

4.0 TB and HIV Collaboration

TB screening among people living with HIV newly initiated on ART and those who are already on ART is essential to identifying presumptive TB cases in need of confirmatory diagnostic testing and to determine eligibility for TPT if active TB disease is ruled out. Screening is most critical at the time of ART initiation, when immune compromise is greatest. It is mostly done as a part of pre-treatment clinical assessment. During the quarter under review only 67 PLHIV were newly enrolled in treatment and all of them were screened for TB. Female constitutes 71% (54) while male 46% (31) of all newly diagnosed screened for TB.

5.0 Opportunistic Infections January-March 2025

HIV attacks CD4 cells, which help to find and destroy bacteria, viruses, fungi, and other invasive germs. Without enough CD4 cells to fight them off, the resulting infections can lead to illnesses, cancers, brain and nerve problems. Untreated HIV, over the course of years, will result in loss of immune function and development of "opportunistic" infections. They're called "opportunistic" because they take advantage of the weaker immune system of someone with HIV. If the CD4 count stays up, opportunistic infections are less likely to be a problem. The opportunistic infections selected among the list are Diarrheas, Dysentery, Acute Respiratory infection, Pulmonary Tuberculosis, Pneumonia, Urethral Discharge, Genital Warts, Genital Ulcer, Herpes Zosters and Herpes Simplex. The most frequently opportunistic infection seen was Acute Respiratory Infection with N=654 (38%) cases followed by diarrhea N=455 (26%) of the total reported and recorded opportunistic infections among people living with HIV.

Table 1:7: Shows Opportunistic Infections January-March 2025

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	20	3	4	4	19	312	93	**455**
Dysentery	0	0	0	0	9	1	22	**32**
Acute Respiratory Infection	0	6	8	1	44	476	119	**654**
Pulmonary Tuberculosis	2	0	0	3	0	1	9	**15**
Pneumonia	0	1	0	0	4	1	18	**24**
Urethral Discharge	0	3	0	0	6	393	37	**439**
Genital Warts	0	0	7	0	11	0	10	**28**
Genital Ulcer	34	0	0	0	2	0	11	**47**
Herpes Zoster	0	0	0	0	2	2	27	**31**
Herpes Simplex	0	0	0	0	0	0	3	**3**
Gambia	56	13	19	8	97	1186	349	**1728**

Source DHIS-2

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Jappineh Village OPD	• PMTCT- March-2025 reported 0 for pretest, test and posttest verified 5 for each	• Verified with staff and updated data sources • Officer in Charges and the focal persons from ART-Site & PMTCT were engaged	• M&E Team • Officer In Charge (OIC) • Focal persons • PMTCT-Nurse • Regional Principal Nursing Officer (RPNO) • Regional AIDS Office (RAO) • Regional Data Manager (RDM) • Data Entry Clerk	• RACs to verify data with concern staff and update data sources on regular basis • Cross check updated and punctured data
Kaiaf Minor	• ART PMTCT- February-2025 positive mother who began ART reported 1 Verified 0			
Dongoroba minor	• ART PMTCT- March-2025 Currently on ART reported 1 verified 2			
Jalangbereh minor	• ART PMTCT- January-2025positive mother who began ART reported 0 verified 1 • ART PMTCT- February-2025 Currently on ART reported 3 verified 2 • ART PMTCT- March-2025 Currently on ART reported 3 verified 2			
Kiang Karantaba minor	• ART PMTCT- February-2025 Currently on ART reported 0 verified 1			
Kwinella minor	• ART PMTCT- January-2025positive mother who began ART reported 5 verified 4 • ART PMTCT- February-2025 Currently on ART reported 5 verified 4			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Brikama Ba minor	• ART PMTCT- January-2025 Currently on ART reported 18 verified 15 • ART PMTCT- February-2025 Currently on ART reported 1 verified 15 • ART PMTCT- March-2025 Currently on ART reported 1 verified 15	• Informed Regional Health Director and Team • Informed National Public Health Laboratory (NPHL) • Updated data sources at health facility levels and at the regional health directorate level • Verified with staff and updated data sources • Officer in Charges and the focal persons from ART-Site & PMTCT were engaged in a fruitful discussion	• M&E Team • Officer In Charge (OIC) • Focal persons • PMTCT-Nurse • Regional Principal Nursing Officer (RPNO) • Regional AIDS Office (RAO)	• RACs to verify data with concern staff and update data sources on regular basis
Dankunku minor	• ART PMTCT- January-2025 Currently on ART reported 1 verified 5 • ART PMTCT- February-2025 Currently on ART reported 1 verified 5			
Janjanbereh minor	• ART PMTCT- January-2025 Currently on ART reported 4 verified 6 • ART PMTCT- February-2025 Currently on ART reported 4 verified 6 • ART PMTCT- March-2025 Currently on ART reported 4 verified 6			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Kuntaur major	• In the month of February-2025 reported in DHSI2 19 while in the HMIS return and the register reported 20 • In the month of March -2025 reported in DHSI2 21 while in the HMIS return and the register reported 19	• Informed Regional Health Director and Team • Informed National Public Health Laboratory (NPHL) • Updated data sources at health facility levels and at the regional health directorate level • Verified with staff and updated data sources • Officer in Charges and the focal persons from ART-Site & PMTCT were engaged in a fruitful discussion	• M&E Team • Officer In Charge (OIC) • Focal persons • PMTCT-Nurse • Regional Principal Nursing Officer (RPNO)	• RACs to verify data with concern staff and update data sources on regular basis
Njau	• ART PMTCT currently on ART January 2025 reported 0 verified 3 • ART PMTCT currently on ART February 2025 reported 5 verified 3 • ART PMTCT currently on ART March 2025 reported 5 verified 3			
Sami karantaba	• ART PMTCT currently on ART January 2025 reported 1 verified 4 • ART PMTCT currently on ART February 2025 reported 1 verified 4 • ART PMTCT currently on ART March 2025 reported 1 verified 4			
Kaur	• ART PMTCT currently on ART March 2025 reported 1 verified 3			
Diabugu	• No data quality issue observed for the first quarter-2025			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Bansang RMNCAH	• No data quality issue observed for the first quarter-2025	• Staff encouraged to keep up the good work through sharing experiences on data issues	• Officer In Charge (OIC) • Focal persons • RAO • NAS M&E Team	• Share experiences among staff • Regular reviews of registers and forms
Farafenni RMNCAH	• ART PMTCT positive mothers who defaulted/Stopped on ART February 2025 reported 4 verified 0 • ART PMTCT positive mothers who defaulted/Stopped on ART March 2025 reported 15 • PMTCT counselling march 2025 S1 reported 19 verified 1	• Verified with staff and updated data sources	• M&E Team • OICs • Focal persons • PMTCT-Nurses	• Ensure availability of all the registers on use
Njaba kunda	• ART PMTCT currently on ART January 2025 reported 0 verified 2 • ART PMTCT currently on ART February 2025 reported 0 verified 2 • ART PMTCT currently on ART March 2025 reported 0 verified 2			
Farafenni Hospital	• Viral Load March-2025 completed in the facility reporting form but wrongly punched in DHIS2			
Fass Ngaya choi	• PMTCT-ART reported 1 verified 2 January-2025 • PMTCT-ART reported 0 verified 2 February-2025 • PMTCT counselling know status January reported 4 verified 0 • PMTCT counselling know status March reported 22 verified 0			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Essau District Hosp	• PMTCT-ART reported 24 in HMIS form but not punched in DHIS2 January-2025 • PMTCT-ART reported 2 verified 1 February-2025 • HCT counselling reported in HMIS form but not punched in DHIS2 march 2025 • Low viral load update in the quarter • Limited utilization of DSD models in the registers	• Informed Regional Health Director and Team • Informed National Public Health Laboratory (NPHL) • Updated data sources at health facility levels and at the regional health directorate level • Verified with staff and updated data sources • Officer in Charges and the focal persons from ART-Site & PMTCT were engaged in a fruitful discussion	• M&E Team • Officer In Charge (OIC) • Focal persons • PMTCT-Nurse • Regional Principal Nursing Officer (RPNO) • Regional AIDS Office (RAO) • Regional Data Manager (RDM) • Data Entry Clerk	• RACs to verify data with concern staff and update data sources on regular basis
Fatoto Minor	• PMTCT-ART reported 8 verified 7 January-2025 • PMTCT-ART reported 5 verified 6 February-2025 • PMTCT-ART reported 4 verified 6 March-2025			
Gambisara minor	• PMTCT-ART reported 9 verified 10 January-2025 • PMTCT-ART reported 10 verified 11 February-2025 • PMTCT-ART reported 14 verified 15 March-2025			
Yerobawol minor	• PMTCT-ART reported 5 verified 4 January-2025 • PMTCT-ART reported 10 verified 1 February-2025 • PMTCT-ART reported 14 verified 15 March-2025			
Gunjur minor	• PMTCT-ART reported 11 verified 12 March-2025 • PMTCT-ART HIV positive mothers who restarted ART reported 0 verified 1 March-2025			

Annex II: General issues

General issues	Recommendations
Data inconsistencies in some health facilities	• Conduct regular data quality audits and verification exercises. • Provide refresher training for facility staff on proper data recording and reporting procedures. • Assign focal people responsible for routine data review before submission. • Develop simple data validation checklists to use at the facility level. • Conduct regular data quality audits and verification exercises.
Limited utilization of DSD models in the registers	• Train health care providers on the importance and benefits of DSD models • Update or revise registers to include clear sections to record DSD modalities • Provide job aids and standard operating procedures to guide staff in documenting DSD. • Integrate supportive supervision focusing on DSD implementation and documentation. • Train health care providers on the importance and benefits of DSD models.
Low update of viral load	• Strengthen sample collection systems, including regular transport of samples to the testing laboratories. • Provide targeted mentorship on viral load monitoring and its clinical importance. • Track and flag clients due for viral load testing through patient files and electronic registers. • Address supply chain gaps to ensure uninterrupted availability of viral load testing consumables.
Low uptake of EID among expose infants in Central River Region for the quarter	• Sensitize mothers and caregivers on the importance and timing of EID during antenatal and postnatal visits. • Integrate EID sample collection into routine immunization and well-baby clinics. • Improve community outreach and follow-up for HIV-exposed infants, including home visits if feasible. • Ensure consistent availability of EID testing supplies and timely feedback of results to facilities.
Limited number of staff in some HIV service sites	• Advocate for recruitment or redeployment of staff to high-volume HIV service sites. • Cross-train existing staff to perform essential HIV service delivery tasks. • Explore task-shifting approaches, such as training lay counsellors and community health workers to support adherence counselling and basic services. • Optimize service delivery schedules (e.g., dedicated HIV clinic days) to reduce workload pressure.

Annex III: Recommendations for health facilities

- The laboratory to help conduct viral load test on Wednesdays and Thursday to help to align clinic days with DSD MMD strategies- Basse District Hospital
- Regularly monitor and repair GeneXpert machine- Basse District Hospital
- Closely and regularly monitor room temperature at the laboratory for the compatibility with the GeneXpert machine Basse District Hospital
- New data entry clerk not having computer or desktop- Garawol Health Center
- To continue using the PMTCT counselling register until it is full- Fatoto Health Center
- Supply adequate Syphilis Duo test kid- Njau Health Center
- Supply new laboratory register with multisure variable- Kuntaur Health Center with
- The schools to liaise with the RHDS for adequate planning for staff recruitment and redeployment
- Frequent module breakdown due to several uses of the machine thus one person to handle the GeneXpert machine like in Yundun Army Barracks Clinic

Annex IV: Data Tables by HIV services January-March 2025

Table 1: Shows HIV Counselling &Testing General Population. January-March 202

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	1690	1669	1668	76	9	0	94	5.6%	10	42	45%	42
Lower River Region	1218	1207	1207	33	2	0	37	3.1%	20	28	76%	28
North Bank East	1243	1234	1234	21	3	0	27	2.2%	1	20	74%	20
North Bank West	698	700	698	14	4	0	22	3.1%	0	9	41%	9
Upper River Region	1467	1434	1434	34	3	0	40	2.8%	3	36	90%	36
Western-I	10071	9956	9949	282	17	5	326	3.3%	122	205	63%	205
Western-II	4584	4560	4558	128	9	2	150	3.3%	106	119	79%	119
Gambia	**20971**	**20760**	**20748**	**588**	**47**	**7**	**696**	**3.4%**	**262**	**459**	**66%**	**459**

Table 2: Shows PMTCT HIV Counselling & Testing January -March 2025

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
Central River Region	2222	2218	2218	12	2	0	14	0.63%	9	13	93%	4	13
Lower River Region	818	818	818	4	0	1	5	0.61%	2	3	60%	2	3
North Bank East	1130	1127	1127	4	0	0	4	0.35%	5	3	75%	5	3
North Bank West	912	912	912	0	0	0	0	0.00%	1	0	0%	1	0
Upper River Region	2645	2645	2645	16	0	1	17	0.64%	12	15	88%	9	15
Western-I	6305	6300	6300	38	2	0	40	0.63%	21	30	75%	11	30
Western-II	2907	2904	2901	17	1	2	20	0.69%	49	18	90%	44	18
Gambia	**16939**	**16924**	**16921**	**91**	**5**	**4**	**100**	**0.59%**	**99**	**82**	**82%**	**76**	**82**

Source DHIS2

Table 3. Shows PLHIV Currently on ART General Population by Health Facility (ART Sites) March 2025

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	20	14	157	510	701	31	88	119	31	88	119	26%	74%	100%	0	4	4
Kuntaur Major	4	2	15	57	78	2	12	14	1	9	10	10%	90%	71%	2	1	3
Total CRR	**24**	**16**	**172**	**567**	**779**	**33**	**100**	**133**	**32**	**97**	**129**	**25%**	**75%**	**97%**	**2**	**5**	**7**
Soma-LRR	**24**	**18**	**132**	**395**	**569**	**18**	**81**	**99**	**14**	**51**	**65**	**22%**	**78%**	**66%**	**1**	**0**	**1**
Farafenni-NBE	**25**	**24**	**118**	**324**	**491**	**18**	**57**	**75**	**14**	**47**	**61**	**23%**	**77%**	**81%**	**0**	**3**	**3**
Essau-NBW	**7**	**10**	**40**	**109**	**166**	**1**	**0**	**1**	**0**	**0**	**0**	**0%**	**0%**	**0%**	**1**	**1**	**2**
Basse District	19	17	134	438	608	16	64	80	12	55	67	18%	82%	84%	3	4	7
Yorobawol	1	2	12	38	53	3	2	5	3	2	5	60%	40%	100%	0	0	0
Fatoto Minor	2	2	8	23	35	0	2	2	0	2	2	0%	100%	100%	0	1	1
Total URR	**22**	**21**	**154**	**499**	**696**	**19**	**68**	**87**	**15**	**59**	**74**	**20%**	**80%**	**85%**	**3**	**5**	**8**
Other Regions	**102**	**89**	**616**	**1894**	**2701**	**89**	**306**	**395**	**75**	**254**	**329**	**23%**	**77%**	**83%**	**7**	**14**	**21**
EFSTH	24	26	361	899	1310	63	159	222	61	139	200	31%	70%	90%	1	0	1
Bundung	10	8	95	297	410	5	13	18	3	11	14	21%	79%	78%	1	2	3
Faji Kunda	3	0	32	80	115	0	14	14	0	13	13	0%	100%	93%	0	0	0
Kanifing	35	40	277	783	1135	7	38	45	6	29	35	17%	83%	78%	0	0	0
SOS	4	5	48	149	206	20	40	60	19	34	53	36%	64%	88%	0	0	0
Afrimed	0	1	19	40	60	0	0	0	0	0	0	0%	0%	0%	0	0	0
Yundun Army	8	1	119	156	284	16	24	40	4	10	14	29%	71%	35%	0	0	0
Elemats	0	0	2	6	8	0	2	2	0	1	1	0%	100%	50%	0	0	0
Fajara Barracks	0	0	11	16	27	0	4	4	0	1	1	0%	100%	25%	0	0	0
Serrekunda	0	0	23	97	120	6	23	29	4	18	22	18%	82%	76%	0	1	1
Total Western-I	**84**	**81**	**987**	**2523**	**3675**	**117**	**317**	**434**	**97**	**256**	**353**	**27%**	**73%**	**81%**	**2**	**3**	**5**
ECG- Sibanor	30	14	166	496	706	30	122	152	25	104	129	19%	81%	85%	1	0	1
Bwiam	36	21	140	534	731	9	50	59	7	45	52	13%	87%	88%	1	1	2
Hands On Care	104	100	584	2038	2826	91	231	322	86	224	310	28%	72%	96%	3	5	8
Sanyang Major	1	0	19	54	74	0	8	8	0	6	6	0%	100%	75%	0	1	1
Total Western-II	**171**	**135**	**909**	**3122**	**4337**	**130**	**411**	**541**	**118**	**379**	**497**	**24%**	**76%**	**92%**	**5**	**7**	**12**
Gambia	**357**	**305**	**2512**	**7539**	**10713**	**369**	**1134**	**1503**	**322**	**986**	**1308**	**25%**	**75%**	**87%**	**18**	**33**	**51**

Source DHIS2

Table 3.1 Shows PLHIV Currently on ART General Population by Health Region-March 2025

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	24	16	172	567	779	33	100	133	32	97	129	25%	75%	97%	2	5	**7**
Lower River Region	24	18	132	395	569	18	81	99	14	51	65	22%	78%	66%	1	0	**1**
North Bank East	25	24	118	324	491	18	57	75	14	47	61	23%	77%	81%	0	3	**3**
North Bank West	7	10	40	109	166	1	0	1	0	0	0	0%	0%	0%	1	1	**2**
Upper River Region	22	21	155	498	696	19	68	87	15	59	74	20%	80%	85%	3	5	**8**
Western-I	84	81	987	2523	3675	117	317	434	97	256	353	27%	73%	81%	2	3	**5**
Western-II	171	135	909	3122	4337	130	411	541	118	379	497	24%	76%	92%	5	7	**12**
Gambia	**357**	**305**	**2512**	**7539**	**10713**	**369**	**1134**	**1503**	**322**	**986**	**1308**	**25%**	**75%**	**87%**	**18**	**33**	**51**

Source DHIS2

Table 3.2 Shows PLHIV Currently on ART General Population by Sub- Recipient (SR) -March 2025

Sub-Recipient	Currently on Treatment				Total ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed on Total Test	Died on ART		Total
	< 15 years		> 15 years												
	Male	Female	Male	Female		Male	Female		Male	Female			Male	Female	
MOH/NACP	**229**	**179**	**1567**	**4602**	**6577**	215	744	959	175	623	798	83%	14	28	**42**
Hands On Care	104	100	584	2038	2826	91	231	322	86	224	310	96%	3	5	**8**
EFSTH	24	26	361	899	1310	63	159	222	61	139	200	90%	1	0	**1**
Gambia	**357**	**305**	**2512**	**7539**	**10713**	**369**	**1134**	**1503**	**322**	**986**	**1308**	**87%**	**18**	**33**	**51**

Source DHIS2

Table 3.3 Shows Key Populations Currently on ART by Health Facility -March 2025

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	0	0	0	0	0	0	0	**0**
Basse Wellness Center	0	0	5	0	5	0	0	0	0	**0**
Mobile Clinic 1	0	6	25	1	32	0	23	28	0	**51**
Soma Wellness Center	0	0	10	1	11	0	0	0	0	**0**
Prisons	0	1	3	0	4	0	1	0	0	**1**
PWUD	0	0	0	0	0	0	0	0	0	**0**
Gambia	**0**	**7**	**43**	**2**	**52**	**0**	**24**	**28**	**0**	**52**

Source DHIS2

Table 4. Shows PMTCT-ART by Health Region-March 2025

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	65	65	9	4	44%	**1**
Lower River Region	0	23	23	1	0	0%	**0**
North Bank East	0	27	27	6	0	0%	**0**
North Bank West	0	39	39	16	6	38%	**0**
Upper River Region	0	90	90	16	6	38%	**0**
Western-I	0	234	234	62	42	68%	**0**
Western-II	0	95	95	38	34	89%	**0**
Gambia	0	573	573	148	92	62%	**1**

Source DHIS2

Table 5. Shows Total on ART Summary by Population-March 2025

Population Group	Currently on Treatment					Viral Load Test			Viral Load Suppressed			% viral suppressed			Died on ART		
	< 15 years		> 15 years		Total-ART												
	Male	Female	Male	Female		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
General Population	**357**	**305**	**2512**	**7539**	**10713**	**369**	**1134**	**1503**	**322**	**986**	**1308**	**87%**	**87%**	**87%**	**18**	**33**	51
PMTCT ART				**573**	**573**		**148**	**148**		**92**	**92**		**62%**	**62%**		**1**	1
Key Population	**0**	**52**	**0**	**52**	**104**	**6**	**7**	**13**	**6**	**4**	**10**	**100%**	**57%**	**77%**	**0**	**1**	1
Total	**357**	**357**	**2512**	**8164**	**11390**	**375**	**1289**	**1664**	**328**	**1082**	**1410**	**87%**	**84%**	**85%**	**18**	**35**	**53**

Source DHIS2

6. Shows ARV Infant January -March 2025

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	15	7	0	6	6	31	34	**99**
Infant born who received ARV prophylaxis first time	8	6	0	4	5	31	34	**88**
Infant who received Virological test for HIV at 2 months	6	2	1	3	12	42	32	**98**
Infant tested positive for Virological test for HIV at 2 months	0	0	0	0	1	2	0	**3**
Infant who received Virological test for HIV at 9 months	2	3	0	5	10	25	10	**55**
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	2	0	**2**
Infant who received Serological test for HIV at 18 months	0	3	0	1	4	13	16	**37**
Infant tested positive for Serological test for HIV at 18 months	0	0	0	0	0	1	0	**1**
Infant who received Cotrimoxazole at 2 months	10	9	13	7	22	43	53	**157**

Source DHIS2