

# National AIDS Secretariat



## Monitoring & Evaluation GC7 Progress Report January-December 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 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
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

Monitoring of HIV services across The Gambia during the period January to December 2025 focused on provision of antiretroviral (ARV) prophylaxis, HIV testing, cotrimoxazole coverage. Yearly monitoring of HIV services is essential for several reasons like accountability, reporting obligations, gap Identification, service improvement and resource mobilization. In addition, evidence-based reporting supports advocacy for funding and guides strategic planning for the subsequent year. The year end 2025 monitoring exercise provided a comprehensive picture of HIV services across the regions with gaps that required attention for improving services delivery.

For the period under review a significant improvement has been registered in viral load, both test and suppression in the general population and PMTCT in 2024 and 2025 (80% & 85%) and (53% & 67%) respectively. However, data revealed significant regional disparities in both service coverage and HIV positivity rates. Across the country, retention in care emerged as a major issue

### 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 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

**Table 1.0: Shows completeness and timeliness of reporting January- December 2025**

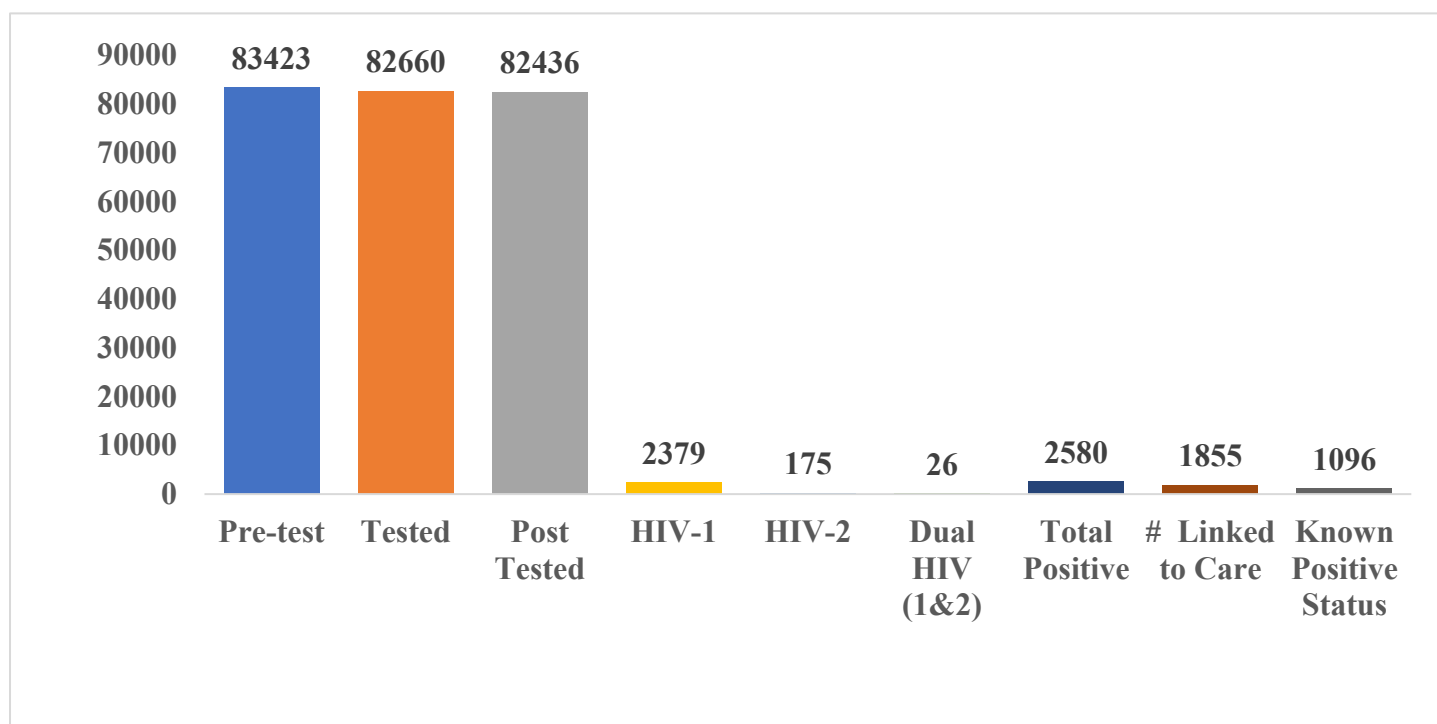
Region	Health Facility Returns 05 - HCT/VCT - Expected reports	Health Facility Returns 05 - HCT/VCT - Actual reports	Health Facility Returns 05 - HCT/VCT - Reporting rate	Health Facility Returns 05 - HCT/VCT - Actual reports on time	Health Facility Returns 05 - HCT/VCT - Reporting rate on time
CRR	132	132	99.2	131	100
LRR	132	122	91.7	121	92.4
NBE	96	87	75	72	90.6
NBW	84	84	89.3	75	100
URR	144	144	98.6	142	100
WHR-I	384	318	72.7	279	82.8
WHR-II	180	151	70	126	83.9
<b>Gambia</b>	<b>1152</b>	<b>1039</b>	<b>82.1</b>	<b>946</b>	<b>90.2</b>

Table 1.0 shows that best forming regions are CRR, URR, and NBW with high reporting and perfect timeliness of 100%. In this same vein the regions needing improvement are WHR-I and WHR-II with the lowest reporting rates 82.8% and 83.9% respectively. The national perspective indicates that timeliness is strong 90.2%, reporting completeness 82.1%.

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

Out of 83,423 individuals pre-tested, 82,660 (99.1%) were tested and 82,436 (98.8%) completed post-testing. Among those tested, 2,580 (3.1%) were positive for HIV out of which 2,379 (%) were HIV 1, 175 (%) were HIV 2 while and HIV1and 2 (dual) accounted for 26 (%). Among all individuals who tested positive, 1,855 (71.9%) were successfully linked to care. An additional 1,096 individuals were already known to be HIV-positive prior to testing.

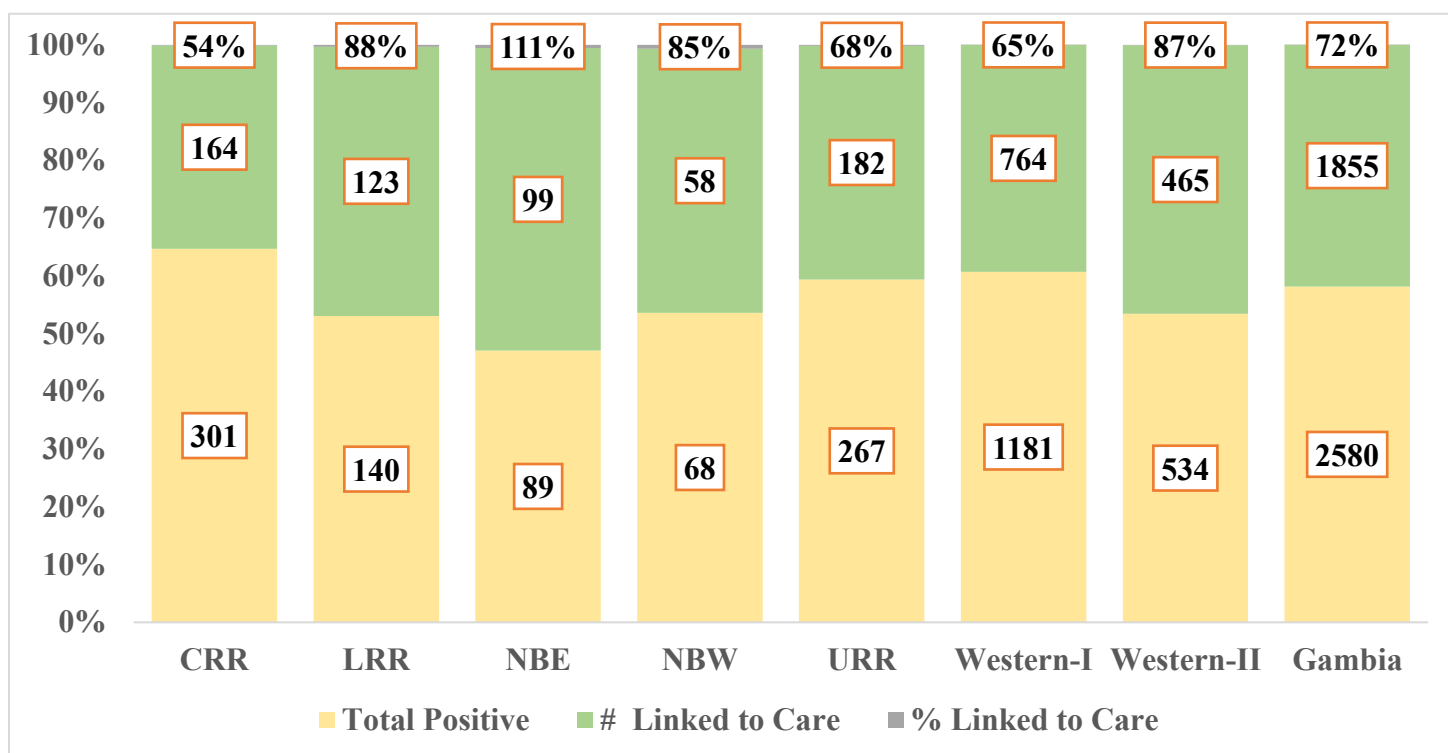
Figure 1.0: Shows HIV Counselling & Testing in general population January-December 2025



Source DHIS-2

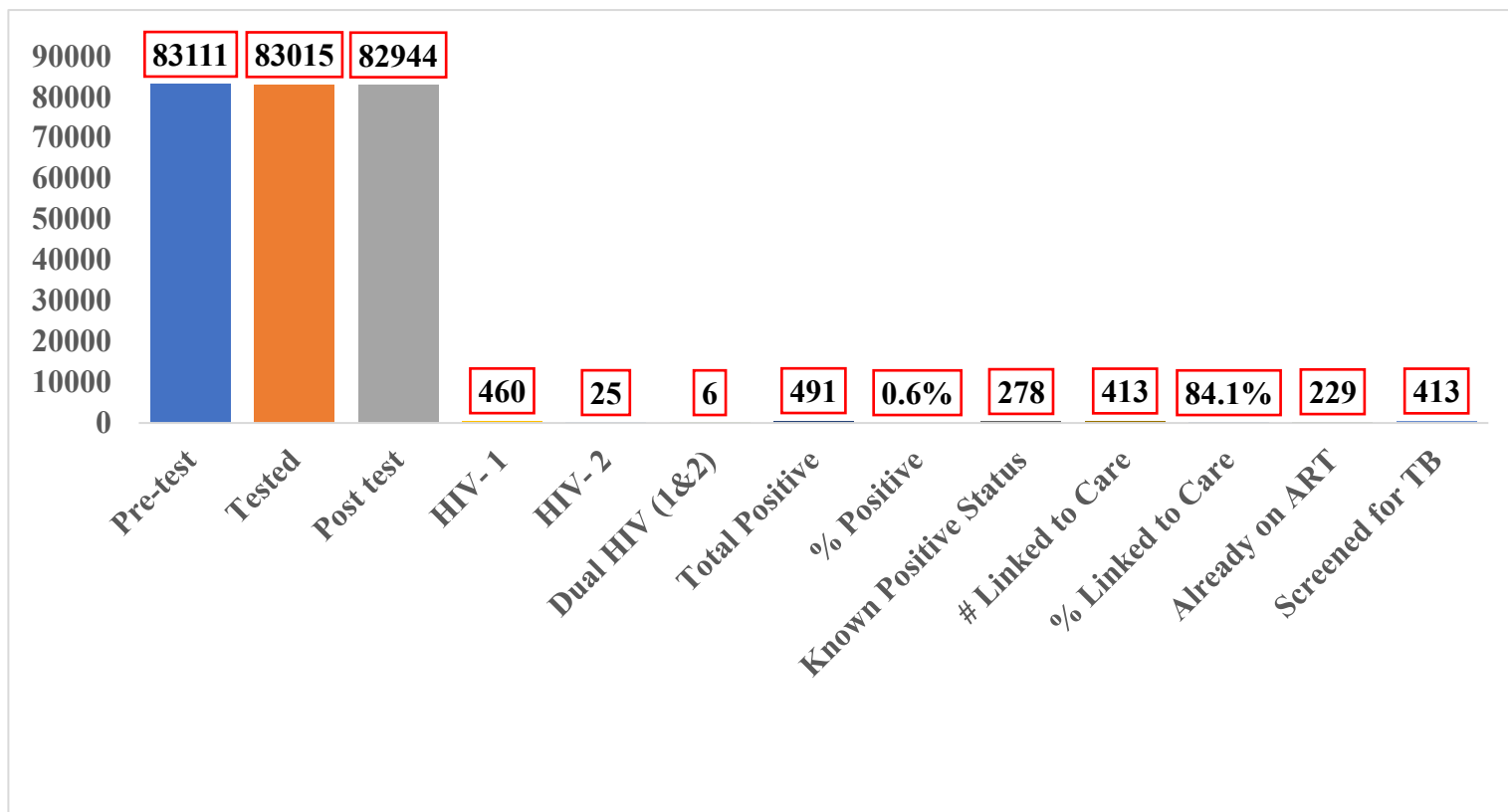
High performance in linkage to care was shown by regions like LRR (88%), Western-II (87%) and Western-I (85%). NBE surpassed the 95% target to 111%, indicating a successful linkage to care. This is attributable to geographical accessibility because patients tested in parts of Lower and Upper Saloum Districts and by extension Nianija District mostly seek HIV treatment in Upper Badibu District which is closer and cheaper. The Gambia's linkage to care rate is 72%, with significant regional variance identifying both areas of strength and those that require improvement. Overall, only one (1) region has achieved the 95% target. This indicates a major challenge in the drive to achieving UNAIDS 95-95-95 targets. *Details see figure 1.1*

Figure 1.1: General Population % Enrollment on ART by Region January-December 2025



Source DHIS2

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



Source DHIS2

### 1.3.2 PMTCT HIV Counselling & Testing January-December 2025

Out of 83,111 PMTCT Mothers pre-tested, 83,015 (99.9%) were tested and 82,944 (99.8%) post-tested. Out of those tested, 491 were HIV positive, representing 0.6% positivity rate. 278 of those tested had already known their positive status. Of the total positives, 413 (84.1%) were successfully linked to care, and 229 of the 278 who already knew their positive status before the test were already on ART, showing strong performance in ensuring treatment continuity.

### 1.3.2.1 Shows Summary of Counselling & Testing in the General Population, PMTCT, TB and KP January December 2025

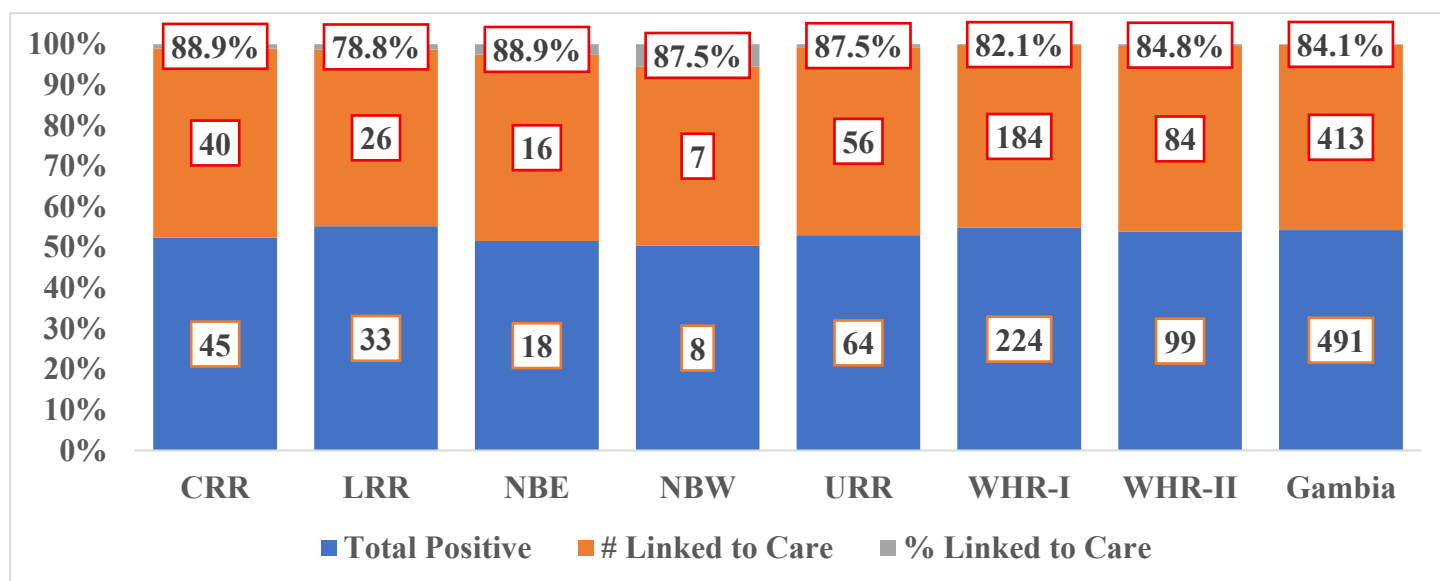
Service Areas	Pretest	Tested	Post-test	S1	S2	S3	Total Positives
General-Population	83423	82660	82436	2379	175	25	2579
PMTCT	83111	83015	82944	460	25	6	491
TB	2441	2441	2441	268	0	0	268
KP	9704	9699	9704	139	1	2	142
Gambia	178679	177815	177525	3246	201	33	3480

**Source DHIS2**

The General Population had 82,660 tested with 2,579 positives, contributing about 74% of all positives. PMTCT tested 83,015 with 491 positives (14%), while TB tested 2,441 with 268 positives (8%), and KP tested 9,699 with 142 positives (4%). Altogether, The Gambia tested 177,815 individuals, yielding 3,480 positives, showing that most positives come from the general population, but specialized service areas remain important contributors.

The figure below revealed that none of the regions achieved the 95% enrollment target. Regions such as Central River and North Bank East achieved the highest performance, each with 88.9% of positives linked to care. Upper River Region and North Bank West also performed strongly at 87.5%, while Western-II followed closely with 84.8%. Overall, The Gambia PMTCT reached 84.1% linkage to care, with notable regional strengths driving the national performance

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



**Source DHIS2**

In the general population, 11,442 individuals were on ART, with 7,814 receiving viral load testing and 85% achieving viral suppression, while 180 deaths were recorded. For PMTCT clients, 722 were on ART, 341 viral load tested, and 67% were suppressed, with 3 deaths reported. Key populations had 147 on ART with 3 had viral load test achieving 100% suppression rate. Overall, across all groups, suppression rates were high particularly in the general population 84% demonstrating strong treatment outcomes despite some gaps in testing coverage. Viral load testing among KP is unacceptably low and needs to improve.

Table 1.1: Shows Total PLHIV on ART, Viral Load Test, Suppress and Death by Gender January-December 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	M	F															
General Population	356	314	2667	8105	11442	1911	5903	7814	1597	5058	6655	84%	86%	85%	72	108	180		
PMTCT ART				722	722		341	341		230	230		67%	67%		3	3		
Key Population	0	0	82	65	147	3	0	3	3	0	3	100%	0	100%	0	0	0		
<b>Total</b>	<b>356</b>	<b>314</b>	<b>2749</b>	<b>8892</b>	<b>12311</b>	<b>1914</b>	<b>6244</b>	<b>8158</b>	<b>1600</b>	<b>5288</b>	<b>6888</b>	<b>84%</b>	<b>85%</b>	<b>84%</b>	<b>72</b>	<b>111</b>	<b>183</b>		

Source DHIS2

The table below shows age and sex disaggregation of PLHIV on ART, those receiving viral load test and those who died. Among those on ART, children under 15 years accounted for only 6% (356 males and 314 females), while adults made up the vast majority 2749 (22%) adult males and 8892 (72%) adult females. Viral load testing showed strong coverage, with 8,158 tested overall and 6,888 suppressed, giving an 84% suppression rate for males and 85% for females. Deaths on ART were higher among females (61%) compared to males (39%), highlighting both the success in viral suppression and the gender differences in treatment outcomes.

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

Pediatric (<15 Years)				Adult (> 15 Years)				Total
Male		Female		Male		Female		
#	%	#	%	#	%	#	%	<b>12311</b>
<b>356</b>	<b>3%</b>	<b>314</b>	<b>3%</b>	<b>2749</b>	<b>22%</b>	<b>8892</b>	<b>72%</b>	
Total Viral Load Test & Suppressed by gender January-December 2025								
Male			Female			Total # Tested	Total # Suppressed	% Total Suppressed
# Tested	# Suppressed	% Suppressed	# Tested	# Suppressed	% Suppressed	8158	6888	<b>84%</b>
<b>1914</b>	<b>1600</b>	<b>84%</b>	<b>6244</b>	<b>5288</b>	<b>85%</b>			
Died on ART								
Male			Female			<b>183</b>		
#	%	#	%	#	%			
<b>72</b>	<b>39%</b>	<b>111</b>	<b>61%</b>					

Source DHIS-2

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

By SR, MOH/NACP managed the largest cohort with 7,208 clients on ART, achieving 82% viral suppression but recording the highest number of deaths (123). Hands On Care showed strong performance with 2,894 patients, reaching 89% suppression overall, particularly high among females (90%), with 49 deaths. EFSTH had the smallest cohort (1,340 patients) but maintained high suppression at 88%, with only 8 deaths, while nationally The Gambia achieved 84% suppression across 11,442 patients among the general population excluding pregnant women on ART and KPs on ART, with 180 deaths reported.

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

Sub- Recipient	Currently on Treatment				Total ART	Viral Load Test			Viral Load Suppressed			% viral suppressed on Total Test	Died on ART		Total
	< 15 years		> 15 years			Total	Total	Total	Total	Total	Male		Female		
	Male	Female	Male	Female										Male	
MOH/NACP	216	196	5107	1689	7208	993	3177	4170	812	2611	3423	82%	51	68	119
Hands On Care	104	88	2079	623	2894	636	1889	2525	540	1705	2245	89%	18	31	49
EFSTH	36	30	919	355	1340	282	837	1119	245	742	987	88%	3	5	8
<b>Gambia</b>	<b>356</b>	<b>314</b>	<b>8105</b>	<b>2667</b>	<b>11442</b>	<b>1911</b>	<b>5903</b>	<b>7814</b>	<b>1597</b>	<b>5058</b>	<b>6655</b>	<b>85%</b>	<b>72</b>	<b>104</b>	<b>176</b>

2025

Source DHIS2

### 1.3.4 Key Population on ART as of December 2025

Mobile Clinic-1 accounts for the largest number of key populations on ART with a total number of N=131. Barra Wellness and Prison has nor recorded patient on treatment.

Table 1.4: Shows Key Population Currently on ART by Health Facility - December 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	0	0	0	0	0	0	0	0	0	0
Basse Wellness	0	0	0	0	0	0	1	2	0	3
Mobile Clinic 1	0	7	51	1	59	0	33	38	1	72
Soma Wellness	0	0	3	1	4	0	0	0	0	0
Prisons	0	0	0	0	0	0	0	0	0	0
PWUD	0	0	1	1	2	0	1	5	1	7
<b>Gambia</b>	<b>0</b>	<b>7</b>	<b>55</b>	<b>3</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>

Source DHIS-2

## 2.0 PMTCT ART by Health Region December 2025

The table presents data on antiretroviral therapy (ART) and viral load suppression across different regions in The Gambia for PMTCT ART. Nationally, 722 women were on ART, with 341 tested for viral load and 230 suppressed representing 67%. In the regions, Lower River Region (90%) and Western-II (89%) demonstrated the strongest viral load suppression performance, suggesting effective treatment outcomes. Central River, North Bank East, North Bank West, and Upper River had much lower suppression rates (around 50–54%), highlighting gaps in viral load management. A total of 3 deaths were recorded nationally with Western II Region accounting for 2 of them. It is also important to note that, with regard to viral load testing and suppression, many PMTCT ART mothers who received viral load services are recorded under the general population category in some facilities. This misclassification affects the accuracy of viral load reporting and performance for PMTCT ART clients.

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

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	64	64	23	12	52%	0
Lower River Region	0	33	33	10	9	90%	0
North Bank East	0	35	35	12	6	50%	0
North Bank West	0	41	41	28	15	54%	1
Upper River Region	0	98	98	45	24	53%	0
Western-I	0	321	321	178	124	70%	0
Western-II	0	130	130	45	40	89%	2
<b>Gambia</b>	<b>0</b>	<b>722</b>	<b>722</b>	<b>341</b>	<b>230</b>	<b>67%</b>	<b>3</b>

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. Data revealed that WHR-I & WHR-II show strongest coverage and follow-up, but also highest positivity numbers. URR shows moderate coverage but highest early HIV transmission. CRR shows moderate coverage, but spikes in positivity at 9 months. In NBW & NBE shows weakest coverage, with NBW showing worrying positivity despite low testing while LRR shows Low coverage but relatively low positivity.

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

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	30	18	9	10	34	134	115	350
Infant born who received ARV prophylaxis first time	19	18	7	4	28	134	112	322
Infant who received Virological test for HIV at 2 months	25	17	13	14	39	152	142	402
Infant tested positive for Virological test for HIV at 2 months	0	1	0	0	6	6	3	16
Infant who received Virological test for HIV at 9 months	16	11	3	18	24	106	108	286
Infant tested positive for Virological test for HIV at 9 months	5	2	4	1	3	3	5	23
Infant who received Serological test for HIV at 18 months	15	10	0	6	12	59	85	187
Infant tested positive for Serological test for HIV at 18 months	1	0	0	2	1	3	1	8
Infant who received Cotrimoxazole at 2 months	36	28	78	25	81	128	153	529

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 period under review TB tested 2,441 for HIV with 273 (11%) tested positive. Furthermore, out of the 2,617 individuals initiated on ART in 2025, 2,267 were screened for TB at ART initiation, representing an 86.8% TB screening rate. This performance is below the standard set by the national HIV Policy which recommends that all PLHIV be screened for TB at the point of ART initiation.

## 5.0 Opportunistic Infections January-December 2025

By region, Western-I reported the highest burden across nearly all indicators, with 896 diarrhea cases, 1,307 acute respiratory infections, and 980 urethral discharge cases, showing it as the most affected area. Western-II also recorded significant numbers, particularly 255 diarrhea cases and 586 acute respiratory infections, while Central River Region and Upper River Region had moderate levels across conditions. Nationally, The Gambia documented a total of 5,802 opportunistic infection cases, with diarrhea (1,398) and acute respiratory infections (2,284) being the most common, highlighting regional disparities in disease prevalence and the need for targeted interventions.

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

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	84	6	30	40	87	896	255	<b>1398</b>
Dysentery	0	1	0	4	28	3	88	<b>124</b>
Acute Respiratory Infection	0	37	35	199	120	1307	586	<b>2284</b>
Pulmonary Tuberculosis	2	3	0	8	1	60	19	<b>93</b>
Pneumonia	0	1	0	0	21	236	25	<b>283</b>
Urethral Discharge	0	4	13	0	29	980	146	<b>1172</b>
Genital Warts	2	0	9	0	13	24	61	<b>109</b>
Genital Ulcer	60	0	0	0	5	2	50	<b>117</b>
Herpes Zoster	21	0	0	0	7	5	172	<b>205</b>
Herpes Simplex	0	2	0	0	0	0	15	<b>17</b>
Gambia	<b>169</b>	<b>54</b>	<b>87</b>	<b>251</b>	<b>311</b>	<b>3513</b>	<b>1417</b>	<b>5802</b>

**Source DHIS-2**

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Sanyang Major Health Center	<ul style="list-style-type: none"> <li>ART-October 2025 reported 77 verified 81</li> <li>ART-November reported 84 verified 87</li> <li>ART-December 96 verified 91</li> </ul>	<ul style="list-style-type: none"> <li>Verified with staff and updated data sources</li> <li>Officer in Charges and the focal persons from ART-Site &amp; PMTCT were engaged</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E Team</li> <li>Officer In Charge (OIC)</li> <li>Focal persons</li> <li>PMTCT-Nurse</li> <li>Regional Principal Nursing Officer (RPNO)</li> <li>Regional AIDS Office (RAO)</li> <li>Regional Data Manager (RDM)</li> <li>Data Entry Clerk</li> </ul>	<ul style="list-style-type: none"> <li>RACs to verify data with concerned staff and update data sources on regular basis</li> <li>Cross check update and punch data</li> </ul>
Jalangberek Minor Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT- October reported 9 verified and 0 defaulter verified 2</li> </ul>			
Kwinella Minor Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT- October reported 7 verified 5</li> <li>ART PMTCT- November reported 8 verified 5</li> <li>ART PMTCT- December reported 4 verified 6</li> </ul>			
Brikama Ba Minor Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT- September reported 5 defaulters verified 0</li> </ul>			
Janjanbuerek Minor Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT- October 9 verified 10</li> </ul>			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Kuntaur Major Health Centre	<ul style="list-style-type: none"> <li>ART- December 2025 reported 6 defaults and verified 0 defaults</li> </ul>	<ul style="list-style-type: none"> <li>Informed Regional Health Director and Team</li> <li>Informed National Public Health Laboratory (NPHL)</li> <li>Updated data sources at health facility levels and at the regional health directorate level</li> <li>Verified with staff and updated data sources</li> <li>Officer in Charges and the focal persons from ART-Site &amp; PMTCT were engaged in a fruitful discussion</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E Team</li> <li>Officer In Charge (OIC)</li> <li>Focal persons</li> <li>PMTCT-Nurse</li> <li>Regional Principal Nursing Officer (RPNO)</li> </ul>	<ul style="list-style-type: none"> <li>RACs to verify data with concern staff and update data sources on regular basis</li> </ul>
Sami Karantaba Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT-November reported verified 2</li> <li>ART PMTCT-December reported 2 verified 1</li> </ul>			
Kaur Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT October reported 2 verified 4</li> <li>ART PMTCT-reported 1 verified 4</li> <li>ART PMTCT reported 1 verified 5</li> </ul>			
Diabugu Health Centre	<ul style="list-style-type: none"> <li>ART PMTCT October reported 8 verified 9</li> <li>November reported 0 viral load test verified 2</li> </ul>			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Bansang RMNCAH Clinic	<ul style="list-style-type: none"> <li>Data quality issues observed concerning low positive reported among PMTCT mothers spanning from 2021 to date. A total of 7138 mothers were tested and 19 found positive</li> </ul>	<ul style="list-style-type: none"> <li>Lab visited, the issue discussed and suggested human resource support example qualified competent lab personnel to be posted there to help resolve the issue</li> </ul>	<ul style="list-style-type: none"> <li>Officer In Charge (OIC)</li> <li>Focal persons</li> <li>RAO</li> <li>NAS M&amp;E Team</li> <li>RHD</li> <li>NPHL</li> </ul>	<ul style="list-style-type: none"> <li>Review data over the years to establish the issue</li> <li>To redeploy qualified and competent lab personnel to RMNCAH</li> </ul>
Farafenni RMNCAH Clinic	<ul style="list-style-type: none"> <li>ART PMTCT October reported 38 verified 19</li> <li>ART PMTCT November reported 0 began verified 3</li> </ul>	<ul style="list-style-type: none"> <li>Verified with staff and updated data sources</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E Team</li> <li>OICs</li> <li>Focal persons</li> <li>PMTCT-Nurses</li> </ul>	<ul style="list-style-type: none"> <li>Ensure availability of all the registers on use</li> </ul>
Farafenni Hospital General Hospital	<ul style="list-style-type: none"> <li>ART November began reported 2 verified 10</li> </ul>			

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

Facility	Issues Identified	Actions taken	Responsible person (s)	Recommendations
Essau District Hospital	<ul style="list-style-type: none"> <li>• ART September reported 190 verified 195</li> <li>• October viral suppression reported 20 verified 17</li> <li>• November viral load reported 5 verified 3</li> </ul>	<ul style="list-style-type: none"> <li>• Informed Regional Health Director and Team</li> <li>• Informed National Public Health Laboratory (NPHL)</li> <li>• Updated data sources at health facility levels and at the regional health directorate level</li> <li>• Verified with staff and updated data sources</li> <li>• Officer in Charges and the focal persons from ART-Site &amp; PMTCT were engaged in a fruitful discussion</li> </ul>	<ul style="list-style-type: none"> <li>• M&amp;E Team</li> <li>• Officer In Charge (OIC)</li> <li>• Focal persons</li> <li>• PMTCT-Nurse</li> <li>• Regional Principal Nursing Officer (RPNO)</li> <li>• Regional AIDS Office (RAO)</li> <li>• Regional Data Manager (RDM)</li> <li>• Data Entry Clerk</li> </ul>	<ul style="list-style-type: none"> <li>• RACs to verify data with concern staff and update data sources on regular basis</li> </ul>
Yerobawol Minor Health Centre	<ul style="list-style-type: none"> <li>• ART PMTCT November reported 1 began verified 0</li> <li>• October viral load test reported 7 verified 8</li> <li>• November viral load test reported 0 verified 5 and suppression reported 0 verified 3</li> </ul>			

## Annex II: General issues

General issues	Recommendations
Data inconsistencies in some health facilities	<ul style="list-style-type: none"> <li>• Conduct regular data quality audits and verification exercises.</li> <li>• Provide refresher training for facility staff on proper data recording and reporting procedures.</li> <li>• Assign focal people responsible for routine data review before submission.</li> <li>• Develop simple data validation checklists to use at the facility level.</li> <li>• Conduct regular data quality audits and verification exercises.</li> </ul>
Limited utilization of DSD models in the registers	<ul style="list-style-type: none"> <li>• Train health care providers on the importance and benefits of DSD models</li> <li>• Update or revise registers to include clear sections to record DSD modalities</li> <li>• Provide job aids and standard operating procedures to guide staff in documenting DSD.</li> <li>• Integrate supportive supervision focusing on DSD implementation and documentation.</li> <li>• Train health care providers on the importance and benefits of DSD models.</li> </ul>
Low update of viral load	<ul style="list-style-type: none"> <li>• Strengthen sample collection systems, including regular transport of samples to the testing laboratories.</li> <li>• Provide targeted mentorship on viral load monitoring and its clinical importance.</li> <li>• Track and flag clients due for viral load testing through patient files and electronic registers.</li> <li>• Address supply chain gaps to ensure uninterrupted availability of viral load testing consumables.</li> </ul>
Low uptake of EID among exposed infants in Central River Region for the quarter	<ul style="list-style-type: none"> <li>• Sensitize mothers and caregivers on the importance and timing of EID during antenatal and postnatal visits.</li> <li>• Integrate EID sample collection into routine immunization and well-baby clinics.</li> <li>• Improve community outreach and follow-up for HIV-exposed infants, including home visits if feasible.</li> <li>• Ensure consistent availability of EID testing supplies and timely feedback of results to facilities.</li> </ul>
Limited number of staff in some HIV service sites	<ul style="list-style-type: none"> <li>• Advocate for recruitment or redeployment of staff to high-volume HIV service sites.</li> <li>• Cross-train existing staff to perform essential HIV service delivery tasks.</li> <li>• Explore task-shifting approaches, such as training lay counsellors and community health workers to support adherence counselling and basic services.</li> <li>• Optimize service delivery schedules (e.g., dedicated HIV clinic days) to reduce workload pressure.</li> </ul>

### 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 kit- Njau Health Center
- Supply new laboratory register with multisure variable- Kuntaur Health Center
- 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 and Barracks Clinic
- The National Public Health Laboratory conducts a special quality check at Bansang RMNCAH because M&E is concerned with data quality issues

## Annex IV: Data Tables by HIV services January-December 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	7800	7752	7742	276	22	3	301	4%	40	164	54%	40
Lower River Region	4408	4359	4355	125	15	0	140	3%	76	123	88%	26
North Bank East	4791	4769	4781	83	6	0	89	2%	3	99	111%	16
North Bank West	3126	3105	3105	61	7	0	68	2%	18	58	85%	8
Upper River Region	7766	7630	7622	237	24	6	267	3%	67	182	68%	56
Western-I	38583	38184	37985	1091	78	12	1181	3%	480	764	65%	183
Western-II	16949	16861	16846	506	23	5	534	3%	412	465	87%	84
<b>Gambia</b>	<b>83423</b>	<b>82660</b>	<b>82436</b>	<b>2379</b>	<b>175</b>	<b>26</b>	<b>2580</b>	<b>3%</b>	<b>1096</b>	<b>1855</b>	<b>72%</b>	<b>413</b>

Table 2: Shows PMTCT HIV Counselling & Testing January -December 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	10618	10609	10620	41	4	0	45	0.4%	23	40	88.9%	15	40
Lower River Region	4073	4060	4060	30	2	1	33	0.8%	18	26	78.8%	15	26
North Bank East	5358	5351	5351	16	2	0	18	0.3%	14	16	88.9%	12	16
North Bank West	4600	4599	4599	6	2	0	8	0.2%	12	7	87.5%	6	8
Upper River Region	11935	11898	11822	62	1	1	64	0.5%	29	56	87.5%	22	56
Western-I	31824	31799	31797	215	9	0	224	0.7%	75	184	82.1%	64	183
Western-II	14703	14699	14695	90	5	4	99	0.7%	107	84	84.8%	95	84
<b>Gambia</b>	<b>83111</b>	<b>83015</b>	<b>82944</b>	<b>460</b>	<b>25</b>	<b>6</b>	<b>491</b>	<b>0.6%</b>	<b>278</b>	<b>413</b>	<b>84.1%</b>	<b>229</b>	<b>413</b>

Source DHIS2

**Table 3. Shows PLHIV Currently on ART General Population by Health Facility (ART Sites) December 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	19	15	582	203	819	82	290	372	77	269	346	94%	93%	93%	4	8	12
Kuntaur Major	4	3	66	21	94	12	50	62	8	31	39	67%	62%	63%	2	5	7
<b>Total CRR</b>	<b>23</b>	<b>18</b>	<b>648</b>	<b>224</b>	<b>913</b>	<b>94</b>	<b>340</b>	<b>434</b>	<b>85</b>	<b>300</b>	<b>385</b>	<b>90%</b>	<b>88%</b>	<b>89%</b>	<b>6</b>	<b>13</b>	<b>19</b>
<b>Soma-LRR</b>	<b>19</b>	<b>20</b>	<b>451</b>	<b>143</b>	<b>633</b>	<b>110</b>	<b>415</b>	<b>525</b>	<b>92</b>	<b>338</b>	<b>430</b>	<b>84%</b>	<b>81%</b>	<b>82%</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>Farafenni-NBE</b>	<b>30</b>	<b>23</b>	<b>375</b>	<b>145</b>	<b>573</b>	<b>90</b>	<b>231</b>	<b>321</b>	<b>66</b>	<b>179</b>	<b>245</b>	<b>73%</b>	<b>77%</b>	<b>76%</b>	<b>1</b>	<b>6</b>	<b>7</b>
<b>Essau-NBW</b>	<b>12</b>	<b>11</b>	<b>132</b>	<b>54</b>	<b>209</b>	<b>30</b>	<b>96</b>	<b>126</b>	<b>20</b>	<b>74</b>	<b>94</b>	<b>67%</b>	<b>77%</b>	<b>75%</b>	<b>6</b>	<b>4</b>	<b>10</b>
Basse District	15	19	469	141	644	71	256	327	53	183	236	75%	71%	72%	5	6	11
Yorobawol	2	2	44	18	66	17	37	54	13	29	42	76%	78%	78%	1	3	4
Fatoto Minor	1	2	30	15	48	1	23	24	1	17	18	100%	74%	75%	1	4	5
<b>Total URR</b>	<b>18</b>	<b>23</b>	<b>543</b>	<b>174</b>	<b>758</b>	<b>89</b>	<b>316</b>	<b>405</b>	<b>67</b>	<b>229</b>	<b>296</b>	<b>75%</b>	<b>72%</b>	<b>73%</b>	<b>7</b>	<b>13</b>	<b>20</b>
<b>Other Regions</b>	<b>102</b>	<b>95</b>	<b>2149</b>	<b>740</b>	<b>3086</b>	<b>413</b>	<b>1398</b>	<b>1811</b>	<b>330</b>	<b>1120</b>	<b>1450</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>	<b>21</b>	<b>37</b>	<b>58</b>
EFSTH	36	30	919	355	1340	282	837	1119	245	742	987	87%	89%	88%	3	5	8
Bundung	10	10	336	108	464	76	203	279	65	178	243	86%	88%	87%	5	4	9
Faji Kunda	3	1	81	25	110	16	61	77	15	55	70	94%	90%	91%	1	2	3
Kanifing	37	44	826	287	1194	122	363	485	99	288	387	81%	79%	80%	2	1	3
SOS	4	5	160	48	217	46	133	179	48	120	168	104%	90%	94%	1	0	1
Yundun Army	6	2	159	125	292	79	111	190	61	87	148	77%	78%	78%	3	0	3
Elemats	0	0	11	4	15	0	2	2	0	1	1	0%	50%	50%	0	0	0
Fajara Barracks	0	0	23	13	36	7	9	16	5	4	9	71%	44%	56%	0	0	0
Serrekunda	2	3	172	37	214	18	78	96	14	53	67	78%	68%	70%	1	3	4
<b>Total Western-I</b>	<b>98</b>	<b>95</b>	<b>2687</b>	<b>1002</b>	<b>3882</b>	<b>646</b>	<b>1797</b>	<b>2443</b>	<b>552</b>	<b>1528</b>	<b>2080</b>	<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>16</b>	<b>15</b>	<b>31</b>
ECG- Sibanor	18	14	542	134	708	97	392	489	81	331	412	84%	84%	84%	8	10	18
Bwiam	33	22	567	145	767	114	399	513	89	350	439	78%	88%	86%	9	13	22
Hands On Care	104	88	2079	623	2894	636	1889	2525	540	1705	2245	85%	90%	89%	18	31	49
Sanyang Major	1	0	81	23	105	5	28	33	5	24	29	100%	86%	88%	0	2	2
<b>Total Western-II</b>	<b>156</b>	<b>124</b>	<b>3269</b>	<b>925</b>	<b>4474</b>	<b>852</b>	<b>2708</b>	<b>3560</b>	<b>715</b>	<b>2410</b>	<b>3125</b>	<b>84%</b>	<b>89%</b>	<b>88%</b>	<b>35</b>	<b>56</b>	<b>91</b>
<b>Gambia</b>	<b>356</b>	<b>314</b>	<b>8105</b>	<b>2667</b>	<b>11442</b>	<b>1911</b>	<b>5903</b>	<b>7814</b>	<b>1597</b>	<b>5058</b>	<b>6655</b>	<b>84%</b>	<b>86%</b>	<b>85%</b>	<b>72</b>	<b>108</b>	<b>180</b>

Source DHIS2

Table 3.1 Shows PLHIV Currently on ART General Population by Health Region-December 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	23	18	648	224	913	94	340	434	85	300	385	90%	88%	89%	6	13	19
Lower River Region	19	20	451	143	633	110	415	525	92	338	430	84%	81%	82%	1	1	2
North Bank East	30	23	375	145	573	90	231	321	66	179	245	73%	77%	76%	1	6	7
North Bank West	12	11	132	54	209	30	96	126	20	74	94	67%	77%	75%	6	4	10
Upper River Region	18	23	543	174	758	89	316	405	67	229	296	75%	72%	73%	7	13	20
Western-I	98	95	2687	1002	3882	646	1797	2443	552	1528	2080	85%	85%	85%	16	15	31
Western-II	156	124	3269	925	4474	852	2708	3560	715	2410	3125	84%	89%	88%	35	56	91
<b>Gambia</b>	<b>356</b>	<b>314</b>	<b>8105</b>	<b>2667</b>	<b>11442</b>	<b>1911</b>	<b>5903</b>	<b>7814</b>	<b>1597</b>	<b>5058</b>	<b>6655</b>	<b>84%</b>	<b>86%</b>	<b>85%</b>	<b>72</b>	<b>108</b>	<b>180</b>

Source DHIS2

Table 3.2 Shows PLHIV Currently on ART General Population by Sub- Recipient (SR) -December 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			Total	Male		Female	Male	Female
	Male	Female	Male	Female														
MOH/NACP	216	196	1689	5107	7208	993	3177	4170	812	2611	3423	82%	51	72	<b>123</b>			
Hands On Care	104	88	623	2079	2894	636	1889	2525	540	1705	2245	85%	18	31	<b>49</b>			
EFSTH	36	30	355	919	1340	282	837	1119	245	742	987	87%	3	5	<b>8</b>			
<b>Gambia</b>	<b>356</b>	<b>314</b>	<b>2667</b>	<b>8105</b>	<b>11442</b>	<b>1911</b>	<b>5903</b>	<b>7814</b>	<b>1597</b>	<b>5058</b>	<b>6655</b>	<b>84%</b>	<b>72</b>	<b>108</b>	<b>180</b>			

Source DHIS2

Table 3.3 Shows Key Populations Currently on ART by Health Facility -December 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	0	0	0	0	1	2	0	3
Mobile Clinic 1	0	7	51	1	59	0	33	38	1	72
Soma Wellness Center	0	0	3	1	4	0	0	0	0	0
Prisons	0	0	0	0	0	0	0	0	0	0
PWUD	0	0	1	1	2	0	1	5	1	7
<b>Gambia</b>	<b>0</b>	<b>7</b>	<b>55</b>	<b>3</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82</b>

Source DHIS2

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

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	64	64	23	12	52%	<b>0</b>
Lower River Region	0	33	33	10	9	90%	<b>0</b>
North Bank East	0	35	35	12	6	50%	<b>0</b>
North Bank West	0	41	41	28	15	54%	<b>1</b>
Upper River Region	0	98	98	45	24	53%	<b>0</b>
Western-I	0	321	321	178	124	70%	<b>0</b>
Western-II	0	130	130	45	40	89%	<b>2</b>
<b>Gambia</b>	<b>0</b>	<b>722</b>	<b>722</b>	<b>341</b>	<b>230</b>	<b>67%</b>	<b>3</b>

Source DHIS2

Table 5. Shows Total on ART Summary by Population-December 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	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
	Male	Female	Male	Female													
General Population	356	314	2667	8105	11442	1911	5903	7814	1597	5058	6655	84%	86%	85%	72	108	180
PMTCT ART				722	722		341	341		230	230		67%	67%		3	3
Key Population	0	0	82	65	147	3	0	3	3	0	3	100%	0	100%	0	0	0
<b>Total</b>	<b>356</b>	<b>314</b>	<b>2749</b>	<b>8892</b>	<b>12311</b>	<b>1914</b>	<b>6244</b>	<b>8158</b>	<b>1600</b>	<b>5288</b>	<b>6888</b>	<b>84%</b>	<b>85%</b>	<b>84%</b>	<b>72</b>	<b>111</b>	<b>183</b>

Source DHIS2

6. Shows ARV Infant January -December 2025

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	30	18	9	10	34	134	115	<b>350</b>
Infant born who received ARV prophylaxis first time	19	18	7	4	28	134	112	<b>322</b>
Infant who received Virological test for HIV at 2 months	25	17	13	14	39	152	142	<b>402</b>
Infant tested positive for Virological test for HIV at 2 months	0	1	0	0	6	6	3	<b>16</b>
Infant who received Virological test for HIV at 9 months	16	11	3	18	24	106	108	<b>286</b>
Infant tested positive for Virological test for HIV at 9 months	5	2	4	1	3	3	5	<b>23</b>
Infant who received Serological test for HIV at 18 months	15	10	0	6	12	59	85	<b>187</b>
Infant tested positive for Serological test for HIV at 18 months	1	0	0	2	1	3	1	<b>8</b>
Infant who received Cotrimoxazole at 2 months	<b>36</b>	<b>28</b>	<b>78</b>	<b>25</b>	<b>81</b>	<b>128</b>	<b>153</b>	<b>529</b>

Source DHIS2

Table 7 Shows Opportunistic Infections January - December 2025

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	84	6	30	40	87	896	255	<b>1398</b>
Dysentery	0	1	0	4	28	3	88	<b>124</b>
Acute Respiratory Infection	0	37	35	199	120	1307	586	<b>2284</b>
Pulmonary Tuberculosis	2	3	0	8	1	60	19	<b>93</b>
Pneumonia	0	1	0	0	21	236	25	<b>283</b>
Urethral Discharge	0	4	13	0	29	980	146	<b>1172</b>
Genital Warts	2	0	9	0	13	24	61	<b>109</b>
Genital Ulcer	60	0	0	0	5	2	50	<b>117</b>
Herpes Zoster	21	0	0	0	7	5	172	<b>205</b>
Herpes Simplex	0	2	0	0	0	0	15	<b>17</b>
<b>Gambia</b>	<b>169</b>	<b>54</b>	<b>87</b>	<b>251</b>	<b>311</b>	<b>3513</b>	<b>1417</b>	<b>5802</b>

Source DHIS2

Table 8: Shows completeness and timeliness of reporting January- December 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	132	132	99.2	131	100
LRR	132	122	91.7	121	92.4
NBE	96	87	75	72	90.6
NBW	84	84	89.3	75	100
URR	144	144	98.6	142	100
WHR-I	384	318	72.7	279	82.8
WHR-II	180	151	70	126	83.9
<b>Gambia</b>	<b>1152</b>	<b>1039</b>	<b>82.1</b>	<b>946</b>	<b>90.2</b>

Table9: Shows Summary of Counselling &amp; Testing in the General population, PMTCT, TB and KP January -December -2025

General-Testing							
Region	Pre-Test	Tested	Post-Test	S1	S2	S3	Total Positive
Central River	7800	7752	7742	276	22	2	300
Lower River	4408	4359	4355	125	15	0	140
North Bank East	4791	4769	4781	83	6	0	89
North Bank West	3126	3105	3105	61	7	0	68
Upper River	7766	7630	7622	237	24	6	267
Western 1	38583	38184	37985	1091	78	12	1181
Western 2	16949	16861	16846	506	23	5	534
<b>Gambia</b>	<b>83423</b>	<b>82660</b>	<b>82436</b>	<b>2379</b>	<b>175</b>	<b>25</b>	<b>2579</b>
PMTCT-Testing							
Region	Pre-Test	Tested	Post-Test	S1	S2	S3	Total Positive
Central River	10618	10609	10620	41	4	0	45
Lower River	4073	4060	4060	30	2	1	33
North Bank East	5358	5351	5351	16	2	0	18
North Bank West	4600	4599	4599	6	2	0	8
Upper River	11935	11898	11822	62	1	1	64
Western 1	31824	31799	31797	215	9	0	224
Western 2	14703	14699	14695	90	5	4	99
<b>Gambia</b>	<b>83111</b>	<b>83015</b>	<b>82944</b>	<b>460</b>	<b>25</b>	<b>6</b>	<b>491</b>
TB-Testing							
Region	Pre-Test	Tested	Post-Test	S1	S2	S3	Total Positive
Central River	138	138	138	15	0	0	15
Lower River	92	92	92	11	0	0	11
North Bank East	81	81	81	13	0	0	13
North Bank West	77	77	77	5	0	0	5
Upper River	154	154	154	12	0	0	12
Western 1	1272	1272	1272	127	0	0	127
Western 2	627	627	627	85	0	0	85
<b>Gambia</b>	<b>2441</b>	<b>2441</b>	<b>2441</b>	<b>268</b>	<b>0</b>	<b>0</b>	<b>268</b>
KP'S-Testing							
Region	Pre-Test	Tested	Post-Test	S1	S2	S3	Total Positive
Central River	0	0	0	0	0	0	0
Lower River	933	933	933	9	0	0	9
North Bank East	0	0	0	0	0	0	0
North Bank West	589	589	589	0	0	0	0
Upper River	587	587	587	20	0	0	20
Western 1	7595	7590	7595	110	1	2	113
Western 2	0	0	0	0	0	0	0
<b>Gambia</b>	<b>9704</b>	<b>9699</b>	<b>9704</b>	<b>139</b>	<b>1</b>	<b>2</b>	<b>142</b>
<b>Grand-Total</b>	<b>178679</b>	<b>177815</b>	<b>177525</b>	<b>3246</b>	<b>201</b>	<b>33</b>	<b>3480</b>

Annex V: Field Photos Kudang Health Center-Central River Region

