

Central African Republic

Health

Sectoral and OR+ (Thematic) Report January - December 2018



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March 2019

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A. Abbreviations and Acronyms

ANC	Antenatal Care
ARV	Antiretroviral
CAR	Central African Republic
CBO	Community-based organisations
CCEOP	Cold Chain Equipment Optimization Plan
EFP	Essential Family Practices
EVD	Ebola Virus Disease
HAC	Humanitarian Action for Children
HIV	Human immunodeficiency virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HSTP	Health Sector Transition Plan
IDP	Internally Displaced People
LLITN	Long-Lasting Insecticide-Treated mosquito Nets
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, New-born and Child Health
MoH	Ministry of Health
NGO	Non-Governmental- Organization
PLWHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
RCPCA	Plan of Consolidation of Peace and Relegation in the Central African Republic
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund

B. Executive Summary

CAR is the third largest humanitarian crisis in the world, after Yemen and Syria, in terms of the proportion of the population in need of humanitarian assistance. According to the 2019 Humanitarian Needs Overview (HNO), 2.9 million people (more than half of whom are children) are in need of humanitarian and protection assistance, an increase of 16% over 2018. 1.6 million people have acute and immediate humanitarian needs. Despite a certain lull in some localities, which facilitated the return of more than 230,000 people to their places of origin, forced and continuous displacement took place in several regions of the country throughout 2018. In September 2018, there were more than 643,396 internally displaced persons throughout the country. The Central African refugees increased from 542,896 in 2017 to 573,242 in 2018. Two-thirds of the IDPs are in host families and one-third in 77 internal displacement sites. The crisis has severely affected access to essential services. In October 2016, out of the country's 1010 health structures, 236 (23%) still bore the stigma of the crisis (partial or total destruction). While some of the damaged health infrastructure has been rehabilitated, others have been destroyed in 2017 and 2018.

Despite a highly complex operating environment in many parts of the country, UNICEF CAR provided life-saving assistance through its humanitarian response programmes. In 2018, the thematic funds contributed to the following results.

Coverage for the third dose of Pentavalent vaccine has increased from 54% (85,170 children) in 2017 to 73% (97,214 children) in 2018 and measles coverage has increased from 49% to 71%. It is the first time in a decade that the country has reached a coverage far above 50%. The implementation of the targeted strategies and the support provided by UNICEF and its partners resulted in this considerable progress.

Specific multi-antigens immunization activities were organized for hard-to-reach, vulnerable, crisis-affected populations (IDPs, nomads, pygmies) and 33,748 children aged 6- 59 months were vaccinated against measles. In response to the polio outbreak in the Lake Chad Basin, three synchronized subnational immunization activities were conducted in three priority health regions bordering Cameroon and Chad reaching around 600,000 children under 5 during each round.

A total of 250,831 children aged 6-59 months were screened for acute malnutrition (during passive screening and screening campaigns) and referred for treatment when needed. In total, 32,232 (86 per cent) of the 37,281 targeted children under five (out of the caseload of 42,225) suffering from SAM were treated compared to 77 per cent in 2017 (out of a caseload of 30,521). The performances against standards was good: 89.9 per cent of cured rate (>75 per cent), a death rate of 1.9 per cent (<5 per cent) and a defaulter rate of 6.8 per cent (<15per cent). Thanks to UNICEF's support, the geographic coverage of nutrition services increased by 33.5 per cent (from 409 in 2017 to 546 therapeutic units including 46 intensive therapeutic food units in 2018) through mobile and fixed strategies allowing the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas.

In 2018, the coverage of prevention of mother to child transmission (PMTCT) services is 72% (258 / 354 facilities), including 69 new PTMCT sites. The capacity of 154 medical staff has been strengthened through on-site coaching leading to quality service delivery. As a result, 2,878 pregnant and lactating HIV positive women (56% of the target) and 1,068 children born

from HIV positive mothers (58% of the target) and 2,752 (28% of the target) infected children had access to ART. To accelerate the identification of infected children, HIV family testing campaigns were organized in four high HIV prevalence cities (Paoua, Bambari, Carnot and Berberati). A total of 10,230 families of people living with HIV were reached, of which 6,776 children were tested and 83 detected positive (1.2%) and put on ART. 24, 649 adolescents and youth (14,683 female) were tested for HIV with 636 detected positive and put on ART.

C. Strategic Context of 2018



2018 was the first year of implementation of the National Plan for Recovery and Peacebuilding in the Central African Republic (RCPCA). The positive outlook towards a stabilization of the situation of the country which had accompanied the development of this National Plan was shadowed by the deterioration of the security situation which started in 2017 and continued in 2018.

The African Union and Economic Commission of Central African States (ECCAS), supported by the international community, are leading an "African Initiative" to create the conditions for peace through an inclusive dialogue between the Government and 14 armed groups. This initiative encompasses past efforts by various actors (EU, Saint Egidio, Regional Actors, etc.) and is recognized by all stakeholders as the main framework for the peace process in the Central African Republic. The process is taking time to bear fruit and lacks the required resources as reflected in the UNSG report. Beyond the challenges of its peacebuilding efforts, CAR is bogged down in a cycle of violence, which in 2018 continued to spread to several parts of the country. According to the 2019 Humanitarian Response Plan (HRP), one in four people is displaced, and 2.9 million people (63 per cent of the population) need humanitarian assistance and protection.



An internally displaced child plays with a grass AK-47 rifle at Sangaris camp in Bambari. With a population of 54,000 people, and 40,000 I.D.P.s, Bambari is CAR's second largest city. © UNICEF/UN0239511/GILBERTSON VII PHOTO

The government is facing major budget deficits. As a result, the resource allocations and spending in social sectors such as health and education underwent cuts in 2018. The health sector budget decreased by 26 per cent and that of education by 46 per cent between 2017 and 2018. In addition, the current expenditures are mainly devoted to the operational costs of the central administration. Limited resources are devoted to investment in social sectors or outside the capital. In 2018, only 31 per cent of the budget was allocated to education, health, youth employment, agriculture and the redeployment of the administration throughout the country. As a result, children and other vulnerable populations are denied access to quality social services, exacerbating the unequal access to basic service which is a root cause of the conflict.

The already precarious and fragile health situation deteriorated further during this period. The weak health indicators before the crisis have deteriorated further due to the impact of the humanitarian situation. Therefore, despite some improvements in 2018, the nutrition situation of children in CAR continued to be of great concern due to prevailing insecurity and the prolonged limited access to social services including nutrition services for vulnerable and most affected people. The national average of SAM is 2.1 per cent (2018 SMART survey) and global acute malnutrition (GAM) prevalence is 7.1% with two prefectures (Basse-Kotto and Vakaga) with a prevalence above 10%. 10 out of 17 prefectures in the country have SAM rates above 2%. One in every two children is affected by stunting; some 139 children in every 1,000-born die before their fifth birthday; and 880 women in every 100,000 die from pregnancy-related causes.

CAR has the second-highest new-born death rate in the world, with 1 in 24 new-borns who do not survive their first 28 days. It also has the second-highest maternal mortality ratio, at 882 out of 100,000 live births. A mother has a one in 27 chances of dying due to complications related to pregnancy and childbirth.



Rachelle Kondghando, 49, an assistant delivery nurse at the maternity ward at Bambari University Hospital, the only hospital in the region, serving around 220,000 people. The hospital is staffed by two doctors, one midwife, and three nurses. The facility receives only sporadic electricity. The hospital becomes a target when fighting breaks out. Twice this year, bullet holes pock-marked buildings during battles inside the grounds, and today armed United Nations soldiers are at the gate full time. © UNICEF/UN0239511/GILBERTSON VII PHOTO

In 2018, CAR was at substantial risk of Ebola Virus Disease and faced several epidemics (Monkey Pox, measles, yellow fever, meningitis). Insecurity jeopardized the polio campaign in the districts of Kabo, Batangafo and Ngaoundaye. In 2018, the immunization coverage for the third dose of pentavalent vaccine increased from 54% (85,170 children) to 70% (93,610 children). UNICEF's Child Survival and Child Development Program works with the Ministry of Health (MoH) and major development partners; international and national non-governmental organisations (NGOs), United Nations agencies and Community-based organisations (CBOs) to further children's rights.

D. Results in the Outcome Area

Medical Assistance for Internally Displaced Persons

Specific multi-antigens immunization activities were organized for hard-to-reach, vulnerable, crisis-affected populations (IDPs, nomads, pygmies) and 33,748 children aged 6- 59 months were vaccinated against measles. In response to the polio outbreak in the Lake Chad Basin, three synchronized subnational immunization activities were conducted in three priority health regions bordering Cameroon and Chad reaching around 600,000 children under 5 during each round.



Vaccinators and social mobilizers at work during a Polio campaign in Nana-Mambéré prefecture | © UNICEF/CAR/2018

Maternal and neonatal health

In 2018, the number of health facilities delivering Antenatal Care (ANC) activities devreased from 380 in 2017 to 354 following the destruction and looting of health facilities in conflict zones. **104,816 pregnant women** (out of 175,910 targeted) attended at least one antenatal care (ANC) while **47,149.14** attended four antenatal visits in four health regions (1,2,3,4) and 77,180 gave birth with the assistance of qualified staff.



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In conflict zones (11 district in Health regions 4,5,6) and with the support of humanitarian actors (UNICEF, OMS and UNFPA), **23,876 pregnant women** benefitted from at least one ANC and 11,246 women gave birth with the assistance of qualified personnel. The training of 11 coaches on Kangaroo Mother Care in two districts of Bouar and Baboua led to 56 trained health workers, 45 trained community health workers and 225 trained predominantly female group members. To better integrate Prevention of Mother to Child Transmission (PMTCT) of HIV into the maternal, new-born and child health (MNCH) services, UNICEF helped to strengthen the capacity of the Ministry of Health. More specifically, 196 people were trained

on the integration of ANC/ PMTCT¹/SGBV² services. Essential drugs and biomedical equipment were provided to 75 health structures in 7 districts (Bouar, Baboua, Bossangoa, Nangha-Boguila, Bouca, Nana-Gribizi, Grimari and Bamingui-Bangoran).

Routine immunization

During the reporting period CAR made considerable progress in the performance of the national immunization programme. Coverage for the third dose of Pentavalent vaccine has increased from 54% (85,170 children) in 2017 to 73% (97,214 children) in 2018 and measles coverage has increased from 49% to 71%. It is the first time in a decade that the country has reached a coverage far above 50%. The implementation of the targeted strategies and the support provided by UNICEF and its partners resulted in this considerable progress.

During 2018, UNICEF supported the Ministry of Health in strengthening the health workforce through the recruitment and deployment of 94 additional staffs (at central and operational levels). To support the distribution of vaccines and immunization supplies, outreach activities and supervision, the Office provided two trucks, six vehicles, hundred motorbikes and hundred bicycles. Under the leadership of the Minister of Health, an urban immunization strategy has been implemented in the Bangui capital city where 20 per cent of the population live. To improve the timeliness and completeness of immunization data, a digitalized collection tool (MAGPI) has been introduced in partnership with the International Federation of Red Cross (IFRC). UNICEF sustained its support to the development of the cold chain equipment optimization plan (CCEOP) funded by GAVI which avail the EPI programme more than 300 solar-powered cold chain equipment in 2019.



Routine immunization activities in Salanga | © Ilvy Njiokiktjen

Nutrition Program

The development of a multi-sectoral nutrition strategic plan was postponed to 2019 due to the weakness of nutritional data and. Hence, UNICEF in collaboration with WFP and members of the humanitarian nutrition cluster supported the completion of a national nutrition survey (SMART). A decree establishing the national multi-sectoral committee for food security and nutrition was signed by Prime Minister and the Marketing Code of Breastmilk Substitutes validated.

¹ PMTCT: Prevention of mother to child transmission of HIV

² SGBV: sexual and gender-based violence

A total of 250,831 children aged 6-59 months were screened for acute malnutrition (during passive screening and screening campaigns) and referred for treatment when needed. In total, 32,232 (86 per cent) of the 37,281 targeted children under five (out of the caseload of 42,225) suffering from SAM were treated compared to 77 per cent in 2017 (out of a caseload of 30,521). The performances against standards was good: 89.9 per cent of cured rate (>75 per cent), a death rate of 1.9 per cent (<5 per cent) and a defaulter rate of 6.8 per cent (<15 per cent).

Thanks to UNICEF's support, the geographic coverage of nutrition services increased by 33.5 per cent (from 409 in 2017 to 546 therapeutic units including 46 intensive therapeutic food units in 2018) through mobile and fixed strategies allowing the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas. Two rounds of Vitamin A supplementation and deworming were organized in 21 out of 35 Health Districts with 35.4 per cent of coverage (291,157 children aged 6-59 months out of 821,496, nationwide).



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UNICEF supported a pilot phase of community approach to offer an integrated package of community health and nutrition services in 17 health areas in Bangui (9) and the district of Dekoa (8). Training and equipment for community management of childhood diseases and detection of malnutrition was provided to 17 community focal points in health centres and 162 community health workers. 4,050 children aged 6-23 months and 8,100 caregivers benefited from this intervention.

To ensure parents and families in targeted areas have the knowledge and skills to adopt behaviours conducive to good nutrition for children and pregnant women, 974 community health workers and 704 health workers were trained to promote Infant Youth and Child Feeding (IYCF) and others family practices. More than 55,000 pregnant and lactating women received IYCF counselling in 546 health centres and in 974 communities - Villages and IDPs sites (25,778 pregnant and lactating women).

Despite the efforts made in the management of SAM, the coverage of children in CAR is low and the management of moderate acute malnutrition (MAM) is almost non-existent, thus magnifying the cohort of children with SAM. The lack of a robust system of nutritional surveillance and early warning at the national level that would help to identify the onset of nutritional crises in real time is also a challenge. A nutrition surveillance and early warning system will be designed and implemented in 2019. The capacity of UNICEF to provide ready to use therapeutic food (RUTF) for the management of severe and moderate acute

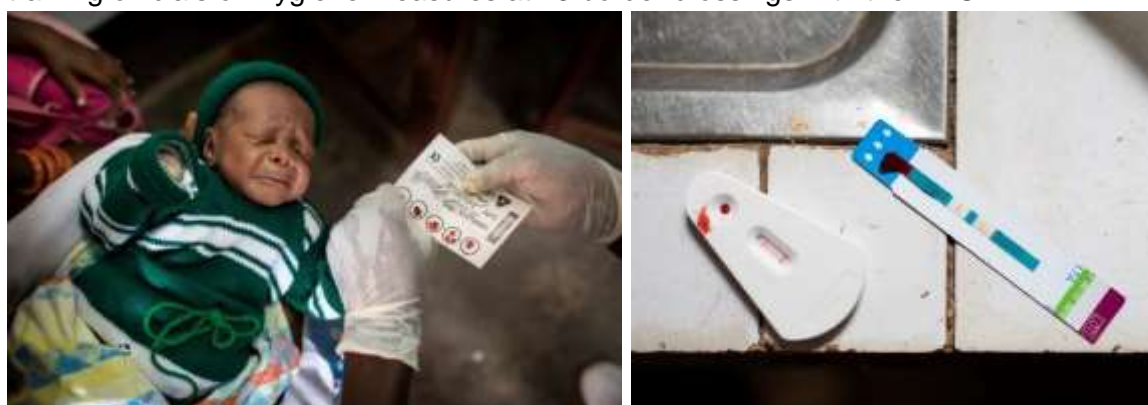
malnutrition by using simplified protocol in complex and humanitarian settings is expected to increase. The emergency nutrition response will be coupled with a stronger approach to prevent high levels of stunting (30 per cent).

Paediatric care of HIV infection

In 2018, the coverage of prevention of mother to child transmission (PMTCT) services is 72% (258 / 354 facilities), including 69 new PMTCT sites. The capacity of 154 medical staff has been strengthened through on-site coaching leading to quality service delivery. As a result, 2,878 pregnant and lactating HIV positive women (56% of the target) and 1,068 children born from HIV positive mothers (58% of the target) and 2,752 (28% of the target) infected children had access to ART.

To accelerate the identification of infected children, HIV family testing campaigns were organized in four high HIV prevalence cities (Paoua, Bambari, Carnot and Berberati). A total of 10,230 families of people living with HIV were reached, of which 6,776 children were tested and 83 detected positive (1.2%) and put on ART. 24, 649 adolescents and youth (14,683 female) were tested for HIV with 636 detected positive and put on ART. UNICEF supported the Ministry of Health in developing policy, planning and normative documents: HIV operational plan 2018-2019, HIV prevention plan, review of ART guidelines, integrated MNCH/PMTCT/paediatric HIV training module.

During the reporting year, UNICEF contributed to the activation of the national Ebola contingency plan in response to the May and August DRC Ebola epidemics, taking the lead on awareness raising activities. The findings of a Knowledge, Attitude and Practices (KAP) study on Ebola informed the Ebola national preparedness plan. UNICEF was instrumental in providing technical and financial assistance to the Ministry of Health and Population in implementing the C4D component of this plan. The Rapid Response Mechanism (RRM) was also involved in Ebola preventive WASH activities, setting up hand-washing stations and training officials on hygiene measures at 23 border crossings with the DRC.



Baby Cyrielle (3 weeks) screened, tested HIV positive and put under anti-retroviral treatment | © Ilvy Njiokiktjien

E. Financial Analysis

Table 1: 2018 Planned budget by Outcome area (in US Dollar) *

Intermediate Results	Funding Type ¹	Planned Budget ²
881-Child survival and Development	RR	1,447,500.00-
	ORR	5,463,750.00
Total Budget		6,911,250.00

¹RR: Regular Resources, ORR: Other Resources

Table 2: Country-level thematic contributions to Outcome area received in 2018 (in US Dollars)

Donors	Grant Number	Contribution Amount	Programmable Amount
Netherlands Committee for UNICEF	SC1499010127	266,809	266,809

Table 3: 2018 Expenditures in the Outcome area (in US Dollar)

Organizational Targets	Expenditure Amount			
	Other Resources Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	250,302	442,871	1,385,946	2,079,119
21-02 Immunization	1,117,563	4,646,819	689,796	6,454,178
21-03 Child Health	441,607	1,462,899	118,254	2,022,760
21-04 Prevention of stunting and other forms of malnutrition	1,314,207	421,771	154,566	1,890,544
21-05 Treatment of severe acute malnutrition	6,070,208	547,110	43,092	6,660,410
21-06 Treatment and care of children living with HIV	96,747	312,725	105,120	514,592
21-07 HIV prevention	13,811	66,248	2,042	82,101
Total	9,304,444	7,900,444	2,498,817	19,703,705

Table 4: 2018 Thematic expenses by programme area (in US Dollars)

Organizational Targets	Expenditure Amount		
	Other Resources Emergency	Other Resources - Regular	All Programme Accounts
21-02 Immunization	96,793	26,935	123,728
21-03 Child Health		1,713	1,713
21-04 Prevention of stunting and other forms of malnutrition	497,545		497,545
21-05 Treatment of severe acute malnutrition	1,501,740	6,140	1,507,880
21-06 Treatment and care of children living with HIV		171,229	171,229
21-07 HIV prevention		13,306	13,306
Total	2,096,078	219,324	2,315,402

Table 5: 2018 Expenses by Specific Intervention Codes (in US Dollars)

Specific Intervention Code	Expense
21-01-01 Community and home based maternal and newborn care	44,917
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	438,298
21-01-99 Technical assistance - Maternal and newborn health	712,668
21-02-01 Demand for immunization (C4D)	3,707
21-02-02 Immunization supply chain, including cold chain	338,297
21-02-03 Evidence generation and policy advocacy for immunization	2,069
21-02-05 Immunization operations	618,927
21-02-09 Measles and rubella supplementary immunization activities	96,636
21-02-11 Polio social mobilization for campaigns	1,084,845
21-02-12 Continuous social mobilization and communication	953,856
21-02-13 Technical assistance - Polio	1,462,646
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	994,002
21-03-02 IMNCI facilities	5,845
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	13,536
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	368,636
21-03-15 HSS - implementation research in Health	2,818
21-03-16 HSS - Management Information Systems	57,654
21-03-18 Public health emergencies, including disease outbreaks	108,561
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	4,572
21-04-03 Vitamin A supplementation in early childhood (children under 5)	773
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	12,976
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	1,137,647
21-05-01 Care for children with severe acute malnutrition	1,279,254
21-05-02 Capacity building for nutrition preparedness and response	937,447
21-06-02 Pediatric ART	29,895
21-06-03 HIV health and community system strengthening to improve access and adherence	33,652
21-06-05 Procurement and or supply management for HIV diagnostics and medicine	36,872
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gendermainstreaming	22,271
21-06-99 Technical assistance - Treatment and care of children living with HIV	259,911
21-07-09 PMTCT program support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	66,574
26-01-01 Country programme process (including UNDAF planning and CCA)	335,427
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	10,840
26-02-01 Situation Analysis or Update on women and children	15,384
26-02-02 MICS - General	180,839
26-02-08 Programme monitoring	18,089

26-03-01 Advocacy and partnership-building for social behaviour change	58,616
26-03-02 Capacity and skills development for social behaviour change	61,492
26-03-03 Children, adolescent and youth engagement and participation	28,811
26-03-04 Community engagement, participation and accountability	102,529
26-03-05 Innovation, multi-media content production and dissemination	47,005
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	11,153
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	69,956
26-03-99 Technical assistance - Cross - sectoral communication for development	145,140
26-04-01 CO/RO Supply - technical assistance and collaboration in supply chain, procurement of goods and services, and logistics	103,003
26-06-02 Innovation activities	253
26-06-06 Supporter engagement	229,444
26-06-08 Emergency preparedness (cross-sectoral)	5,824,533
26-07-01 Operations support to programme delivery	1,179,598
27-01-06 HQ and RO technical support to multiple Goal Areas	105,373
28-07-04 Management and Operations support at CO	50,693
Grand Total	19,707,940

F. Future Work Plan

2019 is the second year of the new 2018-2021 UNICEF CAR Cooperation Program. In 2019, UNICEF will continue to work with its partners to deliver a package of integrated health, nutrition and HIV services to children in families and communities, health facilities, on IDP sites and in host families. One of the major constraints in CAR continues to be accessibility to sites due to security reasons. UNICEF will continue to collaborate with MINUSCA to be escorted for the transfer of supplies to field offices and partners. UNICEF will contribute to the preparation of health emergency response by ordering with supplies pre-positioning, staff training; capacity building of health emergency management bodies. UNICEF will support the Ministry of Health in developing specific policies/strategies for emergency response and scaling up of high impact integrated interventions. The country office will also technically and financially support the development of policy documents such as the National Plan for Health Development 3rd generation (PNDS3), the policy and strategies for healthy community. UNICEF will support the set-up of a drug supply system.

Expression of Thanks

Every child, whether living in an emergency or period of long-term development, is entitled to basic human rights, including the right to survival and development and the right to be supported by the family, community, government and international community – all those who carry the responsibility to ensure the full development and well-being of the child. Your contribution has helped to uphold these rights, most particularly, the right to health care. The flexibility of this contribution enabled UNICEF to target funds where they were most urgently needed – or, to cover important but neglected technical areas that make a direct and distinctive impact on child survival and development. Your contribution has been instrumental in helping CAR strive towards achievement of health-related ODDs – but also touched the lives of individual children and families.

G. Annexes: Human Interest Stories and Donor Feedback Form



Priva, 14 and Prisca, 12

Children living with HIV form a "club" to support each other

"Until I was nine years old, I was taking medication every day without knowing why I was taking it. One day, I refused to take them. I asked my father to explain to me why I was taking these drugs. After a week without taking my medication I became ill. My father, scared, told me I was HIV positive. I couldn't believe it," said Prisca (name changed), a 12-year-old fourth-grade student in Bangui, the Central African capital.

Prisca is one of 9,600 children and adolescents living with HIV in the country. With a prevalence of four per cent of the general population and 3.7 per cent among pregnant women, HIV remains a public health priority in the Central African Republic. Children and adolescents under 15 years of age are as affected as adults, with an average prevalence of 3.8 per cent among adolescents.

Stigma against people living with HIV is sometimes extreme: according to the Index Stigma survey, almost half of them (45.6 per cent) are stigmatized by the community. Self-stigmatization by patients themselves is also very strong and is expressed in various forms -- guilt, blame or low self-esteem, and shame. Despite this strong stigmatization, the care package does not systematically include psychological support activities, especially for

children and adolescents. In Bangui, for example, of 12 HIV care centres for children and adolescents, only three have established a mechanism for preparing and reporting HIV status to children.

In response to this situation, UNICEF is implementing a programme to bring children and adolescents living with HIV together in recreational areas, to encourage them to take their medicines regularly and to see the future differently. Eight clubs have been opened in Bangui. Within these groups, pre-teens and teenagers play games, dance, write poems etc. They also receive psychosocial support.

Prisca finds that the clubs play positively on her and others. "How can I face the harsh truth of my HIV status?" she asked herself, after discovering that she had HIV. "One day, I participated in a training course organized by UNICEF and its partners at the Immaculate Conception Cathedral in Bangui. At the end of this training, I joined the club for adolescents living with HIV. This club has allowed me to accept my situation and take my medication regularly," she continues. "My dream today is to attend school, study well and work as a midwife later on. I would like to reward my father, who has done a lot for me," she concludes.

Within these clubs, there is also a sponsorship system. Sakis, 15, lives in Combattant, a district of Bangui. She is sponsored by Jessica, who is 22 years old. "Twice a week, I call Sakis' house to check in on her and make sure she's taking her medication," said Jessica. Jephthé, 17 years old, goes further. He travels to inquire about his godchild's situation. "I leave Ouango in[one] district of Bangui to visit my godchild who is in[another] district. I am happy to do so because I contribute to the survival of other children.

Albertine is 32 years old. She is living with HIV and raising her six-year-old daughter, who is also HIV positive. She is a godmother in the clubs for children and adolescents living with HIV. She is amazed by the children she accompanies. "Through these clubs, the children have learned to accept their situation," she said. "They are not afraid to talk about their HIV status, even publicly. They are not ashamed. They are awake children who think very well. My daughter will join these clubs when she is 10 years old. It really is a framework for the development of children living with HIV.



Jessica, 15



A group of adolescents living with HIV

“I was praying as I walked”

Prosper carried his emaciated son miles to the nearest clinic.

That was just the start of their journey.



BANGUI, Central African Republic – Pierre’s mother died three years ago, soon after he was born. He lives with his father, Prosper, sister and grandmother in a little village outside Bangui, the capital of the Central African Republic. Pierre’s father doesn’t have a job, their lives have been ripped apart by ongoing conflict in the country. Every day is a struggle to find enough to eat. Surviving mostly on dwindling supplies of corn that they could collect from a nearby farm, Pierre’s weight began to drop. By July 2018, he was regularly getting sick, refusing to eat and becoming emaciated. Worried that he couldn’t afford to go to the hospital, Prosper tried treating Pierre with traditional medicine, but he kept getting worse.

Pierre weighed just 9 kgs and he had severe diarrhoea. Fearing Pierre was close to death, Prosper walked the 12 kms to the nearest health facility, carrying his emaciated son in his arms. “I was praying as I walked. I didn’t know if Pierre was going to make it to the hospital alive. I wondered if God’s plan was to send this child, only to take him back. I’m a man, so I didn’t want to cry. But inside, I was worried.”

Pierre and his father spent an agonising week in the acute stabilisation ward, where Pierre received two hourly treatments of fortified milk, too weak to eat. The hospital’s malnutrition stabilisation wards are overwhelmed, every bed is full, many with two children, all of them weak and fragile and in need of lifesaving care. After seven days, he was strong enough to move wards for the next phase of treatment. Prosper and Pierre spent four more days in the hospital. Every day Pierre got a little stronger. He started to smile again, and was eating up supplies of ready-to-eat the therapeutic food – a fortified peanut paste provided by UNICEF – so vital for a child’s recovery from malnutrition.

Finally, after 10 days of meticulous, around the clock care, it was time for Prosper to take Pierre home to see his sister. Prosper received strict instructions to refer Pierre to an outpatient feeding programme at the health centre near his village.

For the next few weeks, Pierre received regular follow up health checks and a supply of therapeutic food to help him gain weight. On 16 August 2018, Prosper woke at 5 am to carry Pierre the 12 kms to the health centre so he could receive his first check-up. "I feel relieved. Now that Pierre is doing much better I can go and work in the field or chop some wood to provide something for him." After a month in the outpatient feeding programme, Pierre has bounced back to life. He still clings to his father, but he laughs when he is placed in the bucket that weighs him at the health centre.

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Title of Report: Thematic Report 2018

UNICEF Office: UNICEF Central African Republic

Donor Partner:

Date:

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Please return the completed form back to UNICEF by email to:

Name: Alexandra Jonnaert

Email: ajonnaert@unicef.org

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1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
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