







## BACKGROUND

The Bangui project aimed to improve access to HIV and sexual and reproductive health (SRH) services, including maternal and child health, by decentralizing and integrating MSF's support to specific health centres within the city, bringing care closer to the communities that need it most. It sought to optimize service delivery and promote a more sustainable, locally embedded response to the ongoing maternal, child health, and HIV/AIDS challenges in the Central African Republic.

This mid-term evaluation aimed to assess the decentralization initiative from mid-2021 to early 2025 and was guided by a consultation group with representatives from the Ministry of Health in Bangui. It explored how decentralized services were implemented and how they were experienced by clients, and the extent to which health outcomes and system integration improved over the period, across seven areas: Relevance, Coherence, Effectiveness, Efficiency, Impact, Sustainability, and Stakeholder Engagement and Ownership.

## METHODOLOGY

-  Mixed Methods Approach
-  Desk review
-  Analysis of routinely collected medical data
-  Client flow analysis and exit survey of 134 clients
-  33 In-depth interviews
-  Case studies of 2 health centres

## RECOMMENDATIONS

- Strengthen the geographic and programmatic responsiveness of the decentralization initiative to improve its relevance** by: expanding geographic reach to underserved areas; strengthening the continuum of care for HIV-positive mothers and exposed infants; developing youth-friendly SRH and HIV services; addressing stigma and discrimination in health facilities; expanding access to comprehensive family planning, especially for adolescents.
- Strengthen retention and monitoring systems to improve HIV care effectiveness in the supported health centres** by: establishing SOPs for patient follow-up; strengthening retention strategies for men and adolescents; expanding the coverage and quality of viral load testing; enhancing data systems for program monitoring.
- Enhance quality and timeliness of emergency obstetric care to reduce early maternal deaths** by: strengthening clinical decision-making and emergency readiness; implementing real-time case review mechanisms; improving multidisciplinary team coordination during emergencies; deploying targeted quality improvement interventions; ensuring coordination with the MoH.
- Advocate for the institutionalization of key components of the decentralization initiative to ensure sustainability and replication** by: integrating core components into MoH structures; gradually transferring ownership and building capacity for local staff and managers; mobilizing and aligning domestic and donor financing; documenting and disseminating the decentralization model for replication.

## CONCLUSION

The initiative supports six selected health facilities and community points of care across Bangui. The findings highlight the initiative's **contextual relevance and appropriateness** in directly addressing critical HIV/AIDS and SRH-related medical needs for the population, with **some doubts about the relevance of its geographical focus**. This highlights a perceived disconnect between where support is directed and where the most acute service delivery challenges persist.

The foundational elements necessary for **effective SRH and HIV service delivery were largely in place**; however, the initiative has shown **mixed coherence with the national public health framework** and evolving priorities to address critical HIV and SRH challenges, including maternal and child health in Bangui.

**Implementation gaps and limited scope of interventions** hinder alignment with key strategic frameworks, including the Elimination of Mother-to-Child Transmission (EMTCT) of HIV, syphilis, and hepatitis B, and reveal a disconnect between the initiative's design and the broader national vision for comprehensive and integrated healthcare services. These gaps not only hinder coordination between MSF and the MoH actors but also risk fragmenting service delivery, particularly for maternal, neonatal, and HIV-related services that require continuity and integration across the care cascade.

The initiative plays a **critical role in strengthening the delivery of targeted SRH and HIV interventions** including facilitating the emergency management of obstetric and advanced disease HIV cases. However, the rising rates of maternal and neonatal mortality highlight the persistence of critical gaps in emergency triage, timely referral, coordination and the management of obstetric emergencies which **compromises the initiative's effectiveness in reducing maternal and neonatal deaths**.