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Situation Report #3

Humanitarian Crisis in CAR

Country:	Central African Republic
Emergency type:	Conflict
Start Date of Crisis:	March 24, 2013
Date Issued:	May 08, 2025
Covering Period:	March 1 - March 31, 2025
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Key Figures



2,400,000
Total people affected¹



576,000
Women of reproductive age²



62,560
Estimated pregnant women²



134,400
People targeted with SRH services



188,160
People targeted with GBV programmes

¹ République centrafricaine: Besoins humanitaires et plan de réponse 2025

² Estimated figures are based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator.

Highlights

- To respond to the needs of the most vulnerable in Central Africa, the Central African Government and the Country Humanitarian Team officially launched the 2025 Humanitarian Response Plan on March 7, 2025. In 2025, 2.4 million people — 37.5% of the population — are extremely vulnerable to the point that humanitarian assistance alone will not be enough to restore their well-being. The humanitarian community aims to address the vital needs of 1.8 million of the most vulnerable people and is calling for the mobilization of US\$ 326.1 million.
- The termination of US aid will affect women and girls in the Korsi refugee camp and host community in Birao in the Central African Republic (CAR). Nearly 70,000 women and girls in the refugee camp and host community will not have access to essential sexual and reproductive health (SRH) services.

Situation Overview

- On March 7, 2025, armed men attacked the villages of Gbamboro, Yaho, and Boufforo. Hundreds of houses were burned, displacing 4,700 people. On March 9, 2025, another attack took place in the village of Bogala, resulting in an additional 5,500 displaced persons. Women and girls are particularly vulnerable due to the inadequacy or even absence of SRH services as well as medical and psychosocial services for gender-based violence (GBV) survivors.
- Heavy rains and strong winds on March 30, 2024, reportedly damaged approximately 117 houses in Pombolo, Yengué, Amani, Baho, and Ndebo. Most of the 585 people affected are staying with host families and in IDP sites on the outskirts of Bangui. The risk of GBV is heightened by the overcrowding in host families and IDP sites, and the weakness or lack of protection mechanisms, particularly in IDP sites.

UNFPA Response

- In March 2025, UNFPA and its partners intensified efforts to integrate a coordinated multisectoral response for women and girls affected by the devastating consequences of conflict in the Central African Republic.
- UNFPA distributed dignity kits³ and essential GBV and SRH information in the sub-prefectures of Obo, Bambouti, and Ndelé to 1,098 women and girls, including 296 internally displaced persons (IDPs), 122 returnees, 578 refugees, and 125 women and girls from host communities. This critical initiative was made possible through essential financial support from CERF.
- Following the humanitarian emergency declared by the Ministry of Humanitarian Action in Bozoum after an armed group attack in February — a tragic event that caused over a dozen civilian casualties and displaced more than 3,000 people — UNFPA contributed to the urgent response by providing 250 dignity kits and 2 post-rape kits to the Ministry. These post-rape kits were specifically delivered to the Bozoum District Hospital to meet immediate needs in supporting the care of survivors of sexual violence.

³ A dignity kit contains [essential items](#) to maintain hygiene and health. It includes sanitary pads; soap; a torch; socks; underwear; toothbrush and toothpaste; a bag; and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, psychosocial support, and other available services.

- 100 per cent of reported cases of GBV received psychosocial support from UNFPA's implementing partners. Of these cases, 70 per cent received medical treatment within the critical 72 hour period.
- Two rehabilitated and operational safe spaces for women and girls in Bégoua and Mboko-Landja, funded by Korea International Cooperation Agency (KOICA), served as havens of peace and psychosocial support throughout the month. These spaces facilitated skill development and livelihood activities, including:
 - Strengthening the resilience of women and girls against daily challenges exacerbated by GBV by developing practical skills to enhance economic autonomy. A total of 1,919 people participated in these transformative sessions, including income-generating activities, educational talks, and awareness campaigns.
 - Provided psychosocial support to 1,540 women and 379 girls.
 - 811 people were reached through awareness activities, fostering a better understanding of GBV-related issues, and promoting positive behavioral change. Participants included 338 women, 135 girls, 137 boys, and 201 men.
 - Educational talks and focus groups were conducted to strengthen participants' ability to prevent and respond to GBV risks, particularly in the context of the electoral period. In CAR, given the fragile security situation, persistent inter-community tensions and socio-cultural constraints, the risk of an increase in GBV during the electoral period is particularly high, especially for women candidates. A total of 977 women and girls (810 women and 167 girls) participated in the focus groups.

Results Snapshots



100

People reached with **SRH services**

100% female



1

Health facilities supported



5,424

People reached with **GBV prevention, mitigation and response activities**

94% female, 6% male



2

Safe Spaces for women and girls supported



1,348

Dignity kits distributed to individuals

Coordination Mechanisms

Gender-Based Violence:

In March 2025, the GBV Area of Responsibility (AoR) held a coordination meeting with 58 members and led inter-agency initiatives to strengthen GBV coordination. This meeting focused on identifying the three priority activities and areas of the HNRP 2025 and their budgeting including (i) Provide accessible, confidential and survivor-centred integrated services, (ii) Establish or revitalize safe and secure spaces, (iii) Establish, update, raise awareness and communicate pathways or referral systems and vital key messages.

Sexual and Reproductive Health:

The SRH Working Group was revitalized and held a preparatory meeting and review of key indicators and working tools for SRH coordination in CAR.

Active participation in the cluster and inter-cluster coordination meeting to raise the profile of maternal and neonatal death.

Organized the first SRH coordination meeting with 26 participants on April 4, 2025, where priorities and needs were discussed as well as how to cover the gaps in SRH services due to the termination of US funds and withdrawal of some organizations.

Funding Status

In 2025, UNFPA requires US\$16.56 million to deliver critical SRH and GBV services to women and girls in need. As of March 2025, US\$1.6 million has been mobilized, leaving a funding gap of US\$14.1 million.

