



## Situation Report #4

### Humanitarian Crisis in CAR

Country:	Central African Republic
Emergency type:	Conflict
Start Date of Crisis:	March 24, 2013
Date Issued:	May 23, 2025
Covering Period:	April 1 - 30, 2025
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## Key Figures



**2,400,000**  
Total people  
affected<sup>1</sup>



**576,000**  
Women of  
reproductive age<sup>2</sup>



**62,560**  
Estimated pregnant  
women<sup>2</sup>



**134,400**  
People targeted with  
SRH services



**188,160**  
People targeted with  
GBV programmes

<sup>1</sup> [République centrafricaine: Besoins humanitaires et plan de réponse 2025](#).

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

## Highlights

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- To respond to the needs of the most vulnerable Central Africans, the Government and the Inter-agency Country Humanitarian Team officially launched the 2025 Humanitarian Response Plan on March 7, 2025. It was estimated that in 2025, there are 2.4 million people – 37.5% of the population – who are extremely vulnerable and in need of humanitarian assistance.
- The termination of US aid affects thousands of women and girls across the Central African Republic (CAR), including in the Korsi refugee camp and host community in Birao. Nearly 70,000 women and girls in the refugee camp and host communities will not have access to essential sexual and reproductive health (SRH) services.
- UNFPA participated in a joint multi-sectoral assessment organized at inter-agency level which took place in Bria (Ouadda, Haute Kotto division) from April 23 to 29 to assess the humanitarian needs of populations affected by the multiple crises in CAR. Preliminary findings show a very critical situation in terms of protection against gender-based violence (GBV) and access to SRH services. The high rate of incidents of sexual violence, particularly rape, remains a concern, as does the upsurge in child marriages, physical assaults and female genital mutilation (FGM). Despite the alarming situation, GBV, particularly the management of rape cases, was not being adequately addressed. In terms of SRH, there is a lack of medical facilities, equipment and qualified staff. Estimates using the Minimum Initial Service Package (MISP) indicate that if nothing is done in the next three months, approximately 50 women and girls are likely to suffer sexual violence, without access to clinical management of rape services, and around 30 pregnant women could give birth next month in worrying health conditions, 4 of whom could experience complications during childbirth. This situation requires a rapid response from UNFPA and its partner, as well as continuous advocacy for more resources.

## Situation Overview

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- In April 2025, the humanitarian situation in CAR continued to be plagued by persistent challenges stemming from violence and instability. Armed groups continued to target civilians, resulting in loss of life and displacement. As of April 31, 2025, more than 442,700 people were internally displaced.
- Significant concerns persist in the south-east, north-east, and west of the country due to insecurity, population movements, epidemics, climatic shocks, as well as the repercussions of the conflict in Sudan.
- This humanitarian crisis has far-reaching consequences for the population, including GBV. Women and girls are particularly vulnerable, with an increase in cases of sexual and intimate-partner violence. There are also high maternal and child rates, which are exacerbated by limited access to prenatal and postnatal care.
- On April 19, 2025, the Central African Government and representatives of two armed groups (CPC and 3R) signed a supplementary agreement to enable these armed groups to re-enter the national peace process. The headquarters of the Central African Armed Forces (FACA) signed a press release ordering

a ceasefire to facilitate implementation of the agreement. This would facilitate humanitarian access to areas formerly occupied by these armed groups, enabling critical SRH and GBV services to be delivered and reducing GBV risks.

## UNFPA Response

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In April 2025, UNFPA and its implementing partners carried out the following activities across various locations in CAR:

- **Continuation of psychosocial and GBV response activities:** Four operational women and girls' safe spaces (WGSSs) located in Ndélé, Birao, Bégoua, and Bimbo provided essential psychosocial services and life skills activities to 1,675 women and girls.
- **Community awareness for GBV prevention and access to support services:** Awareness-raising initiatives reached 6,978 individuals. These activities focused on the prevention of GBV, the notion of sexual exploitation and abuse, and mechanisms to seek help and report incidents, as well as the promotion of SRH rights. A total of 2,953 women, 1,753 girls, 1,448 men and 824 boys participated, demonstrating an inclusive approach towards social norms transformation and strengthening protection within the community.
- **Strengthening access to SRH services:** SRH services were delivered in seven strategically located health facilities: one in Birao, four in Ndélé, one in Bossembélé, and one in Bria. 1,516 people benefited from antenatal care, postnatal care, and family planning consultations in these facilities. A total of 119 safe deliveries were conducted in the supported health facilities, directly contributing to efforts to reduce maternal and neonatal mortality in the intervention areas. Raising community awareness on key SRH topics was an essential part of the intervention, alongside the improvement of clinical services.
- **Improvement of dignity and hygiene:** A total of 204 dignity kits<sup>3</sup> were distributed in various locations, including Bozoum, Obo, Bambouti, Ndélé, Bangui, Damara, Bimbo, and Bégoua. The distribution targeted 145 women and 59 girls attending four WGSSs which are operational in the localities and staffed with qualified social workers. Recipients included internally displaced persons, returnees, refugees (Sudanese and Chadian), as well as members of host communities. The kits supported basic hygiene and dignity needs of vulnerable women and girls, thereby contributing to the improvement of their physical and psychological well-being.
- **Direct support to GBV survivors:** 19 survivors received cash protection allowances to cover the costs of referral to specialized services, thereby optimizing their access to appropriate care. In addition, nutritional assistance was provided to survivors undergoing medical treatment related to the clinical management of GBV cases to support their recovery and resilience.

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<sup>3</sup> 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.

- **Integrated psychosocial and medical care:** 100% of GBV survivors that sought assistance from UNFPA-supported facilities received psychosocial care. However, only 28% of the survivors sought and were able to receive medical care within the critical 72 hour period.
- **SRH capacity building:** A training session on SRH coordination organized by the Global Health Cluster and the Sexual and Reproductive Health Global Working Group (SRH GWG) targeting West and Central African countries and Haiti took place in Senegal from April 7 to 11, 2025. The aim of the training was to build capacity in SRH coordination and MISP deployment.

## Results Snapshots



5,556

People reached with **SRH services**  
82% female, 18% male



7

Health facilities supported



9,071

People reached with **GBV prevention, mitigation and response activities**  
76% female, 24% male



4

**Safe spaces** for women and girls supported



204

Dignity kits distributed to individuals

## Coordination Mechanisms



### Gender-Based Violence:

- In April 2025, under the lead of UNFPA, the GBV Area of Responsibility held a coordination meeting with 54 members and led inter-agency initiatives to strengthen GBV coordination. The partners presented their activities in the field, the challenges they faced, and their outlook for the coming months. Members discussed activities carried out in safe spaces, including GBV case management, life skills training, the distribution of dignity kits, safety audits and the implementation of GBV risk mitigation plans. In addition, the challenges as a result of US defunding was discussed, and strategies for resource mobilization to address the funding gaps created.

- Three training sessions were conducted, which were specifically tailored for new Gender Based Violence Information Management System (GBVIMS) users. These sessions were designed to facilitate their integration and effective utilization of the system. A total of 69 participants from 11 different organizations attended, reflecting a strong interest and engagement with the system. These sessions are crucial for ensuring that GBV partners are well-equipped to use GBVIMS and contribute to accurate and timely data collection and analysis.

## Sexual and Reproductive Health:

- The SRH Working Group was revitalized, with UNFPA organizing the first SRH coordination meeting on 4 April. 26 participants attended and reviewed key indicators and planning tools for SRH coordination in CAR.

## Funding Status

In 2025, UNFPA requires US\$16.56 million to deliver critical SRH and GBV services in CAR. By April 2025, only \$1.6 million had been mobilized, leaving a funding gap of \$14.1 million. UNFPA is urgently appealing for additional funding to ensure that women and girls in CAR have access to lifesaving healthcare and protection services.

