



# Situation Report

## Humanitarian Crisis in the Central African Republic

1-31 March 2026

### Highlights

- The Central African Republic (CAR) continues to be marked by a resurgence of crises, driven both by climate change effects, particularly flooding, and by armed conflict.
- The killing of an armed group member in Bowaye (Nana Bakassa) left five people injured and forced approximately 1,000 residents to flee to the bush and neighboring villages out of fear for their safety.<sup>1</sup> Having fled in haste, the displaced are in urgent need of humanitarian assistance, with women and girls particularly vulnerable to gender-based violence (GBV), while pregnant and lactating women in critical need of food and essential health supplies. UNFPA and implementing partners such as Médecins Sans Frontières (MSF), and the Association des Femmes Evangéliques de Bossangoa (AFEB) are currently responding with emergency kits, food, and critical GBV protection services for these vulnerable populations.
- On 13 March, storms in Bouca Centre damaged homes, affecting 201 households (857 individuals) and creating critical protection needs.<sup>2</sup> In response, UNFPA and its partner, Médecins du Monde (MDM), ensured that all affected households received life-saving assistance by leveraging pre-positioned emergency and dignity kits. UNFPA further ensured that protection services are prioritized for the most vulnerable survivors.



**2,300,000**

Total people affected<sup>3</sup>



**575,000**

Women of reproductive age<sup>4</sup>



**110,400**

Estimated pregnant women<sup>4</sup>



**129,153**

People targeted with SRH services



**118,200**

People targeted with GBV programmes

<sup>1</sup> [OCHA Situation Report #59 March 17, 2026](#)

<sup>2</sup> [OCHA. Alerts for the Central African Republic I-373479](#)

<sup>3</sup> [Global Humanitarian Overview 2026](#)

<sup>4</sup> Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

## Situation Overview

In March 2026, CAR faced compounding security and climate crises. An attack on 11 March in Bowaye displaced 100 households toward the Benzambé axis. In addition, severe storms in Bouca, Rafai, and Nzelété left hundreds more homeless and food-insecure.

The north-east region of CAR is experiencing a renewed influx of refugees fleeing the ongoing war in Sudan. As of March 2026, CAR hosts 59,130 refugees and asylum-seekers, 81 per cent of whom are women and children. Nearly two-thirds live in Birao, while the rest are dispersed in other areas of CAR.<sup>5</sup> Most Sudanese refugees are being relocated into nearby host communities, particularly in the new neighborhood of Korsi in Birao, where they live alongside local residents rather than in a traditional camp setting. Significant registration gaps persist, particularly in remote and hard-to-reach areas where displaced populations face significant barriers to documentation, protection, and humanitarian aid. As a result, many remain without access to essential basics, including food, safe drinking water, and shelter. The protection situation is especially alarming given that the majority of those displaced are vulnerable individuals, primarily women and children, who face heightened risks of GBV. An estimated 20 per cent of refugees are currently trapped in hard-to-reach locations outside Vakaga prefecture, where protection interventions are critically needed.

In addition to these cross-border arrivals, the country continues to grapple with large-scale internal displacement. A total of 427,479 people are internally displaced within CAR due to conflict, insecurity, or other crises. The combined impact of both internal displacement and refugee inflows underscores the urgent need for humanitarian support and coordinated interventions to address the needs of these vulnerable populations, including healthcare and protection services.

Despite significant progress achieved, the maternal mortality rate in the CAR remains one of the highest in the world, with 835 deaths per 100,000 live births.<sup>6</sup> A joint investigation by the World Health Organization and the World Bank into maternal and neonatal deaths is currently underway and is expected to provide clarity on these variations.

## UNFPA Response

### Sexual and reproductive health

Funded by the Korea International Cooperation Agency (KOICA) and the Central Emergency Response Fund (CERF), UNFPA working through partners International Medical Corps (IMC), Assistance d'Urgence et Développement Communautaire (AUDEC), WALI TI KODRO (in Sango language means "country's women"), and AFEB, implemented integrated interventions to improve access to SRH services and strengthen the prevention and response to GBV. Activities covered several areas—including Bria, Boali, Sibut, Bangui, Damara, Zémio, Mboki, and Rafai—utilizing combined approaches such as women and girls' safe spaces, both fixed and mobile clinics, youth kiosks/centres, community awareness, and capacity building.

<sup>5</sup> [UNHRC. CAR: Sudan Situation \(28 February 2026\)](#)

<sup>6</sup> [Central African Republic: Humanitarian Needs and Response Plan - 2026 Humanitarian Programme Cycle \(January 2026\)](#)

In March, a total of **1,566** individuals accessed SRH services including:

- **822** women and girls received comprehensive antenatal consultations.
- **275** women and girls received postnatal consultations.
- **187** women and adolescent girls were assisted by skilled birth attendants at maternity facilities. Of these, 123 required life-saving cesarean sections, which were successfully performed.
- **273** new women and adolescent girls accessed family planning counselling and methods, many of whom were integrated through the antenatal care pathway.

### Obstetric fistula repair

UNFPA's obstetric fistula repair campaign identified 13 new cases awaiting surgery (Ouadda, Birao, Sikikédé and Bambari). Support is planned for the socio-economic reintegration of survivors.

### Sensitization sessions on SRH

A total of 1,818 individuals were reached through targeted awareness sessions, including 573 women, 470 adolescent girls, 311 men, and 464 adolescent boys. Integrated into both mobile clinic outreach and the activities of supported health facilities, these sessions covered critical reproductive health topics, including identifying danger signs during pregnancy and ensuring timely emergency referrals for obstetric care. Furthermore, the sessions focused on the prevention of maternal complications, such as obstetric fistula, while emphasizing the importance of community availability and access to essential SRH services.

### Clinical management of GBV

All GBV survivors who sought medical care received care within 72 hours, including essential medical care, initial psychological first aid and continuous individual follow-up.



## Gender-based violence

### Awareness and communication

A total of 3,534 individuals—60% of whom were women and girls—were reached with awareness-raising sessions focused on available services and complaint mechanisms related to sexual exploitation and abuse (SEA). This outreach demonstrated inclusive mobilization across Zémio, Mboki, and Rafai. Additionally, an awareness campaign was organized at the Lycée des Martyrs in Bangui to commemorate International Women's Rights Day on March 8. This initiative significantly strengthened students' knowledge of GBV and led to the establishment of a dedicated club of 20 young ambassadors (50% adolescent girls, 50% adolescent boys) tasked with promoting behavioral change and sustaining awareness within the school environment.

### Women and girls' safe spaces (WGSS)

Safe spaces remained a focal point for protection and empowerment, supporting 1,458 women and girls during March. Engagement was particularly high due to activities linked to the International Women's Day campaign, which drew 982 women and 476 girls to the facilities. These spaces continue to provide a secure environment for vulnerable groups to access support and build community resilience.

### Distribution of dignity kits

A total of 69 dignity kits were distributed to vulnerable women and girls within the intervention zones.

## Adolescents and youth

During March, **1,638 young people** were reached with life-saving information and referrals on family planning, HIV/AIDS, and GBV. These activities were delivered through specialized youth-focused infrastructure:

- **Support kiosks for youth:** 1,184 individuals (601 females and 583 males) accessed adolescent and youth comprehensive sexuality education across 9 youth kiosks in Bangui (6), Boali (1), Bria (1), and Damara (1). Peer educators utilized interactive "picture boxes" for GBV discussions and digital tablets to screen educational videos on SRH, family planning, and parent-child dialogue.
- **Youth centres:** 454 individuals benefited from orientation services and educational talks on GBV, SRH, STIs, and HIV. These centers—located in Bangui, Bria, Boali, and Damara—served as vital hubs for health referrals and detailed information on available SRH and GBV services in their respective sub-prefectures.
- **Condom promotion and distribution:** Leveraging both digital and interpersonal channels under the project framework, 627 individuals were sensitized and provided with education on safe sexual practices and the socio-economic impact of HIV/AIDS and other STIs. The reach was highest in Bangui (354), followed by Boali (135), Damara (99), and Bria (39).

## Results Snapshot



1,566  
People reached with **SRH services**  
82% female, 18% male



5  
**Health facilities** supported



5,324  
People reached with **GBV prevention, mitigation and response** activities  
57% female, 43% male



9  
**Safe spaces** for women and girls supported



69  
Dignity kits distributed to women and adolescent girls



13  
Youth spaces supported



15  
Reproductive health kits provided to service delivery points to meet the needs of 3,750 people

## Coordination Mechanisms

### Gender-based violence

Under the auspices of UNFPA, two GBV coordination meetings were organized in March: one at the national level and a second in Bouar. The national meeting provided GBV Area of Responsibility (AoR) members with an overview of GBV data for 2025. This presentation covered types of violence, contexts, perpetrator profiles, and survivor status, and the services provided. A narrative report was shared to enhance programming quality, support resource mobilization, and bolster advocacy efforts.

A monitoring, analysis, and reporting arrangement meeting was held in collaboration with the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA). Additionally, under the leadership of the Protection Cluster, the GBV AoR participated in a nationwide data collection effort concerning 15 protection risks. A validation workshop has already taken place, and the narrative report is currently being drafted.

In parallel, the GBV AoR coordination provided technical support to national organizations, notably ICRE Africa and We Refugee for the International Women's Day campaign.

### Sexual and reproductive health

UNFPA CAR finalized the process of launching the MISP-SRH preparedness assessment, including the adjustment of the roadmap, the preparation of invitations, and the workshop.

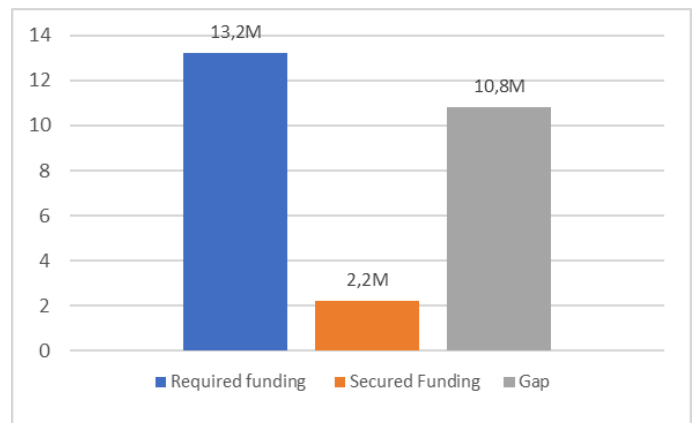
During the March 2026 MARA meeting, the Mukwege Foundation specified the eligibility criteria for the fistula repair campaign, which began on March 16, as well as the logistical arrangements for patient care. UNFPA also presented data on 2025 conflict-related sexual violence (CRSV) from the Gender Based Violence Information Management System (GBVIMS).

## Funding Status

In 2026, UNFPA requires US \$13.2 million to deliver essential SRH services and respond to GBV in the CAR. This is 3.4 million lower than last year's appeal due to the current humanitarian funding landscape.

As of March 2026, UNFPA has mobilized US\$ 2.2 million of funding. This includes amounts rolled over from 2025, as well as US\$745,000 in new funding from KOICA and UNFPA Emergency Fund.

A significant funding gap of US \$10.8 million remains, hindering UNFPA's ability to provide critical services to women and girls in need.



**Disclaimer:** Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

*“I am a survivor of rape. My colleague advised me to go to the women and girls’ safe space. When I arrived there I received support and guidance. I was also provided with training to help me become independent.”*

— Testimony of a survivor who attended the UNFPA-supported safe space, where she received psychosocial support and referral to a health centre medical treatment. She also participated in training on income-generating activities.

### Current Donors

- UNFPA Emergency Fund (EF)
- Central Emergency Response Fund (CERF)
- European Civil Protection and Humanitarian Aid Operations (DG ECHO)
- Korea International Cooperation Agency (KOICA)
- Italian Cooperation
- Government of Japan

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