Situation Report

Humanitarian Crisis in the Central African Republic

1-31 May 2026

Highlights

- **Training of gender-based violence (GBV) response partners on the use of the GBV Information Management System (IMS):** From 4 to 8 May 2026, UNFPA led a technical training in Bangui for 15 front-line workers from two national organizations — Association des Humanitaires pour le Développement (AHD) and Association des Femmes pour la Promotion de l'Entrepreneuriat (AFPE). The training focused on the fundamental tools of the GBVIMS.
- **UNFPA Mission to Rafaï:** A UNFPA field mission to Rafaï from 18 to 25 May 2026 validated the successful activities financed by the UN's Central Emergency Response Fund (CERF) and led by partner Association des Femmes Evangélique de Bossangoa (AFEB). The safe spaces in Rafaï Centre and Agoumar have been rehabilitated and are now fully equipped to ensure GBV case management. Local recruitment has strengthened operational capacity. Additionally, Inter-Agency Reproductive Health Kits have been prepositioned at the Rafaï secondary hospital.
- **Expansion of Operational Presence:** In May 2026, UNFPA expanded its operational footprint by opening two regional sub-offices in Bria, Haute-Kotto prefecture and Bouar, Nana-Mambéré prefecture. This expansion scales up local coordination and monitoring, while ensuring high-quality services related to sexual and reproductive health (SRH) as well as the prevention of and response to GBV. This move was accompanied by the deployment of specialized personnel, notably two field coordinators in SRH and GBV dedicated to technical assistance and enhancing institutional linkages, as well as two humanitarian midwives.

2,300,000	575,000	110,400	129,153	118,200
Total people affected[1]	Women of reproductive age[2]	Estimated pregnant women[2]	People targeted with SRH services	People targeted with GBV programmes

[1] Global Humanitarian Overview 2026
[2] Estimated figures are based on the MISP calculator.

Situation Overview

The security and humanitarian situation in the Central African Republic (CAR) deteriorated in May 2026, driven by a combination of cross-border epidemiological threats, a resurgence of internal violence, and destructive climatic events.

The new Ebola outbreak in the Democratic Republic of the Congo (DRC), caused by the Bundibugyo strain which currently lacks a specific vaccine or treatment, poses an acute risk to the country. Geographic proximity, cross-border movements, and the fragility of the CAR health system directly expose the country to the potential introduction of the virus. This situation poses a particularly serious threat to pregnant women, whose mortality rate is extremely high in the event of infection, as well as to adolescent girls, who are often on the front-lines of family care and are at increased risk of violence during crises. Newborns and infants are also among the most vulnerable groups, with very high mortality rates and total dependence on already strained health services.

The humanitarian situation in the CAR continues to be shaped by a series of climate-related shocks and armed violence. In Bamingui-Bangoran Prefecture in the north-east, heavy rainfall and strong winds on 14 May struck the village of Akroussoulbak, resulting in 25 injuries and the destruction of 41 homes. The damage has displaced families and heightened the risk of GBV for women and girls who are now without safe shelter. Humanitarian actors are assessing urgent needs, including SRH and protection needs for the affected population.

In Haut-Mbomou Prefecture (south-east), in Zémio, 14 civilians — including seven women, four girls, and three boys — were victims of protection incidents, including cases of sexual violence. These violations are also undermining the return dynamics observed in recent months.[3]

In Haute-Kotto Prefecture (central region), since 19 May, residents of the village of Irabanda have been undertaking precautionary movements following the incursion of armed groups who settled near the health centre, which also prompted medical staff to flee. This situation has resulted in a near total interruption of access to SRH services, including prenatal consultations, assisted childbirth, and post-rape care. Pregnant women, adolescent girls, and survivors of GBV are left without care, increasing the risks of obstetric complications, maternal mortality, and unreported violence.

In Ouham Prefecture (west), since 27 May, residents of the village of Lady have been moving preventively into the bush and to neighbouring villages following an attack by armed groups.[4] In addition, in Vakaga Prefecture (north-east), residents of Tissi-Fongoro have been undertaking pendular movements between surrounding fields since 11 May due to the arrival of a large number of armed groups, resulting in risks of disruption to humanitarian activities in the area. The prefecture also continues to host refugees fleeing the conflict in Sudan through Am-Dafock.[5]

Since 23 May, 122 spontaneous returnees from Sudan have arrived in Raba after a 28-day journey, during which one death was reported. Priority needs include shelter, food assistance, healthcare, and protection.

[3] OCHA. Central African Republic. Situation Report No. 68. 19 May 2026
[4] OCHA. Central African Republic. Situation Report No. 70. 2 June 2026
[5] OCHA. Central African Republic. Situation Report No. 69. 26 May 2026

On 30 May, five humanitarian workers were robbed at gunpoint on the Zémio–Dembia axis in Haut-Mbomou Prefecture. That same night, two teenage girls were abducted in Zémio, and an attempted intrusion into a humanitarian base was also reported.

These intersecting challenges are placing increasing pressure on already vulnerable communities, exacerbating humanitarian needs while simultaneously restricting humanitarian access and response capacity. Insecurity, displacement, and disruptions to health services continue to undermine access to essential reproductive healthcare, including maternal and newborn care. Women and girls remain disproportionately exposed to protection risks, including sexual violence and other forms of GBV, particularly in areas affected by armed group activity and population displacement. The worsening humanitarian situation underscores the urgent need to sustain and expand access to life-saving SRH and GBV services to meet the growing needs of women, girls, and other at-risk populations.

UNFPA Response

Sexual and reproductive health

In May, UNFPA sustained the delivery of comprehensive SRH services for vulnerable populations, particularly women and girls, across crisis-affected areas such as Bangui, Liton, Bria, Mboki, Rafaï, and Zémio.

Supported by funding from the Korean International Cooperation Agency (KOICA) and the CERF, UNFPA partnered with the Bria and Ombella M'Poko health districts, as well as International Medical Corps (IMC), INTERSOS, Assistance d'Urgence et Développement Communautaire (AUDEC), AFEB, and Wali Ti Kodro (WTK). This collaboration deployed an integrated approach combining mobile clinics with direct support to reference health facilities. This community-based strategy yielded the following results:

Access and utilization of SRH, maternal, and neonatal health services

- 302 women and adolescents received comprehensive antenatal care.
- 192 women and adolescents received essential postnatal care.
- 142 births were assisted by skilled personnel.
- 30 emergency caesarean sections were successfully performed for severe obstetric complications.
- 470 women and adolescents received information services and family planning contraceptives, with a significant proportion integrated into antenatal care pathways to ensure comprehensive service delivery.
- 6 specialized gynaecological consultations were provided.

Reproductive health awareness

To improve community uptake for maternal care, UNFPA-deployed humanitarian midwives and localized operational partners to increase reproductive health awareness campaigns. In May 2026 activities were conducted in the localities of Bria, Rafai, Zangba, Zémio, Mboki, Damara, Liton, and Bangui. A total of 2,098 people were reached, including 1,126 women and 972 men, reflecting an inclusive approach aimed at mobilizing the entire community for sustainable behaviour change.

Clinical management of sexual violence

In May 2026, UNFPA supported comprehensive medical care for GBV survivors. Among the survivors of sexual violence reached in May, about 46% received emergency treatment within the first 72 hours, including post-exposure prophylaxis (PEP) to prevent HIV and emergency contraception to prevent pregnancy. This relatively low rate is attributed to insecurity and geographical isolation, which complicate survivors' access to timely care, as well as the limited availability of services and lack of information. UNFPA and its partners continue their efforts to encourage survivors to seek care within the critical 72-hour window. To reinforce this, ongoing community awareness-raising activities are being conducted by community volunteers and within safe spaces for women and girls. These initiatives aim to remove informational barriers, reduce stigmatization, and ensure rapid and effective care for survivors.

Gender-based violence

Awareness and information sessions

Community awareness-raising and advocacy sessions on GBV were organized in Bria, Rafai, Zangba, Zémio, Mboki, Damara, Liton, and Bangui to inform communities and promote sustainable behavioural change. The sessions focused primarily on promoting available services and providing information regarding complaint mechanisms related to sexual exploitation and abuse (SEA). A total of 14,290 people were reached, 80% of whom were women and girls, demonstrating inclusive mobilization and strong community participation. The results demonstrate positive community engagement and a growing understanding of protection messages.

Women and girls' safe spaces (WGSSs)

Safe spaces have played a key role in supporting vulnerable women and girls by providing a protective and stable environment. They enable women and girls to access tailored support and strengthen individual and community resilience. During the reporting period:

- 2,575 women and adolescent girls participated in awareness-raising sessions on GBV and its socio-economic consequences.
- 260 women and adolescent girls benefited from vocational training and group therapy sessions.
- 84 women and girls received individualized social support.

Distribution of dignity kits

During the month of May, 295 dignity kits were distributed to women and adolescent girls in situations of extreme vulnerability, particularly in the Rafaï area, and to service users attending the safe spaces in Zangba and Rafaï. These dignity kits support health and hygiene management, as well as information on GBV to encourage help-seeking and improve access to protection services.

Adolescents and youth

Awareness-raising and information sessions on SRH and GBV

UNFPA reached 1,861 adolescents and young people (889 females and 972 males) with vital information regarding family planning, the prevention and screening of HIV/AIDS and sexually transmitted infections (STIs), and GBV support services. These interventions were conducted through nine youth kiosks and four youth spaces supported by UNFPA in Bangui, Bria, and Damara. Facilitated by peer educators who led community discussions and educational audiovisual screenings, these sessions focused on promoting positive behavioural changes, raising awareness

of available SRH and GBV services, and facilitating voluntary referrals for HIV/STI screening and treatment.

HIV/STI prevention and condom distribution
As part of the comprehensive awareness and information activities, condoms were distributed across all intervention areas. Due to the high uptake of condoms by 232 young people, there is an urgent need to replenish stocks and revitalize community activities by recruiting and training additional community health volunteers.

Results Snapshot

5,136
People reached with **SRH services**
62% female, 38% male

9
Health facilities supported

14,290
People reached with **GBV prevention, mitigation, and response** activities
80% female, 20% male

13
Safe spaces for women and girls supported

295 Dignity kits distributed to women and adolescent girls

13 Youth spaces supported

9 Reproductive health kits provided to service delivery points to meet the needs of 2,833 people

15,746 People reached with SRH and GBV awareness and education sessions

Coordination Mechanisms

Gender-based violence

In May, alongside the monthly meetings held in Bangui and Bouar, UNFPA strengthened the capacities of two members of the GBV Area of Responsibility (AoR). Case managers from the non-governmental organization Médecins du Monde were trained in GBV case management, while the team from the Médecins Sans Frontières Tongolo project received training on the GBVIMS.

Sexual and reproductive health

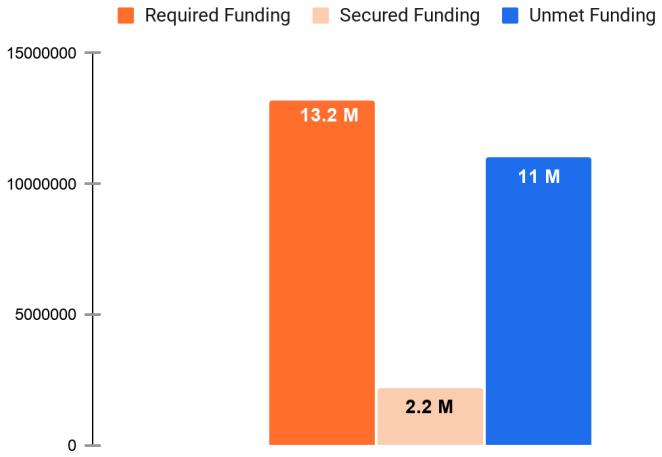
The monthly meeting of the SRH Working Group, held on 28 May 2026 in Bangui, brought together 22 participants representing over 15 national and international organizations. Discussions focused on the humanitarian situation and its implications for SRH, preparedness for the Ebola outbreak in the DRC, and the presentation of the Minimum Initial Service Package for SRH in Emergencies

Action Plan, including its priorities and implementation phases. Members also discussed revitalizing the group, updating contact information, and sharing ongoing SRH/GBV activities across the various intervention areas.

Funding Status

In 2026, UNFPA requires US $13.2 million to deliver essential SRH and protection services in the CAR. As of the end of May, 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 $11 million remains – representing 83% of the funding that UNFPA requires. This deficit is hindering UNFPA's ability to provide life-saving 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.

"We come to this safe space every day, as it allows us to become familiar with our 'Banda' and Muslim sisters from Rafaï. Here, we find a listening ear and advice that helps us overcome our worries about hunger, while avoiding the disputes that could arise if we remained isolated at the refugee site."

– Zanabou, a fifty-year-old Sudanese refugee living at the refugee site

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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