



# Situation Report

## Central African Republic: Humanitarian Crisis

1-31 January 2026

### Highlights

- On 21 January 2026, unseasonal torrential rains accompanied by violent winds in Bossemptélé destroyed approximately 300 homes, leaving hundreds of families in urgent need of humanitarian assistance. In response, UNFPA prepositioned inter-agency reproductive health kits and dignity kits in the neighboring health district of Bossangoa, ensuring that local health actors had the essential supplies required to address the immediate needs of women and girls affected.
- Between 5 November 2025 to 15 January 2026, 226 newly arrived refugees from Sudan, comprising of 53 households, sought refuge in Zoukoutouniala.<sup>1</sup> Of these arrivals, 92% were women and children, highlighting the vulnerable demographics among those fleeing conflict.
- Chronic underfunding in the Central African Republic (CAR) is forcing humanitarian partners into a state of “hyper-prioritization,” reducing assistance to the bare minimum. In 2025, only 37 percent of identified needs were funded, leading to the closure of more than 100 operational bases and the suspension of critical programmes, particularly in nutrition and protection. The 2026 Humanitarian Needs and Response Plan (HNRP) for CAR reflects the lowest level of funding recorded in the past seven years.<sup>2</sup>
- For 2026, United Nations Population Fund (UNFPA) requires US\$13.2 million to deliver life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services. As of January, only 1.9 percent of this requirement has been funded. This severe funding shortfall places the continuity of essential health and protection services at immediate risk.



**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 w/ SRH services



**118,200**

People targeted w/ GBV programmes

<sup>1</sup> [OCHA. Alerts for the Central African Republic. 21 January 2026](#)

<sup>2</sup> [Famine Early Warning System. Central African Republic Key Message Update: Insecurity and elevated prices maintain food insecurity for poor households. January 2026](#)

<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

Following the presidential and legislative vote without major security incidents on 28 December 2025, the overall situation in CAR remains relatively stable. However, humanitarian access continues to be severely constrained amid continued attacks on aid actors—including robberies, theft and armed intrusions—especially in the prefectures of Bangui and Haut Mbomou.<sup>5</sup>

The northeast region of CAR is experiencing a renewed influx of refugees fleeing the ongoing war in Sudan. CAR now hosts 63,896 refugees and asylum-seekers, 73% of whom originate from Sudan.<sup>6</sup> 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% of refugees are currently trapped in hard-to-reach locations outside Vakaga prefecture, where urgent 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.<sup>6</sup> 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 Central African Republic remains one of the highest in the world, with 692 deaths per 100,000 live births.<sup>7</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.

To address these escalating challenges, the final 2025 humanitarian fund reserve was activated in January 2026, ahead of the formal launch of the 2026 Humanitarian Needs and Response Plan (HNRP) scheduled for early February.

## UNFPA Response

### Sexual and reproductive health

**Mobile clinics:** Across the Sibut and Boali provinces, 5 mobile medical teams provided life-saving outreach to 11 remote and underserved localities—including Bougoura, Djabarouna, Lambi, Boali Post, Birlo, Gara Amou, Bokouté, Boabali, GBABIA Camp, Kpakou, and Ngoumbélé. Over 1,000 women and adolescent girls received sexual and reproductive health (SRH) services, including approximately 490 prenatal and neonatal consultations, 190 safe deliveries, 170 gynecological consultations, and 160 family planning services.

**Community engagement and awareness:** In the Bria sub-prefecture, integrated information sessions reached over 1,700 individuals across 7 health facilities and mobile clinic sites. The sessions focused on delivering life-saving information on maternal health and protection, with particular emphasis on recognizing obstetric danger signs and understanding the critical 72-hour window for

<sup>5</sup> [OCHA. Central African Republic: Overview of incidents affecting humanitarian workers \(January 2026\)](#)

<sup>6</sup> [UNHCR. Operational Data Portal. Central African Republic. 31 December 2025](#)

<sup>7</sup> World Population Review. Maternal Mortality Rate by Country 2026

the clinical management of rape (CMR). By directly linking these sessions to mobile outreach, the initiative successfully addressed the "first delay" in care-seeking, ensuring timely referrals for both CMR as well as obstetric and neonatal emergencies.

**Protection from Sexual Exploitation and Abuse (PSEA):** In parallel with clinical care, UNFPA intensified PSEA efforts through tailored sessions for GBV survivors, fistula patients, and their caregivers. These initiatives ensured that vulnerable patients and their guardians fully understood their rights and reporting mechanisms. Additionally, a strategic cohort of traditional communicators, influencers, and media professionals received targeted training, equipping them to advocate for both maternal health and the safety of women and girls within their communities.

**Minimum Initial Services Package (MISP) training:** To strengthen local health systems, 20 health professionals in Boali and Sibut were trained in life-saving SRH interventions. The training covered MISP standards, CMR, family planning, and emergency obstetric and neonatal care (EmONC). Participants included a multidisciplinary team of 3 doctors, 3 nurses, 12 midwives, and 2 health assistants, ensuring a comprehensive surge in clinical capacity across both regions.

### Gender-based violence

**GBV prevention and response:** UNFPA provided GBV prevention and response services to 2,326 people, including 507 women, 460 girls, 895 men, and 431 boys. This included direct support and treatment for survivors, as well as awareness and information sessions in Bangui, Boali, Bria and Damara.

**Women and girls' safe spaces:** UNFPA supported 13 safe spaces in conflict-affected communities, providing psychosocial support as well as medical and legal referrals for survivors of GBV. In Bria and Zangba, 106 women and adolescent girls engaged in targeted educational and life-skill discussions on menstruation, contraception, prevention of sexually transmitted infections (STIs) and HIV, maternal health, and rights and available protection services for GBV survivors.

### Adolescents and youth

**Support kiosks for youth:** Outreach intensified across 10 strategic kiosks, reaching 1,340 individuals with integrated SRH and GBV services. In Bangui, 7 kiosks served 816 individuals, with high engagement from men and boys (573). Regionally, the Boali kiosk engaged 238 students at the Lycée Moderne—over 60% of whom were under 18—while kiosks in Bria and Damara reached 286 individuals, with the latter seeing a surge in adult men seeking specialized SRH commodities.

**Condom promotion and distribution:** Leveraging both digital and interpersonal channels, 834 individuals were reached with education on safe sexual practices and condom use. In Bangui, 523 people engaged with innovative multimedia outreach using tablets and educational videos. In Boali, Damara, and Bria, 311 individuals participated in peer-to-peer advocacy and private educational talks held within kiosks to ensure confidentiality and encourage open dialogue.

**Educational sessions with youth:** Youth centres reached 510 adolescents and young people through a combination of facility-based and mobile services. The Malimaka Youth Centre in Bangui focused on substance abuse and HIV prevention for 175 adolescents, while Bria, Boali, and Damara utilized mobile awareness caravans to reach 340 young people on the same topics. A key success was the collaboration with education authorities, enabling high-impact, school-based sensitization sessions within secondary schools.

## Results Snapshot



1,981  
People reached with SRH services  
88% female, 12% male



1  
Health facility supported



2,326  
People reached with GBV prevention,  
mitigation, and response activities  
42% female, 58% male



13  
Safe spaces for women and  
girls are supported



5 Mobile health clinics supported



10 Youth kiosks

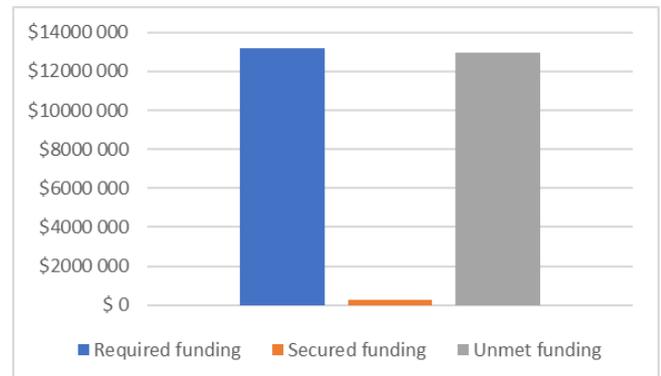
## Coordination Mechanisms

### Gender-based violence

In January, the GBV Sub-Sector, under UNFPA leadership, initiated its 2026 Annual Work Plan to align interventions with the Humanitarian Needs and Response Plan (HNRP). This strategic tool will be updated quarterly to adapt to evolving needs and new funding.

## Funding Status

In 2026, UNFPA requires US \$13.2 million to deliver essential SRH and GBV services in CAR. As of January 2026, US\$245,947 funding has been mobilized from KOICA.



**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.

## Current Donors

Korea International Cooperation Agency  
(KOICA)

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