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Situation Report #9

Central African Republic

Country:	Central African Republic
Emergency type:	Conflict, Displacement, Climate Disaster
Start Date of Crisis:	Mar 24, 2013
Date Issued:	Nov 29, 2024
Covering Period:	Sep 1, 2024 to Sep 30, 2024
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Key Figures



Highlights

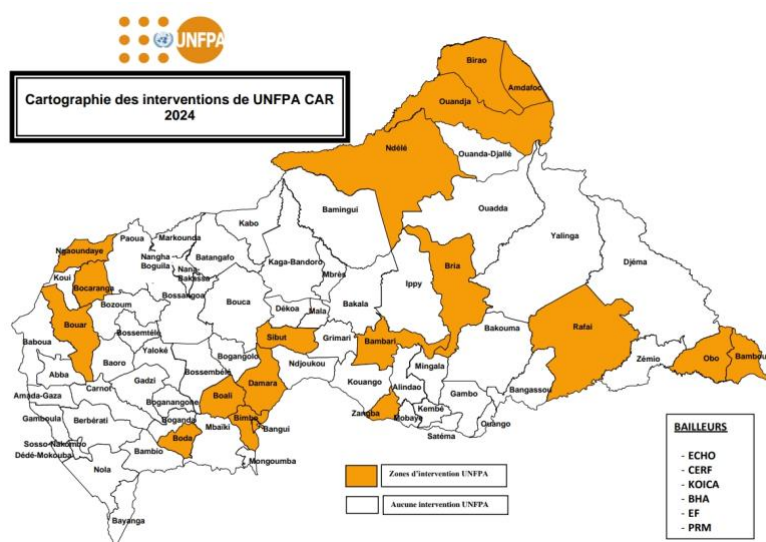
- The security situation remains unstable with armed groups continuing to occupy areas in the north and south east of the country.
- The operational environment continues to be affected by ongoing military operations and armed group presence and movements, as well as opportunistic criminality affecting humanitarian workers and civilian populations.
- Heavy rainfall has caused significant damage and made many roads impassable, leading to increased prices for basic necessities and disrupting access to essential services. This has worsened the existing

humanitarian crisis, where 455,533 displaced people are living in precarious conditions in internal displacement camps (IDP) camps as they await assistance to return home.

- In addition to Mpox, a dengue outbreak was announced in Bangui on 6 September, after 13 cases of dengue were confirmed by the Pasteur Institute of Bangui.
- Doctors from the Central African Republic (CAR) diaspora conducted a medical campaign to provide essential care to patients and training to national doctors. This initiative demonstrated the value of collaboration between international partners and the CAR government to address healthcare challenges in the country.

Situation Overview

- Floods have affected several regions of the country, driving displacement and disrupting access to essential services, including sexual and reproductive health (SRH) and gender-based violence (GBV) services. Floods in Bozoum and Bria have caused significant damage.
- Heavy rains have led to rising water levels in the Oubangui River, which is threatening to flood the riverside neighborhoods of Bangui.
- During the reporting period, CAR received 14,474 Sudanese refugees (6,234 households) with severe protection needs.
- The Hotte Kotto region remains stable. However, protection incidents continue to be reported on the Yalinga, Ouadda-Irabanda and Aigbando axes. Non-state armed groups (NSAG) in these areas are restricting freedom of movement and disrupting daily life.



This map is for informational purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement by the United Nations.

UNFPA Response

- 5,204 women and girls were reached with psychosocial activities through safe spaces, including literacy and livelihood training.
- 100% of GBV cases received comprehensive integrated care services – 27% received clinical management of rape (CMR) care with 31% of cases accessing services within the critical 72 hour window.
- 16,380 people, including 4,099 women, 6,972 girls, 2,400 men and 2,909 boys, were sensitized on GBV prevention and available services.
- 11 out of 17 women and girls safe spaces (WGSSs) supported by UNFPA are currently functional. The remaining spaces are waiting on funding to be able to operate.



- 598 safe deliveries were assisted by qualified personnel and 32 cesarean sections were successfully performed.
- UNFPA and partners distributed 452 dignity kits to women and girls from both host and refugee communities through supported WGSSs and health facilities, including GBV survivors, in Ngaoundaye, Zangba, Obo, Rafai, Ndele, Bocaranga, Bimbo, Boda and Liton

Results Snapshots



3,985

People reached with **SRH services**
85% female, 15% male



19

Health facilities supported





16,380

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



11

Safe Spaces for women and girls supported

	452	Dignity kits distributed to individuals
	18	Reproductive health kits provided to service delivery points to meet the needs of 3,985 people

Coordination Mechanisms

Gender-Based Violence:

- In September, the GBV area of responsibility (AoR) held a coordination meeting with 54 members and carried out inter-agency activities to improve GBV coordination.
- As part of preparations for the 2025 Humanitarian Response Plan, the GBV AoR coordination developed the methodology for calculating the number of people in need (PiN).
- A presentation outlined the GBV situation in the Ouham Pénéché prefecture, followed by an advocacy note which was distributed to the Country Humanitarian Team. Advocacy focused on the challenges for survivors of GBV to access services, and strengthening local health providers in the clinical management of rape. Following the advocacy, the humanitarian coordinator allocated a reserve fund of US\$ 500,000 to the GBV AoR.
- The GBV AoR supported two training sessions on transversal protection for humanitarian actors from the Vakaga prefecture, Birao, and members of the localisation working group in Bangui. The training

highlighted advocacy and technical support activities that support the integration of GBV risk mitigation efforts into interventions across all humanitarian sectors, in line with the Inter-Agency Standing Committee (IASC) Guidelines for integrating GBV interventions into humanitarian action: reducing risk, promoting resilience and assisting recovery.

 **Sexual and Reproductive Health:**

The Sexual and Reproductive Health Working Group implemented the following:

- Validated the performance guide for midwives and pre- and post-tests for their training programme.
- SMART advocacy training: UNFPA with HQ experts organized a workshop engaging government and partners on smart advocacy approach, model on resource mobilization for family planning commodities.

Funding Status

UNFPA CAR is grateful for the continued support of its donors. As of the end of September 2024, thanks to the generous contributions of Global Affairs Canada, ECHO, UN Peace Building, USAID-BHA, UNCERF, the Korea Government (KOICA), USAID-PRM, the Irish Government, and UNFPA’s Emergency Humanitarian Thematic Fund, UNFPA has secured 39% (US\$ 7.5 million) of the US\$ 19 million needed to deliver critical SRH and GBV services in CAR in 2024, leaving a funding gap of US\$ 11.5 million.

