

Central African Republic

One of the world's poorest countries, the Central African Republic (CAR) has been plagued by political turmoil and unrest since it won independence from France in 1960.

Today, CAR is among the most dangerous countries for humanitarian workers. In addition, violence continues to forcibly displace people nationwide, with the number of internally displaced persons (IDPs) in CAR

exceeding 465,000. Adding to the regional instability, the ongoing conflict in Sudan has driven more than 43,000 Sudanese refugees into northern CAR.

Millions in CAR have limited access to nutritious food, clean water and healthcare. The health system faces a chronic shortage of qualified health personnel, medical equipment and basic drugs. International Medical Corps provides lifesaving services in five prefectures, including the country's troubled northeastern region, where International Medical Corps is one of the few operating international organizations.

International Medical Corps began working in CAR in 2007, providing lifesaving care to Sudanese refugees.

Today, International Medical Corps provides primary, maternal and newborn health services, infection prevention and control (IPC), services related to violence against women and girls (VAWG), mental health and psychosocial support (MHPSS), and nutrition services. To address the national lack of qualified health personnel, International Medical Corps works with the Ministry of Health (MoH) and the University of Bangui to provide health education for auxiliary midwives in Bria.



PREFECTURES WHERE WE WORK

- A BAMINGUI BANGORAN
- B HAUTE KOTTO
- C LIM-PENDÉ
- D NANA GRIBIZI
- E OUAKA
- F OUHAM PENDE
- G VAKAGA



2.4 MILLION PEOPLE

out of a population of 5.7 million are in need of urgent humanitarian assistance—even as an increasing number of security incidents has affected the ability of humanitarian organizations to reach those most in need.



PRIMARY AND SECONDARY HEALTHCARE

The emergence of noncommunicable diseases (NCDs) is a growing public health concern in CAR. We provide technical and logistical support to the MoH to strengthen integrated disease surveillance and response. We also provide lifesaving services through 42 health facilities that reach the majority of CAR's remote communities. Our primary healthcare services include:

- ▶ curative and preventive consultations;
- ▶ training, coaching and supportive supervision;
- ▶ integrated management of childhood illnesses;
- ▶ prevention and response activities for common diseases;
- ▶ health promotion and education;
- ▶ rehabilitation and construction of health infrastructure; and
- ▶ community health support.

MATERNAL AND CHILD HEALTH

CAR is facing a severe lack of maternal and child health services. The ratio of basic health professionals to people who need care falls far short of the WHO target ratio, and for many rural communities, maternal and newborn healthcare is inaccessible. CAR has one of the worst infant mortality rates and one of the worst maternal mortality rates in the world.

To address these challenges, International Medical Corps provides:

- ▶ antenatal and postnatal care;
- ▶ clean and safe deliveries;
- ▶ emergency obstetric care;
- ▶ integrated maternal and newborn health services;
- ▶ immunization services for pregnant and lactating women, and children under 5;
- ▶ prevention and management of sexually transmitted infections, including prevention of mother-to-child transmission of diseases; and

- ▶ comprehensive clinical management of rape and intimate partner violence.

To expand access to health services and ensure the long-term delivery of care to reduce maternal, neonatal and child mortality, International Medical Corps supports capacity-building for MoH personnel and operates a midwife assistant school jointly with the MoH.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

The ongoing crisis in CAR risks compromising the long-term mental health and well-being of children and adolescents across the country. Our strategy focuses on providing direct services, integrating mental health with other services, combating discrimination against people struggling with mental health, professional training, supervision, community engagement and education, with the participation of community leaders and community health workers (CHWs).

NUTRITION

To prevent malnutrition, our team implements community education programs and trains CHWs on mother, infant and young-child nutrition (MIYCN). In addition, we train CHWs and community leaders on screening methods to detect acute malnutrition early, and train families on at-home malnutrition screening to ensure sustainable nutritional health in children. Our cooking demonstrations reinforce nutrition education and prepare families to support their dietary needs.

To ensure early nutritional health, we train traditional birth attendants and general health providers on how to support breastfeeding and complementary practices among new mothers. To support breastfeeding women and mothers of children under 2, we also implement individual counseling and recreational sessions in MIYCN-supportive spaces.

VIOLENCE AGAINST WOMEN AND GIRLS

Women and girls in CAR are exposed to severe risks. More than half of CAR's displaced population is composed of women and girls living in conditions with minimal human-rights protections. Discriminatory social norms reinforce women's and girls' weak decisionmaking power, financial dependence and unequal access to resources. International Medical Corps takes a community-based approach to implementing VAWG prevention and response programs, using a bottom-up model to improve community resources for survivors and promoting initiatives that strengthen grassroots protections.

Our CAR team operates women's and girls' safe spaces (WGSS) that offer VAWG-related information and services safely and discretely. Our WGSS facilitate survivors' integration into the community while reducing stigmatization and isolation. We provide adolescent girls with life-skills courses to increase their knowledge of sexual reproductive health and VAWG risks. This approach also encourages adolescent girls to voice concerns and safely seek support.

To address women's financial dependence and strengthen their role as decisionmakers, International Medical Corps has established 85 village savings and loan associations (VSLAs) in which nearly 2,300 women from rural and urban areas participate. This approach enables women to fulfill their basic needs as well as those of their families.

And because men learn violence from the widespread definitions and conventions of masculinity, our programs help men recognize their power to change these gender norms. We conduct community-based discussion groups where facilitators help participants address roles and create change. Our team also trains community and religious leaders to create and improve community-based mechanisms to prevent VAWG.



CAPACITY BUILDING

By building the capacity and awareness of community groups, International Medical Corps ensures community resilience and independence while improving the local management of healthcare, nutrition and VAWG programs. In CAR, our capacity-building approach includes:

- ▶ providing ongoing on-the-job training for nurses and midwives, to improve healthcare management and clinical knowledge;
- ▶ engaging a network of community health workers and traditional birth attendants—already trusted members of the community—to improve the effectiveness of healthcare and nutrition services;
- ▶ strengthening national health-facility, service-delivery and supply-chain systems by supporting local committees, as well as coordinating efforts with the MoH; and
- ▶ conducting training sessions for healthcare providers.



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A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

August 2025

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