

The Central African Republic (CAR)

Date: 04 December 2025

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grades	UNDSS Security Level ¹	INFORM 2025 ²
 Conflict	Malaria	Protracted 2 (Humanitarian crisis)	Substantial (Level 4): Bambari, Equateur, Fertit, Haut Oubangui, Yade	Risk Index: 8.1/ 10 (Very High)
 Food security	Measles	Grade 3 (Impact of Sudan Crisis)		
 Displacement	Tuberculosis and HIV/AIDs			Global Risk Ranking: 4 out of 191 countries
 Epidemics	Acute Respiratory Infection (ARI)		Moderate (Level 3): Kagas, Plateaux	
 Floods	Maternal and Neo-natal Health Risks			
	Trauma and Injury			
	Meningitis			
	Non-communicable diseases (NCDs)			

SUMMARY OF CRISIS AND KEY FINDINGS

The Central African Republic (CAR) continues to face a protracted humanitarian crisis characterized by armed conflicts, large-scale population displacements, natural disasters, attacks on healthcare facilities, and widespread gender-based violence.

Twelve years of conflict have exacerbated long-standing structural vulnerabilities and pushed 2.4 million people (38% of the population), including 1.1 million children, into crisis conditions.³ Between September 2025 and March 2026 around 1.92 million people are experiencing high levels of acute food insecurity, including 269 000 people classified in IPC Phase 4 (Emergency).⁴ CAR remains heavily dependent on international humanitarian assistance, rendering it particularly vulnerable, in a context of significant reductions in aid.⁵

As of 30 September 2025, the Central African Republic hosted 62 602 refugees and asylum seekers, primarily from Sudan, the Democratic Republic of Congo, Chad, South Sudan, and Rwanda.⁶ While internal displacement has decreased compared to the previous year, with currently 442 320 internally displaced people (IDPs), during the first semester of 2025, internal displacement trends show a steady increase related to conflicts between armed groups in the South-East, sporadic persistent violence in the Nord-West and recurrent floodings.⁷

Since April 2023, violence in Sudan between the armed forces (SAF) and the Rapid Support Forces (RSF) has led to a growing influx of refugees into CAR. As of 30 September 2025, more than 45 481 people have arrived from Sudan, the majority (84%) are women and children. Although security conditions remain relatively stable in host areas, there is a heightened risk of destabilization due to the presence of armed groups and tensions related to cross-border transhumance movements, which have at times resulted in clashes with local communities.⁸

The epidemiological profile of the Central African Republic is dominated by vaccine-preventable and other communicable diseases, including several with epidemic potential, alongside a growing burden of non-communicable diseases. Since the beginning of 2025, outbreaks of measles, pertussis, meningitis, rabies, Mpox, and vaccine-derived poliomyelitis have been reported. Although the last cholera outbreak in CAR occurred in 2016-2017, the risk of re-introduction remains high, all six neighbouring countries are currently experiencing cholera epidemics. Ongoing trade activities and population movements further increase the likelihood of cross-border transmission. In 2025, CAR has a total of 1014 health facilities, with only 39.8% fully operational (according to HeRAMS). As a result, affected populations face increased competition for access to already fragile and overstretched healthcare services.⁹

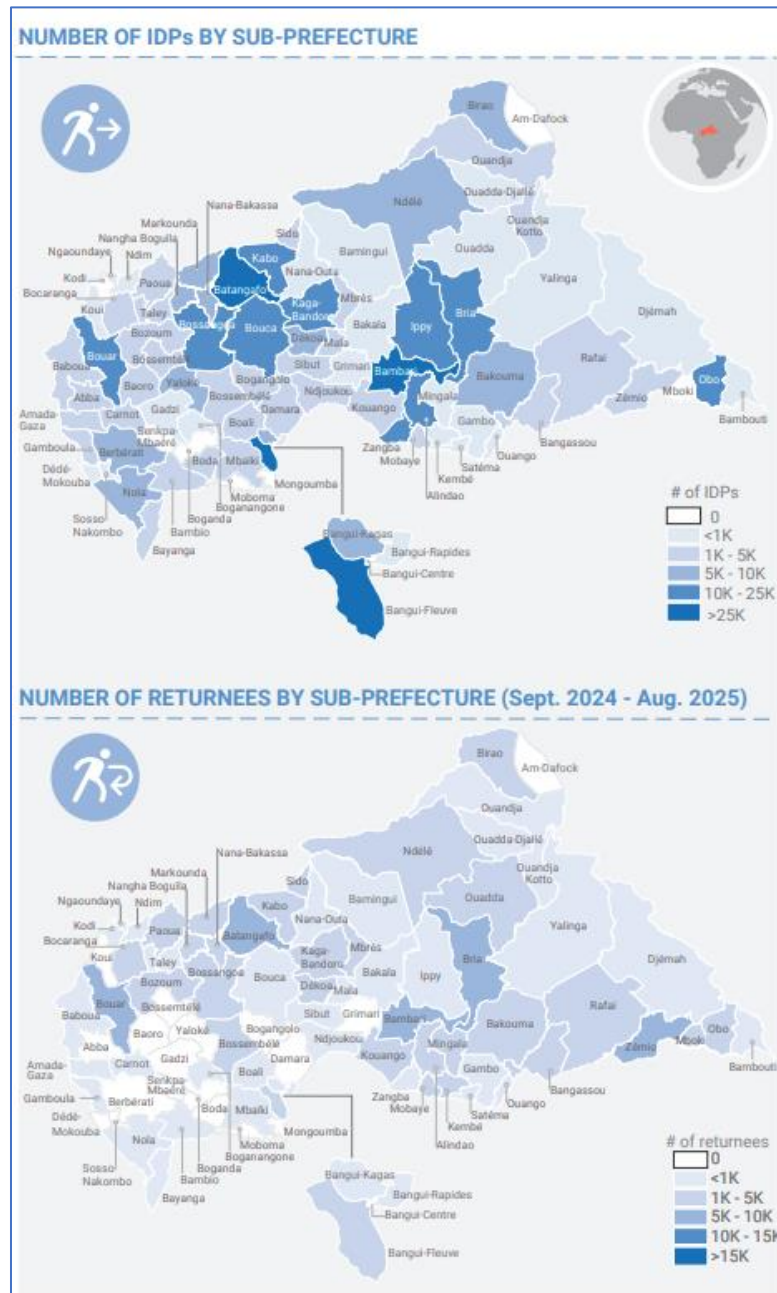


Figure 1- IDP movements, OCHA September 2025¹⁰

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN) 2025 ¹¹	HEALTH NEEDS 2025 ¹²	SUDAN REFUGEES	DISPLACEMENT
PiN: 2.4 million Target: 1.8 million	PiN: 1.5 million Target: 666k	Since April 2023, CAR has been hosting nearly 54 000 Sudanese refugees and Central African returnees. ¹³	As of September 2025, there were 1.2 million people forcibly displaced within and from CAR, including 442k IDPs. ¹⁴

Humanitarian Response and Funding Cuts

In 2025, approximately 2.4 million people, representing 38% of the population, require humanitarian assistance, reflecting a slight decrease from 2.8 million in 2024.¹⁵

Sharp funding cuts and the systemic reforms initiated under the Humanitarian Reset have led the Humanitarian Country Team in CAR to reprioritize the 2025 Humanitarian Needs and Response Plan (HNRP). The reprioritized plan focuses on prefectures with the most severe needs, and responses centred on the multi-sectoral assistance.¹⁶

However, already limited resources in 2024, have further deteriorated in 2025, placing severe strain on the humanitarian response. Several humanitarian programs were suspended in 2024, and multiple organizations were forced to reorganize their operational presence, including in closing their operations. In

January 2025, the suspension of the US foreign assistance, which accounted for approximately 50% of the humanitarian response in CAR in 2024, had a significant impact on the response, including lifesaving food assistance, healthcare services and access to safe drinking water.¹⁷

Ongoing insecurity, combined with food shortages and insufficient access to essential services, continues to exacerbate the vulnerability of affected populations. Humanitarian actors are striving to scale up assistance, however, coverage remains critically low.¹⁸ Of the 1.8 million people targeted in 2025, only 720000 (40%) have received humanitarian assistance. In the health sector, out of 666000 people targeted, only 364000 (55%) have been reached. These individuals are facing significant challenges, including food insecurity, limited access to healthcare, displacement and loss of livelihoods.¹⁹

At the same time, the number of operational humanitarian partners fell from 141 to 96, resulting in a sharp reduction in interventions and beneficiary coverage. Several prefectures that were previously well served experienced a drastic reduction in humanitarian assistance, while areas that were already underserved saw no improvement.²⁰ UNICEF report that funding constraints and reprioritization have led to a reduced humanitarian presence nationwide, with up to 25 NGO bases closed to date.²¹

During the first quarter of 2025, the humanitarian response in the CAR was further constrained by a significant funding shortfall, with less than a third of the needs covered by the end of the reporting period. Of the 1.8 million people targeted, only 21% received assistance, representing approximately 365000 beneficiaries, including 203000 women and 161000 men. This represents a 50% decrease compared to the first quarter of 2024, when 768000 people were reached. The situation has deteriorated with funding levels falling to 16%, compared to 27% in the same period in 2024.²²

Conflict and Internal Displacement

Since 2013, successive crises in CAR have displaced 679566 Central Africans to neighbouring countries. In addition, as of 30 September 2025, the country hosts 445 536 internally displaced persons (IDPs), including 67664 (15%) living in 78 sites and gathering places, and 374656 (85%) individuals residing with host families.²³ The already fragile context risks further deterioration as the December 2025 elections approach. The decision by national authorities to combine legislative, presidential, and municipal elections may heighten political tensions and increase the likelihood of security incidents across the country.²⁴

Between 17 and 22 September, the security situation significantly deteriorated in and around the town of Am Dafok, along the border between the CAR and Sudan, leading to the displacement of civilians. This escalation of violence has increased protection concerns due to increased risks of human rights violations, the vulnerability of children separated from their families, and the heightened exposure of women and girls to gender-based violence. Several villages in the area were attacked, with reports of direct threats against civilians and destruction of property, including the burning of at least one house that resulted in the death of an elderly person.²⁵

Since the signing of the Political Agreement for Peace and Reconciliation between the Government and 14 armed groups in February 2019, the Government has been making efforts to restore State authority and strengthen national unity.²⁶ As a result, some Central African refugees living in neighbouring countries have begun to return, particularly to areas considered relatively stable. Nonetheless, the context remains fragile, as armed group activities continue to affect several parts of the country.²⁷

Transhumance-related conflicts remain a significant driver of displacement across the CAR.²⁸ Tensions frequently arise between different transhumant herders themselves, between herders and armed groups, militias, bandits and between herders and local communities, including sedentary farmers. These conflicts are often fuelled by competition over natural resources, limited access to water resources and grazing areas, poorly defined agricultural boundaries, the extension of cultivated land and the continued presence of armed groups.²⁹

Refugee Influx

As of 30 September 2025, the Central African Republic hosted 52724 refugees and asylum seekers, including 444671 refugees and 8257 asylum seekers, mainly from Sudan, the Democratic Republic of Congo, Chad, South Sudan, and Rwanda.³⁰ The overall number of refugees and asylum seekers increased slightly by 0.3% compared to July (52582).³¹

This is mainly due to the continued arrival of Sudanese refugees. Of these, 48% live in rural areas, particularly in the prefectures of Vakaga, Ouaka, Haute-Kotto, Bamingui-Bangoran, Bangui, Nana Gribizi, Mbomou, Lim Pende and Haut-Mbomou.³² Most of these individuals enter through various border points, with the majority crossing at Am Dafok in the Vakaga Prefecture. To provide a more sustainable response, the CAR government has established a refugee hosting area in Korsi, near Birao in Vakaga prefecture, approximately 60 kilometers from the border.³³

Since April 2023, the CAR has been hosting more than 54000 Sudanese refugees and Central African returnees fleeing the conflict, primarily through the Am Dafok border, as well as over 31000 Chadian refugees, of whom more than 20000 returned spontaneously to Chad in 2024.³⁴ The risk of deterioration

persists due to the presence of armed groups, particularly along border areas with Sudan and Chad with cross-border transhumance movements which cause conflicts between armed breeders and the local population.³⁵

Food Security

Armed conflict in the northern and southern parts of the country, combined with frequent population displacement and poor agricultural production, is driving an estimated 1.92 million people (29% of the analysed population) into high levels of acute food insecurity (IPC Phase 3 or above) between September 2025 and March 2026.

This includes 269000 people facing IPC Phase 4 (Emergency) conditions and nearly 1.66 million people experiencing IPC Phase 3 (Crisis) levels. The most affected households are smallholder farmers whose agricultural production and carryover stocks remain low, as well as IDPs and refugees who live in host communities with limited resources.

The most severely affected areas include the sub-prefectures of Zémio and Obo (Haut-Mbomou); Birao, Ouandja, Am- Dafock (Vakaga); Mingala (Basse-Kotto) where at least 55% of the population is classified in IPC phase 3 or above. In addition, Satéma, Zangba (Basse- Kotto); Ouadda-Djallé (Vakaga); Bakouma (Mbomou); M'boki (HautMboumou); Bria, Ouadda (Haute-Kotto); Nana-Ouata (NanaGribizi) and Ngaoundaye (Mim-Péndé) have at least 50% of their total populations in IPC phase 3 or above.

Looking ahead, ongoing conflict and elevated food prices are expected to further worsen food security during the lean season (April to August 2026). During this period, approximately 2.29 million people (35% of the analysed population) are projected to face high levels of acute food insecurity, including 400000 people likely to be in IPC phase 4 and more than 1.9 million people likely to be in IPC phase 3. The anticipated reduction in humanitarian food assistance, combined with seasonal access constraints and households' limited capacities to absorb price shocks, is likely to accelerate the deterioration of food security conditions.³⁶

Agricultural Production

Acute food insecurity in the Central African Republic is driven by a combination of conflict and civil insecurity, poor agricultural production, and socioeconomic shocks. Ongoing armed violence and civil unrest continue to displace populations and restrict access to farmland, especially in the southeast, northeast, and northwest. In parallel, irregular rainfall, seed shortages, crop pest infestations, and limited access to agricultural resources and tools have also curtailed crop yields, despite marginal production gains in more stable regions. A large portion of the population (approximately 91% of households) remains heavily dependent on markets for food, increasing vulnerability to price volatility. Furthermore, about one in four households spend more than 75% of total income on food, leaving them with limited capacity to absorb further economic shocks.³⁷

Conflicts and displacements are expected to continue in 2025 and 2026, affecting agricultural activities and limiting farmers' access to crop growing areas and inputs. In northern areas, planting of the 2025 millet and sorghum crops was completed in July and harvesting is expected to begin in October.³⁸ Latest weather forecasts point to dry weather conditions until end-September, which are expected to negatively affect yields. In central and southern areas, harvesting of the 2025 early-planted maize crop started in mid-August and, according to satellite-based images, crop conditions were below average levels as of mid-June.³⁹

Between February and May 2025, prices of most locally - produced staple foods, including maize and cassava, increased by 70% and were 25% above year-on-year levels in May 2025. Prices of imported food commodities, including rice, increased between January and May 2025 by 15% and were almost 20%

above the previous year's level, mainly due to reduced imports through river corridors from the Democratic Republic of Congo and the Republic of Congo.⁴⁰

Insecurity and Humanitarian Access

In September 2025, nine incidents affecting humanitarian actors were reported, representing a 30% decrease compared to August 2025, when 13 incidents were reported. Since January 2025, there were 98 incidents with 1 death reported.⁴¹ Criminal acts, particularly robberies and theft accounted for 64% of incidents.⁴² Despite the recent decrease, the security situation in CAR remains volatile, due to violent clashes among armed groups, mercenaries and bandits, particularly around mining sites, transhumance corridors and border areas. Spillover effects from the wider region, particularly the war in Sudan, are further complicating the security landscape.⁴³ The inadequate or extremely fragile infrastructure in many places in the CAR renders it vulnerable to climate-related constraints (e.g. heavy rainfall and river flooding). This poses challenges to the effective delivery of humanitarian assistance.⁴⁴ Moreover, in December 2025, WHO and the Ministry of Health faced several serious security incidents resulting in hostages, and gunshot wounds during a vaccination campaign. This demonstrates that the security context remains challenging and certain areas continue to be hard to reach, which affects the provision of access to lifesaving health services.

Furthermore, the presence of explosive devices, particularly in the western part of the country compounds access challenges beyond the usual seasonal constraints. These factors severely slow down the movement of humanitarian aid to the most affected and landlocked areas, notably the south-east, east and the north-east of CAR. They also increase operational costs and are misaligned with the current trend in humanitarian response funding financing, further straining the overall response capacity.⁴⁵

Vulnerable Groups

- **Women and Girls:** Discrimination against women and girls and people living with disability at all levels of society continues to hinder their full participation in social and economic life. In remote and hard-to-reach areas affected by the presence of armed groups, female illiteracy rates are estimated at up to 90%.⁴⁶ A total of 86% of the Sudanese refugees arriving to Chad are women and children.⁴⁷ Limited access to safe shelter, water, and firewood forces them to travel long distances to collect firewood, increasing their exposure to violence. Early and forced marriages, prevalent in the CAR and Sudan, pose additional risks for displaced girls.⁴⁸ According to the UNFPA latest figures, 61% of Central African girls are still married before the age of 18, and 22% of girls and women aged 15 – 49 suffer from a form of genital mutilation.⁴⁹ Women and girls remain particularly vulnerable in this context, facing increased exposure to GBV while also navigating shrinking access to life-saving care due to insecurity and chronic underfunding.⁵⁰
- **People with Disabilities (PWD):** People with disability continue to face systemic exclusion from education and basic services, largely due to inadequate and inaccessible infrastructure. As a result, 73.8% of people with disability surveyed can neither read nor write.⁵¹ Among displaced populations, an estimated 16% of refugees arriving in Chad from Sudan are considered to have a disability.⁵² Women with disabilities and older women are particularly marginalized, often lacking access to essential services and support, protection mechanisms and social support.⁵³
- **Boys:** Boys face specific protection risks, including recruitment by armed groups and forced labour. In addition, unaccompanied and separated children are particularly vulnerable to exploitation, abuse, and trafficking particularly in contexts of displacement and insecurity.⁵⁴

HEALTH STATUS AND THREATS

Population mortality: In the CAR, the current population is 6 million with a projected increase to 10.6 million by 2050.⁵⁵ Moreover, the average life expectancy places the CAR among the four lowest countries in the world.⁵⁶ The main causes of death in 2019 were tuberculosis, lower respiratory infections, malaria, HIV/AIDS, and diarrhoeal disease.⁵⁷

MORTALITY INDICATORS	CAR	Year
Life expectancy at birth	52.3 ⁵⁸	2021
Infant mortality rate (deaths < 1 year per 1000 births)	74 ⁵⁹	2022
Child mortality rate (deaths < 5 years per 1000 births)	103 ⁶⁰	2022
Maternal mortality ratio (per 100 000 live births)	882 ⁶¹	2015

Vaccination coverage: The vulnerability of the population is accentuated by extremely low vaccination coverage: only 16% of children aged 12 to 23 months have received all the basic vaccines, while 45% have not received any dose of the pentavalent vaccine.⁶² The distance that people must travel to access vaccination services is the major obstacle to vaccination in the country.⁶³ In 2021, there were an estimated 129133 under-immunised children and 102416 zero-dose children.⁶⁴

In 2024 according to WUENIC 2024 revision, only 42% of one-year-olds had received the DTP-containing vaccine, 3rd dose and 41% were vaccinated against measles. The country still has a large number of zero dose children, who are excluded from the vaccination system. In 2025, targeted campaigns managed to reach nearly 500000 children, including those in remote areas. However, insecurity, distance from health centers, lack of infrastructure, and shortage of qualified personnel continue to limit access to vaccination services.⁶⁵

VACCINATION COVERAGE DATA(WHO/UNICEF) ⁶⁶	CAR	Year
DTP-containing vaccine, 1st dose	52%	2024
DTP-containing vaccine, 3rd dose	42%	2024
Polio, 3 rd dose	48%	2024
Measles-containing vaccine, 1st dose	41%	2024

OVERVIEW OF KEY DISEASE RISKS

CENTRAL AFRICAN REPUBLIC (CAR): KEY HEALTH RISKS IN COMING MONTHS

Public health risk	Level of risk***	Rationale
Malaria		Malaria remains a public health problem in CAR. ⁶⁷ The CAR has one of the highest malaria incidence rates in the region. ⁶⁸ From epidemiological week 1 to 39 of 2025, 891 278 malaria cases have been reported with 1 265 death. The situation requires urgent strengthening of prevention, treatment, and introduction of new measures, such as vaccination to reduce the healthcare burden. ⁶⁹
Measles		In week 39 of 2025, 65 new suspected measles cases were reported, bringing the total for the year to 2266 suspected cases, including 158 laboratory-confirmed cases, 290 cases confirmed by epidemiological link, and 2 deaths. The epidemic affects 16 health districts across 4 health regions, especially Region 2 where all 6 districts are impacted, five of which border Cameroon, already in epidemic since November 2024. ⁷⁰ Since 2020, the country has recorded annual measles epidemics affecting nearly half of its 35 districts, despite localized responses and national vaccination efforts in 2021 and 2023. ⁷¹
Tuberculosis and HIV/AIDS		The HIV prevalence was at 3.4% in 2022, the highest across the West and Central region. ⁷² In 2021, incidence of tuberculosis for CAR was 540 cases per 100 000 people. The mortality rate of TB cases (all forms, excluding HIV coinfection) is relatively high and has increased since 2015, going from 84 to 98 per 100 000 population in 2021. In contrast, the TB mortality rate among HIV-positive people has fallen from 123 to 28 in the same period. ⁷³
Acute Respiratory Infection (ARI)		Viral ARI is common in children in CAR. ⁷⁴ Sentinel surveillance for the year 2024 identified subtypes of influenza viruses of public health interest without an outbreak declaration. As of Week 43 2025, there were 25 680 cases of implied ARI in 2025, including 41 deaths, compared to 188 061 cases with 249 deaths in 2024 for the entire country. ⁷⁵
Maternal and Neonatal Health Risks		Maternal and neonatal health is a major health emergency in the CAR. ⁷⁶ Currently, 2.4 million people need humanitarian support, of which approximately 576 000 are women of reproductive age. Women and girls are particularly vulnerable due to disrupted access to essential health services, including maternal care and family planning, and weakened community structures that normally offer protection and support. ⁷⁷
Trauma and Injury		Since early 2024, the number of human rights violations and abuses, particularly those committed by armed groups, has increased in the Central African Republic. Continued abuses reported by the UN include killings, gang rapes, torture, expropriations and kidnappings. ⁷⁸
Meningitis		Crossed by the meningitis belt, the CAR faces recurring meningitis epidemics. The commune of Kabo is particularly affected by meningitis epidemics. In March 2024, an epidemic of meningococcal

		meningitis W135 was reported in the sub-prefecture of Kabo. A total of 64 suspected cases and 10 deaths were recorded, representing a fatality rate of 16%.
Non-communicable diseases (NCDs)		NCDs are a significant health problem in the CAR. The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was high at 1167 per 100 000 in males and 810 in females in 2021. ⁷⁹
Mental Health Conditions		Civilians are regularly victimised and displaced by violence from all sides, particularly in the south-east and west of the country. Many displaced Central Africans have found themselves in unfamiliar surroundings with no income, hardly any food, no roof over their heads and a limited social network for support. ⁸⁰ Mental health and psychosocial support needs remain critical, with post-traumatic stress rates standing at 15%. ⁸¹
Hepatitis E		There is limited information available for 2025.
Mpox		In CAR, efforts to contain the spread of mpox continue, with the government collaborating with WHO, the African CDC, and regional health authorities. ⁸² From the start of the epidemic in week 52 of 2023 to epidemiological week 39 of 2025, a total of 1012 suspected cases have been reported, with 133 confirmed cases, including 6 deaths (case fatality rate: 4.5%).
Ebola Virus Disease (EVD)		The CAR remains a risk due to its shared border with the DRC, where Ebola is endemic and outbreaks occur periodically .
Poliomyelitis (cVDPV2)		Between March and April 2025, 2 cases of cVDPV2 were reported by the health districts of Bossembélé and Bouar-Baoro. ⁸³
Malnutrition		Malnutrition affects up to 50% of children under age 5 in some regions, resulting in a wasting prevalence of 5.5% nationally. ⁸⁴
Cholera and Acute Watery Diarrhoea (AWD)		With the consequences of climate change and flooding of rivers and streams due to heavy rains recorded each year, cholera surveillance, remains a priority for the country, which has developed its 2023-2026 preparedness and response plan. ⁸⁵ There is a high risk of importation of cholerae, exacerbated by the resurgence of cholera outbreaks in the WHO African Region, particularly in six (6) countries bordering the CAR.
Yellow Fever		The CAR recorded a new yellow fever outbreak declared on 20 December 2020 with 27 confirmed cases and 4 deaths between 2020-2023 spread across 8 health districts. ⁸⁶
Dengue		On 10 September 2024, WHO was informed of a confirmed dengue outbreak in the CAR. Since the beginning of the outbreak, five health districts reported at least one confirmed case of dengue, namely, Bangui 1, Bangui 2, Bangui 3, Bimbo, and Bégoua. ⁸⁷
Snakebite		The CAR experienced a snakebite outbreak in 2025, with 1963 cases and 53 deaths, including 276 cases between weeks 1 and 35 of 2025. The number of snake bites in 2025 is almost twice that of 2024 (1161).

Neglected tropical diseases (NTD), including rabies		The CAR was endemic for four of the five NTDs amenable to preventive chemotherapy through mass drug administration (MDA). ⁸⁸ Rabies remain a main public health problem in CAR. As of May 31, 2025, a total of four health districts are affected by rabies: Bozoum-Bossemptélé, Paoua, Bossangoa, and Bouar-Baoro, which recorded a confirmed or probable case of human rabies.
Rift Valley Fever (RVF)		The presence of Rift Valley Fever (RVF) in the inter-epidemic context highlights the need for a proactive veterinary surveillance mechanism, particularly for animal and human populations living at the border, to prevent any resurgence.
Red: <i>Very high risk.</i> Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: <i>High risk.</i> Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: <i>Moderate risk.</i> Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: <i>Low risk.</i> Will probably not result in excess mortality/morbidity in the upcoming months.		

Malaria

Malaria remains a public health problem in CAR.⁸⁹ The CAR has one of the highest malaria incidence rates in the region.⁹⁰ In 2023, the country recorded approximately 1.9 million presumed and confirmed malaria cases. The disease caused an estimated 5052 deaths during the year, averaging roughly 14 deaths per day.⁹¹ From epidemiological week 1 to 39 of 2025, 891 278 malaria cases have been reported with 1 265 death. The situation requires urgent strengthening of prevention, treatment, and introduction of new measures, such as vaccination to reduce the healthcare burden.⁹²

The situation is particularly critical in conflict-affected areas. In the Vakaga Health District, malaria remains the leading cause of morbidity among Sudanese refugees. In early January 2025, it accounted for 40% of all medical consultations at the Korsi refugee site (327 cases in a single week), surpassing respiratory infections and other ailments.⁹³

In the face of this ongoing threat, CAR has entered a new phase of prevention. Following the reception of R21/Matrix-M vaccines in May 2024, the country launched its routine malaria immunization program targeting nearly 200000 children.⁹⁴

By mid-2025, vaccination efforts were active even in hard-to-reach areas; for instance, in the Batangafo district alone, over 13000 children received essential vaccines, including for malaria, between January and July 2025. Strengthening these combined measures vaccination, insecticide-treated nets, and rapid diagnosis remains essential to reducing the disease's deadly impact.⁹⁵

Measles

In week 39 of 2025, 65 new suspected measles cases were reported, bringing the total for the year to 2266 suspected cases, including 158 laboratory-confirmed cases, 290 cases confirmed by epidemiological link, and 2 deaths. The epidemic affects 16 health districts across 4 health regions, especially Region 2 where all 6 districts are impacted, five of which border Cameroon, already in epidemic since November 2024.⁹⁶

Since 2020, the country has recorded annual measles epidemics affecting nearly half of its 35 districts, despite localized responses and national vaccination efforts in 2021 and 2023.⁹⁷ In the first half of 2025 (January to June), measles outbreaks were confirmed in 9 health districts, including Baboua-Abba, Carnot-Gadzi, Gamboula, Berbérati, Bouar-Baoro, Sangha-Mbaéré, Mbaïki, Batangafo-Kabo, and Bouca.⁹⁸ The epidemic continues to heavily impact Health Region 2, where high-risk districts bordering Cameroon face ongoing transmission challenges. Complications are most common in children under 5 years and adults over age 30, particularly among those who are malnourished, vitamin A deficient, or immunocompromised. Despite response efforts, confirmed cases continue to be reported in several districts.⁹⁹

Population vulnerability is exacerbated by extremely low vaccination coverage: only 16% of children aged 12 to 23 months have received all basic vaccines, while 45% have received no doses of the pentavalent

vaccine. Several districts, including Sangha-Mbaere, Gamboula, Berberati, Bouarm, Baboua-Abba, Cranot-Gadzi, Mbaiki, Bouca, Bangui, Batangafo, Bossembele, and kouango-Grimari, experiences new outbreaks, which occurred in a context of inadequate vaccination coverage.¹⁰⁰

Tuberculosis and HIV/AIDS

The HIV prevalence was at 3.4% in 2022, the highest across the West and Central region.¹⁰¹ In 2021, incidence of tuberculosis for the CAR was 540 cases per 100000 people. The mortality rate of TB cases (all forms, excluding HIV coinfection) is relatively high and has increased since 2015, going from 84 to 98 per 100000 population in 2021. In contrast, the TB mortality rate among HIV-positive people has fallen from 123 to 28 in the same period.¹⁰²

Access to antiretroviral drugs has improved, from 12% of all people living with HIV in 2013 to 58% by the end of 2020 but remains one of the lowest in the world.¹⁰³ In 2021, HIV treatment was available in only 10% of the country's health facilities.¹⁰⁴ Out of the 10000 yearly new HIV infections, 3000 are among 15-24 years old with more than two female infections for every one male infection. According to a UNICEF survey, less than 20% of young people possess comprehensive knowledge about HIV prevention.¹⁰⁵

The stigmatisation of persons living with HIV is still high, and at times extreme. There are cases of couples with one partner with HIV who does not disclose the diagnosis to his/her partner, even taking the treatment in secret out of fear. People who know they are seropositive and live in remote villages do not benefit from proper monitoring and treatment because of fear of being seen coming to health facilities. There is also a lot of self-stigmatisations by the patients themselves, who end up developing mental health problems because of feelings of guilt, self-pity, or shame.¹⁰⁶

Acute Respiratory Infection (ARI)

Viral ARI is common in children in CAR.¹⁰⁷ Sentinel surveillance supported by the laboratory of the Pasteur Institute of Bangui for the year 2024 identified subtypes of influenza viruses of public health interest without an outbreak declaration. As of Week 43, there were 25680 cases of implied ARI in 2025, including 41 deaths, compared to 188061 cases with 249 deaths in 2024 for the entire country.¹⁰⁸

Maternal and Neo-natal Health Risks

Maternal and neonatal health is a major health emergency in the CAR. Currently, 2.4 million people need humanitarian support, of which approximately 576, 00 are women of reproductive age, and an estimated 62557 are pregnant.¹⁰⁹ Women and girls are particularly vulnerable due to disrupted access to essential health services, including maternal care and family planning, and weakened community structures that normally offer protection and support.¹¹⁰

The country's maternal and child mortality rates are among the highest in the world. According to the most recent statistics, women are 138 times more likely to die of pregnancy and delivery complications in CAR than in the EU, while a baby in CAR is 25 times more likely to die before its first birthday than if it had been born in Europe.

Nearly 775000 women of reproductive age have vital sexual and reproductive health needs. In addition, the maternal mortality ratio in the CAR is 835 deaths per 100000 live births, well above the average for the African continent.¹¹¹

Among the main factors are the lack of access and the low quality of services, especially in the areas affected by the crisis. Currently, only 17 basic obstetric and neonatal care facilities are operational, while 53 are needed.¹¹² MSF report that there are only about 15 gynaecologists in the country, for a population of six million. There is a massive lack of qualified staff, especially in rural areas.¹¹³ In addition, almost all medical specialists, obstetricians and surgeons working in the field of reproductive health, as well as 72% of available midwives, are concentrated in the capital, Bangui.¹¹⁴ In CAR, 22% of girls and women aged 15 to 49 years who have undergone female genital mutilation.¹¹⁵

Trauma and Injury

Since early 2024, the number of human rights violations and abuses, particularly those committed by armed groups, has increased in the Central African Republic. Continued abuses reported by the UN include killings, gang rapes, torture, expropriations and kidnappings, particularly targeting Muslims, Fulani and

Sudanese asylum-seekers.¹¹⁶ Intercommunity tensions represent a serious threat to peace and human rights. In 2024 and 2025, several incidents rekindled these tensions.¹¹⁷ The porosity of the borders, in an unstable regional context, increases the risk of insecurity. Cross-border criminal networks threaten control of trade routes and mining sites.¹¹⁸

Meningitis

Crossed by the meningitis belt, the CAR faces recurring meningitis epidemics. The commune of Kabo is particularly affected by meningitis epidemics. In March 2024, an epidemic of meningococcal meningitis W135 was reported in the sub-prefecture of Kabo. A total of 64 suspected cases and 10 deaths were recorded, representing a fatality rate of 16%.

Non-communicable diseases (NCDs)

NCDs are a significant health problem in the CAR. The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer, and Diabetes) was high at 1167 per 100000 in males and 810 in females in 2021. CAR has implemented initial efforts on the NCD progress indicators related to NCD policy and plans and tobacco taxes, however progress has been more limited on all the remaining NCD progress indicators relating to tobacco, alcohol, salt policies, trans fats policies, marketing to children and physical activity guidelines.¹¹⁹

Mental Health Conditions

Civilians are regularly victimised and displaced by violence from all sides, particularly in the south-east and west of the country. Many displaced Central Africans have found themselves in unfamiliar surroundings with no income, hardly any food, no roof over their heads and a limited social network for support.¹²⁰ Mental health and psychosocial support needs remain critical, with post-traumatic stress rates standing at 15%.¹²¹

Hepatitis E

There is limited information available for 2025. Cumulative number of 241 suspected cases since week 8, 2024 to week 1, 2025, 134 samples collected and 84 laboratory-confirmed cases (10 by PCR and 74 by serology), with 63% positivity rate, 5 community deaths (CFR 2.1%). Four health areas with confirmed cases: Sikikédé, Boromata, Am Dafock and HD Birao. The active areas are: Sikikédé (epicenter) and Birao, 37% of cases have passed through the sites/displaced persons, mostly in Birao; 98% of confirmed cases in Sikikédé consume well water compared to 8% for Birao. The wash response is almost absent.¹²²

Mpox

In CAR, efforts to contain the spread of mpox continue, with the government collaborating with WHO, the African CDC, and regional health authorities.¹²³ From the start of the epidemic in week 52 of 2023 to epidemiological week 39 of 2025, a total of 1012 suspected cases have been reported, with 133 confirmed cases, including 6 deaths (case fatality rate: 4.5%).

Ebola Virus Disease (EVD)

Ebola is a risk as there is an outbreak in the Democratic Republic of Congo (DRC). On 4 September 2025, Health authorities in the, declared an outbreak of Ebola Virus Disease (EVD) in Bulape district, Kasai Province following a confirmation of the disease in Kinshasa through RT-PCR assays, including GeneXpert, on 4 September. The first known index case was a 34-year-old pregnant woman who presented at Bulape General Reference Hospital on 20 August 2025 with EVD symptoms and died the same day from multiple organ failure. As of 5 September, 42 suspected cases and 15 deaths (CFR 36 %), have been reported.¹²⁴

Poliomyelitis (cVDPV2)

Between March and April 2025, 2 cases of cVDPV2 were reported by the health districts of Bossembélé and Bouar-Baoro.¹²⁵ With additional rounds planned for the fourth quarter 2025, the country aims to sustain its progress in boosting immunity across vulnerable groups.¹²⁶

Malnutrition

Malnutrition affects up to 50% of children under age 5 in some regions, resulting in a wasting prevalence of 5.5% nationally.¹²⁷

The CAR is not 'on course' to meet one target for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 46.8% of women aged 15 to 49 years now affected. Meanwhile, there has also been some progress towards achieving the low-birth-weight target with 14.5% of infants having a low weight at birth. The same result can be seen for exclusive breastfeeding.¹²⁸

Some progress has been made towards achieving this target, with 36.2% of infants aged 0 to 5 months exclusively breastfed. The CAR has made no progress towards achieving the target for stunting, with 39.8% of children under 5 years of age affected, which is higher than the average for the Africa region (30.7%) and among the highest in the world.¹²⁹ The CAR has made some progress towards achieving the target for wasting but 5.4% of children under 5 years of age are still affected, which is lower than the average for the Africa region (6.0%). The prevalence of overweight children under 5 years of age is 3.2% and the Central African Republic is 'on course' to prevent the figure from increasing.¹³⁰

Pregnant and breastfeeding women and their children are particularly vulnerable to malnutrition, and hunger may also increase women and girls' risks to violence, sexual exploitation, and abuse, and force them to resort to negative coping mechanisms.¹³¹

Cholera and Acute Watery Diarrhoea (AWD)

With the consequences of climate change and flooding of rivers and streams due to heavy rains recorded each year, cholera surveillance, remains a priority for the country, which has developed its 2023-2026 preparedness and response plan.¹³² There is a high risk of importation of cholerae, exacerbated by the resurgence of cholera outbreaks in the WHO African Region, particularly in six (6) countries bordering the CAR, namely Sudan, South Sudan, the Democratic Republic of Congo, Cameroon, Congo, and Chad.

The last outbreak was from August to September 2016, during which 264 cases and 20 deaths were reported. With the consequences of climate change and the flooding of rivers and streams following torrential rains recorded each year, cholera surveillance remains a priority for the country. Surveillance is increased in health districts bordering the CAR's neighbouring countries that have experienced cholera epidemics in 2023-2024.

Yellow Fever

The CAR recorded a new yellow fever outbreak declared on 20 December 2020 with 27 confirmed cases and 4 deaths between 2020-2023 spread across 8 health districts. Vaccination responses were organized in the affected health districts, including those at risk in 2021, 2022 and 2023. Routine vaccination includes vaccine against yellow fever but the coverage in 2024 remains very low (29%) according to data from the all-antigen coverage survey. The country has developed its yellow fever elimination plan in 2024 which aims to organize a national mass vaccination campaign to strengthen the collective immunity of the populations and seasonal workers from other countries.¹³³

Dengue

There is limited information available for 2025. On 10 September 2024, WHO was informed of a confirmed dengue outbreak in Central African Republic. The first case was confirmed on 13 July 2024 in a 29-year-old woman from SICA I in the commune of Bangui. From 13 July to 31 December 2024, 106 cases were laboratory-confirmed for dengue serotypes 1 and 2 at Institut Pasteur of Bangui. Since the beginning of the outbreak, five health districts reported at least one confirmed case of dengue, namely, Bangui 1, Bangui 2,

Bangui 3, Bimbo, and Bégoua.¹³⁴ Continued surveillance is recommended by the national health authorities and partners.

Snakebite

The CAR experienced a snakebite outbreak in 2025, with 1963 cases and 53 deaths, including 276 cases between weeks 1 and 35 of 2025. The number of snake bites in 2025 is almost twice that of 2024 (1161).

Neglected tropical diseases (NTD)

The CAR was endemic for four of the five NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, and trachoma. In 2020, 4.9 million of the 5.8 million targeted (84%) were reached with MDA. Other notable NTDs that remain endemic are Buruli ulcer, cystic echinococcosis, human Africa trypanosomiasis (gambiense), leprosy, taeniasis and cysticercosis, and rabies.¹³⁵

Rabies remain a main public health problem in CAR. As of 31 May 2025, a total of four health districts are affected by rabies: Bozoum-Bossemptélé, Paoua, Bossangoa, and Bouar-Baoro, which recorded a confirmed or probable case of human rabies. From week 1 to week 39 of 2025, 1935 new cases of dog bites were reported in 32 health districts. The number of dog bite cases in 2025 is almost twice that of 2024 during the same period (1158).

Rift Valley Fever

The presence of Rift Valley Fever (RVF) in the inter-epidemic context highlights the need for a proactive veterinary surveillance mechanism, particularly for animal and human populations living at the border, to prevent any resurgence. The presence of RVF in the inter-epidemic context highlights the need for a proactive veterinary surveillance mechanism, particularly for animal and human populations living at the border, to prevent any resurgence.

DETERMINANTS OF HEALTH

Protection Risks

As of 2025, armed conflicts and clashes between various armed groups continue to occur, contributing to ongoing insecurity and instability. These conflicts hinder access to certain regions, challenge humanitarian assistance efforts, and lead to continued displacement of populations. Despite some peace initiatives, violence remains high in several areas, exacerbating humanitarian needs and delaying recovery efforts. The situation remains fragile, underscoring the urgent need for sustained peacebuilding, enhanced security measures and coordinated international support to reduce violence and improve stability across the country.¹³⁶

GBV remains a critical protection concern, with 2445 cases registered with UNICEF during the first quarter of 2025, mostly rape and physical aggressions (1685 and 318 cases respectively), followed by psychological or emotional violence, denial of resources, sexual aggressions and forced marriage. Most survivors were women and girls (97% of reported cases), while 41% of these were perpetrated against girls under 18 years of age.¹³⁷ Most survivors (97%) are women and girls. The prolonged crisis has led to negative coping mechanisms such as survival sex and early marriage, exacerbating the GBV occurrences.¹³⁸ Clinical care for rape victims within 72 hours remains a major challenge across the country due to lack of access to healthcare services and treatments.¹³⁹

Of 3664 total cases of child GBV recorded between January and September 2023, 84% were cases of sexual violence.¹⁴⁰ The psychological and social consequences of the crisis in the CAR risk jeopardizing the long-term mental health and the psychosocial well-being of children and adolescents.¹⁴¹ The loss or lack of livelihoods in rural areas in the CAR makes young people more vulnerable to recruitment by armed groups, which can appear to offer better socioeconomic opportunities and livelihood security.¹⁴² Gender dynamics also exacerbate needs, rendering women and girls more vulnerable to some shocks. Power dynamics can also limit the access of women and girls to WASH, health care and nutrition services.¹⁴³

The increased access to explosive devices restricts humanitarian access and civilian movement in several areas. In 2023, the use of explosive devices increased by 15% and, of 62 registered incidents involving explosives between January and October, more than three quarters of victims were civilians. The presence of explosive devices, especially in the west of the country, significantly limits humanitarian access where numerous access restrictions already exist.¹⁴⁴

Water, Sanitation and Hygiene (WASH)

Poor WASH infrastructure and services hinder responses to health emergencies. A total of 68% of the population lacks proper sanitation and 72% lacks handwashing facilities. At the same time, 38% of schools lack access to safe drinking water, and 39% of health centres lack WASH services, including waste management.¹⁴⁵

Climate Events and Vulnerabilities

Heavy rainfall affected several prefectures in north-western Central African Republic on 12 August 2025, causing floods that have resulted in the displacement of people and widespread damage.¹⁴⁶ According to UN OCHA, as of 19 August, hundreds of people have been displaced and more than 450 shelters have been destroyed by flooding in Moyenne Sido locality of the prefecture of Ouham.¹⁴⁷

The CAR is a landlocked country characterized by a hot and humid climate, with an arid and semi-arid climate in the north and savanna woodland and tropical forests in the south. Annual average temperatures in CAR range from 23°C in the south to 26°C in the north. A mean annual temperature rise of 0.35°C per decade has been observed over the last 50 years and mean temperatures are expected to increase by 2.32°C by 2060. The current increase in temperatures is likely to lead to more frequent incidents of dry spells and drought.¹⁴⁸

The CAR is facing increasing vulnerability due to climate shocks, exacerbated by political instability, geographic factors, and insecurity over the past decade. While precipitation patterns in CAR are highly

variable, projections indicate a significant rise in mean annual rainfall by the end of the century, driven by more intense and frequent rainfall events. Rainfall is expected to increase by 12% to 19%, with a corresponding rise in the intensity of heavy rain events, which will likely result in more frequent flooding. Additionally, climate change is anticipated to intensify the occurrence and severity of both floods and droughts across the country, posing greater risks to its already vulnerable population and infrastructure.¹⁴⁹

Floods increase vulnerability and cause the temporary displacement of thousands of people living in spontaneous gathering places, especially in the urban area of Bangui and Ombella-M'poko. From January to October 2024, humanitarian actors recorded 31600 people affected by flooding in 18 sub-prefectures, compared to 84900 people in 28 sub-prefectures during the same period in 2023, a decrease of 64%. In 2024, torrential rains killed four people, displaced nearly 3900 households, injured 44 people, and destroyed 4300 homes.¹⁵⁰

Limited capacity for weather monitoring and analysis of climate-related security risks means there is insufficient understanding of how climate change impacts peace and security in the CAR. However, research from similar contexts suggests that climate change can heighten conflict risks by worsening livelihoods and intensifying grievances.¹⁵¹

Poverty and State Fragility

Although CAR enjoys a high degree of biodiversity and rich natural resources such as timber, gold and diamonds, it ranks among the countries with the lowest gross domestic product per capita globally.¹⁵² Nearly 68.8% of Central Africans will live below the poverty line in 2025 (less than US\$2.15 per day). However, poverty levels vary considerably from one region to another (74% of the rural population, 61% in urban areas, and 40% in Bangui, live below the national poverty line).¹⁵³ This economic stagnation is further highlighted by the Human Development Index (HDI), which places CAR among the lowest globally, signalling critical deficits in health, education, and living standards.¹⁵⁴ For instance, a child born in CAR today is projected to achieve only 29% of their productive potential if they were to receive full education and health.¹⁵⁵

Politically, CAR's fragility is compounded by a history of upheavals and conflicts that have significantly eroded governance structures and disrupted social cohesion. Since 1960, recurrent violence and political instability have severely impaired its governance capacity. This instability extends to societal structures, often manifesting in tensions that escalate into violence, displacing a significant portion of the population and fracturing communities. Urban areas are also not growing in a sufficiently resilient and inclusive manner to act as true safe havens and provide sufficient opportunities for their populations.¹⁵⁶

Education

There are severe challenges in CAR accessing quality education.¹⁵⁷ In 2025, 843829 children require education assistance, but 40.6% will not have access to school in 2025. Acute gender inequalities in education are reflected in illiteracy rates of 75.1% for women against 52.6% for men. Only 46% of girls attend secondary education due to barriers including child marriage (56.9% of girls in the Central African Republic marry before age 18) and early pregnancy (31.5%).¹⁵⁸ Dropping out is also a huge problem, with only half of boys and less than half of girls finishing primary school. As children get older, the situation becomes worse, with only 8.3% of girls and 13.5% of boys completing secondary school.¹⁵⁹

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

The health system in the CAR is barely functioning, due to a severe shortage of skilled health workers, lack of medical supplies, and appropriate health facilities. Limited access to healthcare means that preventable diseases continue to take a significant toll.¹⁶⁰ With these conditions, people remain extremely vulnerable to disease outbreaks like cholera, Mpox, COVID-19 and Ebola.¹⁶¹ The weak healthcare system in CAR has resulted in some of the world's highest mortality rates, affecting one in ten children under age 5 as well as maternal mortality.¹⁶²

In CAR, the health system is extremely fragile, with insufficient service provision in terms of both quantity and quality. Humanitarian health needs continue to increase, now affecting 43% of the population (compared to 33% in 2022) and leaving 35% of needs unmet. The main obstacles to accessing care include the lack of medicines, the high cost of consultations, the distance from health facilities and long waiting times.¹⁶³

There is a significant shortage of qualified health workers, with only 6.03 health agents per 10000 inhabitants nationally, far below the WHO recommended 27 per 10000 for universal health coverage (HNO 2022).¹⁶⁴ The estimated deficit is around 11000 healthcare professionals. Limited access to healthcare means that preventable diseases continue to take a toll.¹⁶⁵ There is also a high concentration of doctors in the capital, thus depriving health care a large part of the population in rural areas.¹⁶⁶

HeRAMS reports that 48% of health facilities are fully functioning, 48% are partially and 4% are non-functioning (November 2025).¹⁶⁷ In terms of building damage, 66% are not damaged, while 31% are partially and 2% are fully damaged. The health service is 23% fully available, 20% partially available and 18% not available across CAR. In 2025, the CAR has a total of 1014 health facilities, distributed as follows: 5 central hospitals, 5 regional hospitals, 27 district hospitals, 395 health centers, and 567 health posts.¹⁶⁸

Attacks on healthcare in the Central African Republic (CAR) are widespread, under-reported, and inadequately addressed.¹⁶⁹ The Safeguarding Health in Conflict Coalition (SHCC) identified 41 incidents of violence against or obstruction of health care in the CAR in 2023, compared to 32 in 2022. At least five health workers were kidnapped. The actual number of incidents is likely higher due to under-reporting.¹⁷⁰

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Health services are 23% fully available, 20% partially available and 18% not available across CAR. ¹⁷¹	Severe shortage of medical supplies in many areas of CAR. ¹⁷²	HeRAMS reports that 48% of health facilities are fully functioning, 48% are partially and 4% are non-functioning (November 2025). ¹⁷³	SHCC identified 41 incidents of violence against or obstruction of health care in the CAR in 2023. ¹⁷⁴

HUMANITARIAN HEALTH RESPONSE

As part of the 2025 HNRP, the Health Sector requires US\$26.4 million. Currently, a total of 1.5 million people need health services across the CAR, with the sector to target 666000 people in 2025.¹⁷⁵ However, the health sector, already fragile, remains underfunded.¹⁷⁶

The population in need includes 1326907 residents, 101272 internally displaced persons (IDPs) hosted by host families, 29 976 IDPs in sites, and 7 611 returnees. These figures include vulnerable groups such as children under five, pregnant women, the elderly and people with disabilities, who require specific health services. These needs require an urgent and coordinated response to avoid a worsening of the health crisis.¹⁷⁷

Under the Sudan Emergency Regional Response Plan 2025, health sector partners will focus on immediate life-saving interventions and long-term resilience-building in areas hosting Sudanese refugees. The response aims to improve access to healthcare for refugees and vulnerable host communities and enhance local health systems' capacity.¹⁷⁸

Information Gaps / Recommended Information Sources		
Health status & threats for the affected population	Gap	Recommended tools/guidance for primary data collection
	Recent and up-to-date nutrition data	Emergency Nutrition Assessment
	Data on NCDs and their risk factors	Community- and hospital-based studies (STEPS approach)
	Data on crisis attributable deaths and injuries, trauma (including violence against children and GBV) and mental distress	Review of humanitarian health actor's data GBV IMS Community surveys
Health Resources & Services Availability	Availability of health services and distribution and functionality of health care facilities	Expanded Health Resources and Services Availability Monitoring System (HeRAMS)
	Scarce or lack of data on attacks against health	Surveillance System for Attacks on Health Care (SSA)
Humanitarian Health System Performance	Lack of data on utilisation of humanitarian health services, including mobile clinics	Health Cluster and partners
	Lack of data on quality of humanitarian health services	Health Cluster and partners
	Partners monitoring tool	Health Cluster 3/4 W tool
	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP))	Beneficiary satisfaction survey

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