

1. Summaryⁱ

23	2.4 million	47 MSEK	0 MSEK	0 MSEK	47 MSEK
Humanitarian crisis ranking (Sida's initial allocation analysis) ⁱⁱ	Number of people with humanitarian needs (Sida's initial allocation analysis) ⁱⁱⁱ	Initial allocation for 2026	Additional allocation in 2026	Flexible funding in 2026	Total Sida funding in 2026

The Central African Republic (CAR) is a country with a protracted humanitarian crisis caused by years of instability triggered by conflicts, institutional fragility, structural poverty and natural disasters. Since the 2019 Peace Agreement between the Government and several armed groups,¹ the security situation in the country has improved.² However, it remains fragile in the midst of ongoing disarmament, demobilisation, and reintegration (DDR) processes supported by the UN peacekeeping mission³, inter-communal conflicts and opportunistic crime. Potential spillover of instability from neighbouring countries and natural disasters also continues to pose a risk to vulnerable populations, causing displacement and exacerbated needs.⁴

According to Sida's latest initial allocation analysis 2.4 million people will be in need of humanitarian assistance in 2026 while 2.3 million people (35 per cent of the population) are projected to be in Integrated Food Security Classification (IPC) crisis levels, Phase 3 or above, out of which 6 per cent in IPC 4 during 2026.⁵ There are approximately 520,000 internally displaced people (IDPs) and 70,000 refugees in the CAR mainly from Sudan and the Democratic Republic of Congo.⁶

Sida's initial allocation to the CAR will amount to SEK 47 million with support provided to five central operational partners. The focus of the allocation is on multisectoral assistance with priority given to Health, WASH, Food Security, Nutrition, Education and Protection in areas with the most acute needs and vulnerable populations.

¹ UNSC, [UNSC S/2019/145](#), 15 February 2019 (accessed 25 March 2026).

² OCHA, [République Centrafricaine : Besoins humanitaires et plan de réponse 2026](#) (HNRP), January 2026 (accessed 25 March 2026).

³ UNSC, [UNSC S/RES/2800 \(2025\)](#), November 2025 (accessed 25 March 2026), p. 14.

⁴ OCHA, HNRP CAR, 2026.

⁵ IPC, [Central African Republic: Acute Food Insecurity Situation for September 2025 - March 2026 and Projection for April - August 2026](#), November 2025 (accessed 25 March 2026).

⁶ UNHCR, [Central African Republic](#), 2026 (accessed 25 March 2026).

2. Humanitarian needs & affected population

The CAR is a country with high levels of poverty, conflict and climate shocks. These crises drive food insecurity, protection risks and needs related to displacement. Institutional capacity is limited largely due to insufficient budgetary resources and lack of technical expertise, particularly in relation to responding to the countries' humanitarian needs.⁷ While high levels of displacement heighten existing humanitarian needs. Access constraints impact humanitarian personnel, the population and the government's ability to respond to needs. Armed groups create instability through engaging in criminal activities such as heists, robberies and other acts of violence and killing. These factors further challenge the deployment of resources for rehabilitation and reconstruction. The role of the government is limited with regard to the coordination of humanitarian assistance and basic services remain largely in the hands of international partners, local NGOs and/or decentralised government agencies. So far NGOs have been able to operate in the country without severe security or other constraints, however the risk of sporadic administrative impediments and insecurity remains.⁸

The Multisectoral Needs Assessment (MSNA) conducted in 2025 covered 57 out of the 85 sub-prefectures, to be compared to the 74 out of 85 sub-prefectures covered in 2024 and included fewer indicators.⁹ According to data only 16 per cent of respondents received humanitarian support in the past 12 months, out of which over 50 per cent were IDPs.¹⁰ The most prioritised needs expressed were Food (76 per cent), Health (62 per cent) and WASH (48 per cent).¹¹

In the CAR health infrastructures are few and qualified medical personnel are limited particularly in rural areas while the population continues to suffer from vaccine-preventable illnesses. Access to existing facilities is challenged by insecurity and conflicts in several parts of the country. Regular epidemics include measles, meningitis, yellow fever and dengue while malaria is the leading cause of mortality among children under five.¹² According to REACH, access to health care when needed decreased from 2024 to 2025.¹³

The CAR is one of the poorest countries in the world with approximately 70 per cent of the population living on less than 3 USD per day.¹⁴ The latest IPC data shows that approximately 2.3 million people in high levels of acute food insecurity between April 2026 and August 2026, including approximately 400,000 people experiencing IPC Phase 4 (Emergency) conditions.¹⁵ In addition, more than 228,400 children aged 6 to 59 months were projected as acutely malnourished between March 2025 and February 2026, including 61,500 children suffering from severe acute malnutrition

⁷ Humanitarian Implementation Plan (HIP): West and Central Africa, ECHO, November 2025.

⁸ ECHO, HIP, 2025.

⁹ REACH, [Evaluation multisectorielle des besoins 2025: RCA](#), October 2025 (accessed 25 March 2026).

¹⁰ OCHA, HNRP CAR, 2026.

¹¹ REACH, October 2025.

¹² OCHA, HNR CAR, 2026.

¹³ REACH, October 2025.

¹⁴ The World Bank, [Poverty and Inequality Platform](#), 2026, (accessed 25 March 2026).

¹⁵ IPC, [IPC CAR Acute Food Insecurity Sep2025 - Aug2026](#), November 2025 (accessed 25 March 2026).

(SAM). Marking a 30 per cent increase compared to the same period in 2023.¹⁶ The MSNA 2025 shows IDPs and host families as those with the poorest Food Consumption Scores. Severe coping strategies include reducing meals or selling essential assets to manage food insecurity.¹⁷

Needs related to WASH continue to increase in the CAR. The MSNA 2025, shows approximately 12 sub-prefectures experience 80-100 per cent of households relying on unimproved or surface water sources. Access to improved water sources also saw a decline from 74 per cent in 2024 to 66 per cent in 2025, while access to improved latrines remained stable. Approximately 16 per cent of the population did not have access to adequate latrines.¹⁸

The CAR is the country with the highest proportion of children between ages 0 and 14, at approximately 49 per cent of the population.¹⁹ According to UNICEF, only 27 per cent of children in primary school age complete school and the literacy rate for children ages 15-24 in the CAR is at 38 per cent.²⁰ The low attendance rate exposes children to protection risks such as child labour, sexual violence, early forced marriage, domestic duties and recruitment to armed groups.²¹

The population in CAR face significant risks related to protection resulting from attacks, destruction of civilian property, threats, forced recruitment, gender-based violence, exposure to landmines and explosive remnants of war.²² Protection activities were only funded at 35 per cent in 2025, compared to 68 per cent in 2024.²³ According to UNFPA, between January and June 2025, a total of 7,442 GBV cases were registered in 26 per cent of the areas covered by the HNRP.²⁴ Women and girls are particularly vulnerable to GBV risks partially due to their roles in the household which include travelling far distances. Access to healthcare and sexual and reproductive health services is also limited. Children risk exposure to child recruitment and labour, early forced marriage, and early pregnancy, while persons with disabilities also face tremendous barriers related to access to services.

3. The humanitarian response

The humanitarian response in CAR increasingly focuses on the difference between needs resulting from humanitarian shocks and those resulting from a lack of access to basic socio-

1.3 million	\$264.1 million	17.7%
People targeted in the response plan (GHO 2026)	Required to reach the target (HNRP 2026)	Of the funding secured [HNRP 2026]

¹⁶ IPC, [Central African Republic: Acute Malnutrition](#), July 2025 (accessed 25 March 2026).

¹⁷ REACH, October 2025.

¹⁸ Ibid.

¹⁹ The Global Economy, [Percent children by country, CAR](#), 2024 (accessed 25 March 2026).

²⁰ UNICEF, [CAR - Demographics, Health & Infant Mortality - UNICEF DATA](#) (accessed 25 March 2026).

²¹ OCHA, HNRP CAR, 2026.

²² Ibid.

²³ Humanitarian Action, [Protection - Central African Republic](#), 2024 & 2025 (accessed 25 March 2026).

²⁴ UNFPA, [Situation de la VBG en République Centrafricaine](#), October 2025 (accessed 25 March 2026).

economic infrastructure and services. The latter is addressed through support from development actors, something the government emphasises in national strategies. Despite ongoing responses, humanitarian needs persist in several parts and several go largely unmet while gaps in coverage persist these may trigger localised crises, therefore a multisectoral flexible response is critical.

The CAR HNRP targets 1.3 million out of 2.3 million people in need of humanitarian assistance and highly prioritise 47 out of 85 sub-prefectures. The scope of the HNRP is defined by three types of shocks: insecurity and conflicts, health emergencies and areas with a demography of over 25% IDPs population. The north, north east and south east are considered most affected and prioritised in the humanitarian response. The strategic direction of the humanitarian response follows largely the same focus of the most hard to reach areas, most vulnerable populations and geographical areas most severely affected by humanitarian crises. However, there are evident shifts in focus flowing from a decrease in funding. First of all the sub-prefectures covered in the MSNA have reduced which limits the possibility of providing data on certain areas particularly in the west and south west along with east and south east. Secondly, similar to 2025, the areas included in the HNRP are limited to areas which have been impacted by one or more of the three shocks, meaning that areas with an absence of these shocks but with potential acute needs will not be included. Lastly, the PIN is projected to reduce for almost all sectors in 2026, despite the low funding coverage of the HNRP 2025 landing at a 35.5 per cent. The target population for several sectors has decreased significantly, for example nutrition is expecting approximately 50 per cent reduction in targeted population.

The country faces a highly challenging operational environment marked by widespread insecurity and limited access impacting the response capacity of several actors. Overall, ongoing armed conflict, military operations, community tensions, transhumance-related disputes, and attacks on social infrastructure continue to drive insecurity, displacement, and heightened humanitarian needs in the CAR. In November 2025, 12 security and access incidents affecting humanitarian actors had been reported in the CAR, representing a 140 per cent increase from the previous month. These incidents included criminal activities, armed robberies, illegal taxation and theft while others were harassment in document control and injuries caused by stray bullets.²⁵

Under the leadership of the Humanitarian Coordinator for the CAR, localisation remains a central priority in the humanitarian response. National and local organisations are considered to play a critical role in delivering assistance in hard-to-reach areas. Since 2022, the humanitarian community has worked through a Localization Task Force to strengthen the participation and leadership of national NGOs in coordination structures, while improving their access to funding and capacity development opportunities. A mapping exercise from 2025 confirmed that national organizations are present in 96 per cent of the territory, demonstrating their key role in response coverage and proximity to affected communities.²⁶

²⁵ OCHA, [CAR: Overview of incidents affecting humanitarian workers](#), December 2025 (accessed 25 March 2026)

²⁶ [Central African Republic | Global Humanitarian Overview 2026 | Humanitarian Action](#)

4. Sida's humanitarian allocation

Sida's humanitarian assistance to the CAR will prioritise integrated and multisectoral response with a focus on the needs of conflict affected populations and the area's most severely affected by humanitarian crisis. The prioritised humanitarian interventions respond to the Health, WASH, Food Security, Nutrition, Education and Protection needs of population. The initial humanitarian allocation to the CAR continues to decrease, therefore Sida will consider a gradual consolidation of the portfolio of partner organisations over time to ensure for the most effective response. 2026, Sida has prioritised support to actors which supply a multisectoral response, in areas with acute needs and which have shown an ability to flexibly adapt programming to shifting needs. The support includes particular consideration for sustainability in the response while mainstreaming the humanitarian nexus approach. Selected actors are previous partners to Sida with long standing experience in their respective sectors and with a proven ability to deliver results and assistance.

The funding modalities used in the CAR by organisations are both in-kind and CASH, when opportunity allows. Sida will continue to prioritise and encourage rehabilitation and construction of water infrastructure in programming as this contributes to sustainable solutions. In terms of food security, Sida aims to support actors which support the population based on their expressed needs, in line with their preferred modalities and with resources that are sustainable and of a good quality. In addition, Sida will ensure to contribute to a health response that helps to strengthen existing infrastructure and support people in hard to reach areas. Further, Sida will continue to support actors working to strengthen local infrastructure and the local capacity of educational facilities to enhance the enrolment of children in essential education. The population suffers from the effects of prolonged conflict and protection risks with particular vulnerability among women, children, people with disabilities and elderly. It is important that actors both mainstream protection throughout their response and implement stand-alone protection activities. Sida strongly encourages continued cooperation and coordination among international, national and local organisations to ensure an effective response to the humanitarian needs in the country. Finally, Sida will strive to provide flexible programme support to allow for adaptability.

PARTNER	INITIAL ALLOCATION
Action Against Hunger (ACF)	8,000,000
International Committee of the Red Cross (ICRC)	12,000,000
International Rescue Committee (IRC)	8,000,000
Norwegian Refugee Council (NRC)	8,000,000
United Nations Children's Fund (UNICEF)	11,000,000
TOTAL	47,000,000

ⁱ The 2026 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

ⁱⁱ Sida's initial allocation analysis consists of three dimensions that are assessed for each crisis-affected country: 1) magnitude and severity of humanitarian needs 2) capacity of the humanitarian system to respond to needs and 3) capacity of the crisis-affected country to respond to needs. The qualitative and quantitative analysis produces an index scoring for each country, where the highest ranked country is found to have the greatest proportion of unmet severe humanitarian needs globally, based on available data. Sida's initial allocation for 2026 includes a total of 25 countries with the highest scores. For more information please see Initial Allocation Methodology.

ⁱⁱⁱ Sida uses the most inclusive estimate of humanitarian needs which is available from recent sources and supported by triangulation. For CAR, the source is HNRP 2025 as changes seen in GHO 2026 could not yet be verified.