Humanitarian Crisis Analysis 2025

Haiti

30 September 2025

1. Crisis overview[i]

4.5 / 5	6 million	3.9 million	$908.2 million	11%
Inform severity index	People in need of humanitarian aid (HNO 2025)	People targeted in the response plan (HRP 2025)	Required to reach the target (HRP 2025)	Of the required funding secured (HRP 2025)

103 MSEK	-	19 MSEK	122 MSEK
Initial allocation	Additional allocation	Flexible Funding	Total Sida funding 2025

Haiti is facing a severe and multifaceted humanitarian crisis with political instability, economic collapse, escalating violence, food crisis, displacement and the impact of natural disasters and epidemics. The protection situation has drastically worsened compared to last year, with the brutality and territorial expansion of armed gangs, particularly impacting women and children. The population is around 11.8 million and the worsening security situation, the near-collapse of basic services, the impact of years of drought and natural disasters has left 6 million Haitians highly vulnerable and in need of humanitarian assistance, including around 2.5 million children.

Armed groups now control most of the Port-au-Prince metropolitan area and are pushing outward, expanding their influence with increased attacks in the Artibonite and Centre departments. They are targeting key transportation routes, border corridors, and infrastructure, including schools and hospitals, which severely restricts movement, disrupts basic services, and limits humanitarian access. Earlier in 2025, gangs were reported to control about 80 per cent of Port-au-Prince; by September, their reach has extended beyond the capital through these escalations.

The protection situation has deteriorated further in 2025. Violence, kidnappings, and sexual and gender-based violence are widespread and increasingly used by armed groups to assert control. Children are especially at risk of family separation, trafficking, and recruitment into gangs. Many displaced families are living in overcrowded and unsafe conditions with very limited access to essential services. Communities are also under immense strain, as violence erodes trust and weakens social cohesion, making collective coping mechanisms more fragile.

Hospitals, schools, and key transport routes are repeatedly attacked or occupied, further reducing access to healthcare, education, and livelihoods. Deportations from neighbouring countries add to the strain on communities already under pressure.

Nearly half of Haitians are suffering from hunger. Displacement continues to rise, with around 1.3 million people uprooted within the country, most of them children. The lack of access to health care, clean water, and safe living conditions has heightened the risk of disease outbreaks. The constant threat of violence and repeated displacement has led to widespread psychological trauma. Reports of rape and other forms of gender-based violence continue to increase, with survivors facing limited access to care and justice. Armed violence forces many to flee, while hospitals, schools, banks, and state institutions are partially functional or closed due to insecurity. The rule of law remains extremely weak, further undermining protection and access to essential services. The level of violence in the country poses significant challenges to humanitarian operations. Many areas are controlled by the gangs and the violence and insecurity makes it difficult to operate safely and hinders access to people in need.

2. Humanitarian needs & affected population

As of October 2024, the latest IPC indicates a severe food crisis and Haiti is now the third most acute food insecure crisis in the world in terms of percentage of the population. More than half of the population—around 5.7 million people—are facing high levels of acute food insecurity. Of these, over 2 million people are in emergency levels (IPC Phase 4), and 8400 in displacement camps are experiencing catastrophic hunger (IPC Phase 5). Children are among the hardest hit: one in two faces food insecurity, which has led to rising malnutrition and other health concerns. Women and girls constitute more than half of those affected, and pregnant women and adolescent girls are at especially high risk of malnutrition and mortality. Needs are particularly acute in the Port-au-Prince metropolitan area (ZMPP), Artibonite, Grand-Anse, Nippes, Nord-Ouest, and along the border areas.

Taken together, needs are most acute in Quest (PPMA and neighbouring communes), Artibonite, Grand-Anse, Nippes, Nord-Quest and border areas. Armed groups control more than 80 per cent of Port-au-Prince metropolitan area (ZMPP), blocking the movement of people, goods and services.. The recent uptick in gang violence and food insecurity has caused major internal displacement.

Armed groups control most of Port-au-Prince and are expanding their reach into other regions, blocking the movement of people, goods, and services. Their presence has caused a dramatic increase in displacement: nearly 1.3 million people are now internally displaced, more than half of them children. Most stay with already overstretched host families, while others live in unsafe, overcrowded sites where lack of clean water and hygiene leads to outbreaks of waterborne diseases such as cholera.

As of July 2025, there were 272 displacement sites, up from 246 the previous month, mainly due to new armed attacks in the Centre department. While the number of sites increased,

overall site populations slightly decreased after government relocation programmes closed several large sites in the capital. The vast majority of site residents remain in Port-au-Prince, which hosts about nine out of ten people living in sites. On average, sites in the capital accommodate nearly 2,000 displaced people each, compared to just over 100 in provincial sites. Provinces like Centre and Artibonite also host displaced populations in newly established sites, though at much smaller scale.

Deportations from neighbouring countries, particularly the Dominican Republic, continue to add pressure, with tens of thousands forcibly returned in 2025. Displacement also drives family separation and leaves children at heightened risk of violence, exploitation, and lack of access to services.

The prolonged nature of the crisis has exhausted host families' capacity to support displaced persons, leading to secondary displacement. This displacement often leads to overcrowded and unsanitary living conditions in temporary shelters and camps with limited access to clean water or hygiene facilities which in turn leads to waterborne diseases, such as cholera. Many Haitians who had sought refuge in neighbouring countries are being forcibly returned, the majority from the Dominican Republic. The number of IDPs is rapidly increasing, both in the capital and the provinces. Out of the 1,3 million people displaced in Haiti due to armed violence, approximately 500,000 are children. This situation highlights the severe impact of the ongoing crisis on the most vulnerable populations, particularly children who face heightened risks of violence, exploitation, and lack of access to essential services Population displacement is also the main cause of family separation.

Gender-based violence (GBV) is being used systematically by armed groups for territorial control and intimidation, involving sexual violence committed by gangs, including cases against children. Children also face increased risks of forced recruitment into gangs, with an estimated 30-50 per cent of gang members being minors. Kidnapping is used as a source of revenue, targeting already impoverished families. Access to healthcare and education is negatively impacted both by repeated attacks on hospitals and schools as well as lack of access to fuel for generators. Pregnant women face particular levels of vulnerability, as access to reproductive health care and qualified staff is severely limited. Many are also subjected to trauma from violence and displacement, leading to widespread psychological distress, especially among displaced people.

3. The humanitarian response

The global freeze and scale-back of US humanitarian funding announced in January 2025 is having major consequences on aid operations. Haiti is one of the crises with the highest proportion of funding from the U.S. (65 percent during 2024). Extensive disruptions in humanitarian operations are reported as a result of the freeze. WFP reports that 200,000 people in IPC phase 4 and 20,000 internally displaced persons will be left without food rations in February and March, while emergency food assistance in the form of cash transfers to an additional 285,000 people in IPC 4 will not be possible to deliver. Additionally, 12,000 children

under two years old and 14,000 pregnant and breastfeeding women will not have access to planned nutritional supplements. Disruptions are occurring to air, sea, and road transport, as well as storage and logistical coordination for humanitarian actors throughout the country. At the same time, the humanitarian crisis is escalating. Cuts to food security and protection programs also risks disproportionately impacting women, particularly those who are displaced or living in rural areas, reinforcing cycles of vulnerability

The Humanitarian Response Plan (HRP) published in February 2025 estimates that 6 million people need humanitarian assistance. Of these, humanitarian actors are targeting 3.9 million. The HRNP´s scope for 2025 has been redefined an is strictly focused on addressing acute needs caused by recent shocks, including armed violence, forced displacement, epidemics, and the consequences of natural disasters. Priority target populations include displaced people, host communities, people in areas controlled by or under the influence of armed groups, people in cholera hotspots and other epidemic hotspots and people vulnerable to natural disasters.

The humanitarian response has placed a strong emphasis on food security, health, Shelter and NFI, WASH and providing protection services, particularly to women, girls and boys who have suffered or are at risk of gender-based violence. The response also includes addressing the humanitarian consequences of violence, forced displacements, drastic reduction in access to basic services, natural disasters, acute malnutrition, food insecurity, epidemics, and out of school children and youth. Humanitarian partners are working with authorities to provide hot meals to the displaced, school meals across the country, and cash transfers so people can buy what they need most. Additionally, humanitarian partners seek to ensure that displaced, out-of-school children from the most vulnerable host communities have equitable access to a safe and protective education.

The HRP emphasizes the importance of Cross-cutting protection, Protection from Sexual Exploitation and Abuse (PSEA), Accountability to Affected People (AAP), Regional Pooled Fund and Anticipatory Action for tropical storms and hurricanes.

Humanitarian access in Haiti is severely constrained, making a sustained and multi-sector response to people in need is highly challenging. For example, partners estimate that only 15 per cent of the capital, where needs are among the highest in the country, is accessible to humanitarians. Nevertheless, the humanitarian community is able to implement programmes, and needs to be equipped to respond to needs at scale and when security improves in a given area. Sectors that have received more funding include food security, health, and protection, whereas education, shelter and non-food items (NFIs), and water, sanitation, and hygiene (WASH) have received less funding. Some significant challenges to the scale up has been recruitment of qualified and technical staff and strengthening the response capacity of local actors.

The Humanitarian Reset emphasized the centrality of protection across the cluster system. The Protection Cluster, in particular, has been called upon to play a leadership role in ensuring that risk reduction, prevention, and resilience-building are systematically integrated into all sectoral

responses. This involves closer collaboration with the Health, Education, Shelter/CCCM, and Food Security clusters to identify and mitigate protection risks at each stage of response delivery.

The reset has also been framed as an opportunity to improve coordination efficiency and resource allocation. Clusters are expected to align their interventions more closely with identified risks, ensure that duplication is minimized, and that scarce resources are directed to those most in need. Protection mainstreaming is therefore not treated as an optional or parallel activity but as a core responsibility of every cluster.

The Multinational Security Support (MSS) mission in Haiti is led by Kenyan police and began operations on June 25, 2024. While the mission is seen as necessary to address the escalating violence and humanitarian crisis, there are concerns about its effectiveness and the potential for human rights abuses. The mission's success depends on adequate support and coordination with local authorities. The MSS, has its mandate extended until 2 October 2025, but remains under-resourced and below target strength. Discussions are ongoing in the Security Council on whether to further extend, expand, or transform the MSS into a broader force to counter gangs, with proposals ranging from a strengthened mandate to the establishment of a UN support office.

4. Sida's humanitarian allocation

Sida's humanitarian response is multisectoral and flexible in the form of program based support, in order to better respond to the changing and unpredictable operational environment and emerging needs. Due to the severe state of violence, activities in Haiti need to be based on centrality of protection in order to help ensure the safety, dignity, and rights of those affected. Partners should integrate protection in other sectors and adopt a risk mitigation approach to protection, while responding to the needs of survivors.

Sida's humanitarian support is guided by the last HRP and will target food insecure people in both urban and rural areas, especially focusing on the ZMPP, the Artibonite and the Grand Anse area. It will also focus on women, girls, and young children in violence-affected and gang-controlled areas, including displacement sites and other areas with unsafe living conditions as well as returnees from the DR, with a special focus on unaccompanied children. As access is a significant challenge for all partners in Haiti, partners that can strengthen overall humanitarian service delivery have also been considered, including through stockpiling and access to fuel.

Improving access to health services, including Sexual and Reproductive Health (SRH) services and referrals for survivors of GBV, psychosocial support (PSS), especially targeting children and affected families as well as screening, referral and treatment of malnutrition is a priority. Additionally, cash assistance is considered an efficient way of mitigating food insecurity, providing flexibility and local market stimulation. Due to recent outbreaks of water borne diseases, such as cholera, access to safe drinking water and sanitation are important especially in IDP sites. Additionally, access to education and school feeding are important in order to reduce the risk of gang recruitment and malnutrition.

Due to recent developments, many international staff have left the country and hiring for international positions have been challenging. Reliance on local capacity is essential in order to conduct humanitarian programming, not the least when it comes to challenges in access.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
ICRC	Health, Protection	20,000,000
Save the Children	Health, Nutrition, Food Security, WASH, Child Protection and Education	20,000,000
UNICEF	Health, Nutrition, Food Security, WASH, Child Protection and Education	40,000,000
WFP	Nutrition, Food Security, Protection	23,000,000
TOTAL		**103.000.000**

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS 2025 (SEK)		
PARTNER	FLEXIBLE FUNDING[1]	ADDITIONAL ALLOCATION
FAO	8,000,000	-
MSB	4,400,000	-
UNOCHA	2,700,000	-
WFP	3,929,169[2]	-
TOTAL	**19,029,169**	-

[i] The 2025 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.

[1] Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.
[2] Allocated under financial year 2024 for relief co-ordination and support services.