

1. Summaryⁱ

11	6.4 million	79 MSEK	0 MSEK	0 MSEK	79 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

Haiti is a protracted and highly volatile, protection-driven crisis, shaped by entrenched armed violence, political instability, economic collapse and weak rule of law, compounded by recurrent climate shocks. Armed groups control large parts of metropolitan Port-au-Prince, with violence expanding into Artibonite and Centre, while security force operations have also resulted in civilian harm. Protection needs are widespread, with civilians exposed to pervasive violence, grave child rights violations, gender-based violence (GBV), forced displacement and severe access constraints.¹ Climatic shocks, including hurricanes and flooding, further exacerbate risks and needs, particularly in already fragile southern departments.

In 2026, 6.4 million people are estimated in need of humanitarian assistance, of whom 4.2 million are targeted and 3.3 million urgently prioritised under a highly constrained response.² Food insecurity remains acute, with 5.7 million people in IPC Phase 3 or above, including 1.9 million in Emergency (IPC Phase 4).³ Displacement continues to rise, reaching 1.43 million internally displaced people (IDPs), many hosted by families but over 200,000 living in overcrowded sites, often in schools. Intersectoral assessments indicate that 43 per cent of households face severe needs in at least one sector, underscoring the depth and multidimensional nature of the crisis.⁴ Sida's initial allocation for humanitarian response in Haiti is SEK 79 million, allocated to partners selected based on severity of needs, ability to operate in low-access environments, and capacity to deliver multisectoral, protection-centred assistance.

¹ Protection Cluster Haiti, *Protection Analysis Update*, September 2025, pp. 3–7.

² Haiti: 2026 Humanitarian Needs and Response Plan, December 2025, pp 1-2

³ IPC, Haiti: Acute Food Insecurity Situation September 2025–February 2026 and Projection March–June 2026, October 2025

⁴ IOM, *Haiti — Update on the Displacement Situation in Spontaneous Sites (DTM Round 11)*, September 2025

2. Humanitarian needs & affected population

Humanitarian needs in Haiti remain extensive, severe and protection-driven, shaped by the convergence of armed violence, mass displacement, acute food insecurity and the collapse of basic services. Needs are highest among internally displaced people, women and girls, children, female-headed households and persons with disabilities, particularly in areas directly affected by armed group activity.

Food insecurity and livelihoods are among the most acute needs. IPC projections indicate a further deterioration during the March–June 2026 lean season, with an expansion of Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes, driven by insecurity restricting access to markets and agricultural land, disrupted supply chains, reduced production and declining purchasing power. Recently displaced households and communities in violence-affected parts of metropolitan Port-au-Prince, Artibonite and Centre are expected to face the sharpest deterioration as livelihoods are disrupted or lost entirely.

Civilians are exposed to killings, injuries, kidnappings, extortion and pervasive insecurity, with armed groups imposing movement restrictions through roadblocks and checkpoints that limit access to services and assistance.⁵ Displaced populations living in overcrowded sites particularly those living in crowded camps, face heightened risks linked to poor lighting, unsafe WASH facilities and lack of privacy, increasing exposure to GBV and other forms of violence.⁶ Women and girls face high levels of sexual violence and exploitation, including in displacement sites and gang-affected neighbourhoods. In 2025, UNICEF and UNFPA reported 8,090 GBV survivors, including children, accessed specialised support, highlighting both the scale of violations and gaps in coverage, as available data reflects only reported cases and many survivors face barriers to accessing services due to insecurity, stigma and limited service availability. UNICEF reports that children are particularly affected: 30–50 per cent of armed group members are estimated to be children, and 2,269 grave violations were verified against children in 2025, including recruitment, killing and maiming, abduction and sexual violence.⁷

Displacement, shelter and basic services remain critical. As of late 2025, 1.43 million people are internally displaced, driven by repeated armed attacks in Centre and Artibonite and ongoing violence in metropolitan Port-au-Prince.⁸ Over 210,000 displaced people live in sites, many in schools and public buildings with inadequate shelter, WASH and protection services.⁹ Housing, land and property risks are widespread, including destruction or occupation of homes, forced evictions linked to clearance of public buildings and rising eviction risks for renters.¹⁰ Education and health

⁵ Global Protection Cluster – Haiti, *Protection Analysis Update*, September 2025, pp. 6–7.

⁶ IOM, *Haiti* — Update on the Displacement Situation in Spontaneous Sites (*DTM Round 11*), August–September 2025

⁷ UNICEF Haiti, on Cluster Approach, November 2025; UNICEF-led Monitoring and Reporting Mechanism (MRM).

⁸ IOM, *Haiti* — Update on the Displacement Situation in Spontaneous Sites (*DTM Round 11*), September 2025

⁹ Ibid

¹⁰ Global Protection Cluster – Haiti, *Protection Analysis Update*, September 2025, pp. 9–10.

services are severely disrupted: 93 per cent of assessed schools host displaced children, while violence and insecurity have led to widespread closures and psychosocial distress.¹¹ In the metropolitan area, 45 per cent of in-patient health facilities are closed or destroyed, and nationwide around 60 per cent of facilities are non-functional or operating at minimal capacity, severely limiting access to care.¹²

Large-scale deportations from the Dominican Republic further compound protection and basic needs, increasing pressure on already overstretched reception areas and services along key border points. UNICEF reports that 300,000 people were deported from the Dominican Republic to Haiti, including 6,941 unaccompanied and separated children, underscoring heightened child protection and immediate assistance needs in border areas.

Geographic concentration of needs is most pronounced in metropolitan Port-au-Prince, particularly communes under armed group influence, and in violence-affected areas of Artibonite and Centre, where displacement, food insecurity and protection risks intersect. Multi-sectoral needs assessment (MSNA) findings show that 43 per cent of households nationwide face severe needs in at least one sector, with elevated severity in ZMPAP, Ouest, Artibonite and Centre.¹³ Significant needs also persist in the southern peninsula following Hurricane Melissa, particularly in WASH, shelter and food security.

3. The humanitarian response

The latest MSNA shows a sharp nationwide deterioration of needs, with 43 per cent of households facing at least one severe need and nearly half experiencing multisectoral deprivations. WASH, protection

6.4 million

People prioritised in the response plan (HNRP 2026)

\$880 million

Required to reach the target (HNRP 2026)

18.5%

Of the funding secured (HNRP 2026)

and food security are the main drivers of severity, with protection risks particularly acute in ZMPAP, where severe protection needs reach 27 per cent compared to 12 per cent nationally, and overall severity remains highest in ZMPAP, Artibonite and the South. The response remains focused on the areas of highest severity: ZMPAP, Artibonite, Centre, and a limited number of high-need communes in other departments. Priority interventions include protection services, emergency WASH, food and cash assistance, basic health services and education in emergencies. However, the scale of multisector needs exceeds current response capacity. Significant gaps persist in protection, site management, cholera-sensitive WASH, shelter/NFI, emergency education and HLP support. Displaced households in spontaneous sites, overstretched host communities, survivors of SGBV, adolescents at risk of recruitment, persons with disabilities, and returnees face some of the most severe unmet needs. National authorities have minimal capacity to meet acute needs beyond limited,

¹¹ Joint Education and Child Protection Needs Assessment *Haiti – Final Report*, April 2025, pp. 5–7.

¹² Global Protection Cluster – Haiti, *Protection Analysis Update*, September 2025, p. 11.

¹³ REACH, *Haiti MSNA 2025 – Intersectoral Results*, November 2025.

short-term measures. The geographic and sectoral priorities described are fully aligned with the 2026 Humanitarian Needs and Response Plan, while the identified gaps reflect the funding shortfalls highlighted in OCHA's 2025–2026 funding overview, particularly in protection, shelter/NFI, CCCM, education in emergencies and cholera-sensitive WASH

Access remains a major limiting factor for the response, with high-severity communes classified as difficult or nearly impossible to reach. Households frequently report not being able to reach health services, markets or safe water points because of insecurity, checkpoints, extortion and sudden shifts in control. State security forces have increasingly used drones and helicopter strikes in densely populated areas, creating additional risks of targeting errors, explosive remnants and confusion with humanitarian air assets such as UNHAS. In several communes in ZMPAP, Lower Artibonite and Centre, insecurity, road disruptions and repeated displacement severely restrict operations, leaving many high-need areas insufficiently covered.

Local and national actors continue to play a central role in delivering assistance in difficult-to-access areas. Haitian NGOs, women-led organisations and community structures are often the first to respond. Coordination platforms, including local NGO forums, offer opportunities to strengthen local leadership, although limited funding predictability, insufficient overhead coverage and uneven risk-sharing continue to constrain the scale and sustainability of local engagement.

The donor environment is characterised by significantly reduced funding levels, with several major donors narrowing their financial support to strictly life-saving interventions due to global budget constraints. This has led to chronic underfunding in protection, CCCM, shelter/NFI, cholera-sensitive WASH, emergency education and enabling services such as logistics and air operations. The donor environment remains highly constrained, with the 2025 Haiti Humanitarian Response Plan only 24.2 per cent funded, corresponding to US\$219.3 million received against total requirements of US\$908.2 million, resulting in significant unmet needs. Sweden remained a significant contributor, providing 3.9 per cent of total humanitarian funding to Haiti in 2025, although overall funding levels remain insufficient to address the scale and complexity of needs.

4. Sida's humanitarian allocation

Sida's humanitarian response in Haiti remains multisectoral, flexible and protection-centred, enabling partners to adapt to an increasingly volatile and unpredictable operational environment. The allocation focuses on addressing the most severe multisector needs identified in the latest MSNA, as noted in the HNRP 2026, with interventions grounded in the centrality of protection. All partners are expected to integrate protection across sectors while maintaining the ability to provide specialised services for survivors of violence.

Geographically, Sida will prioritise areas with the highest concentration of severe needs: ZMPAP, Artibonite, Centre, and selected high-severity communes in Grand Sud. In addition, border communes such as Belladère and Ouanaminthe due to the high influx of deportees from the Dominican Republic, many of whom arrive without documentation and with acute protection and basic needs.

The allocation will prioritise sectors where needs are most severe, including protection, food security and cash, WASH, health and nutrition, and education in emergencies. Interventions will focus on life-saving assistance while strengthening protective outcomes, with particular attention to protection, GBV response, safe access to essential services and risk mitigation across sectors. Where feasible, Sida will support humanitarian approaches that help preserve essential services, reduce repeated shocks and strengthen community coping capacities. All partners are expected to integrate accountability to affected populations, including community engagement, and meaningful participation in programme design and adaptation

Sida will prioritise partners that can rapidly scale up during surges of violence or sudden-onset shocks, including hurricanes, floods and mass displacements. Haiti's simultaneous exposure to conflict and natural hazards requires actors capable of deploying rapidly and pre-positioning supplies to maintain continuity during abrupt escalations.

Given the extreme access constraints, Sida further prioritises partners with, negotiation capacity, presence in hard-to-reach areas and with demonstrated ability to design and implement programmes in low-access environments, including through remote management, community-based delivery models and adaptive programming approaches. Furthermore, chosen partners have been assessed based on their contribution to system-wide access and operational continuity through logistics, security information, pre-positioning and local partnerships.

PARTNER	INITIAL ALLOCATION
International Committee of the Red Cross (ICRC)	24,000,000
International Rescue Committee (IRC)	10,000,000
Norwegian Refugee Council (NRC)	10,000,000
World Food Programme (WFP)	35,000,000
TOTAL	79,000,000

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 The number of people with humanitarian needs according to Sida's allocation analysis is based on the most inclusive estimate of humanitarian needs that is available from recent sources and supported by triangulation. For Haiti, the selected source is GHO 2026.