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Situation Report #3

Increasing violence in Haiti continues to put the lives of women and girls at risk

Country:	Haiti
Emergency type:	Protracted humanitarian emergency and response to escalation in gang violence
Start Date of Crisis:	February 1, 2024
Date Issued:	June 7, 2025
Covering Period:	April 1, 2025 to May 31, 2025
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Key Figures

 6 million Total people affected ¹	 1.5 million Women of reproductive age ²	 225,000 Estimated pregnant women ²	 920,000 People targeted with MISP/SRH services	 400,000 People targeted with GBV programmes
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Highlights

- Intensification of gang violence outside the Metropolitan Zone of Port-au-Prince (MZPAP). Since April 2025, the humanitarian situation continued to deteriorate due to escalating violence in the Centre and Artibonite Departments,

¹ [OCHA, Haiti: Humanitarian Needs and Response Plan, February 2025.](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

where more than 67,000 additional people were displaced. This occurred in a context of worsening food insecurity and limited access to basic social services.

- **Haiti remains an underfunded humanitarian crisis.** The humanitarian situation in Haiti has deteriorated significantly in the recent weeks as rates of violence, hunger, and displacement soar amid a severe lack of funding. UNFPA continues to call for increasing additional humanitarian funding for Haiti and launched the campaign on the underfunded crisis.³
- **Arrival of cyclone season 2025.** The forecasters warned of an “extremely dangerous” event, including the possibility of hurricanes and storms, with potentially devastating consequences. UNFPA and partners have put together a contingency plan, including the prepositioning of dignity and mama kits; updated GBV referral pathways; and coordinated with other clusters, including the Shelter and Camp Coordination and Camp Management (CCCM), Health Cluster, and GBV Sub-Cluster.
- **UNFPA continues to ensure that supported-health facilities and hospitals that are currently operational have essential medical supplies for maternal health.** In collaboration with the Health Ministry, Ouanaminthe and Belladere hospitals have been provided with five Inter-Agency Emergency Health Kits (IARH) kits medicines and equipment to strengthen the provision of emergency obstetric care and the management of complications related to unsafe abortions.
- **Increase in deportations adds to a complex humanitarian crisis affecting millions across the country.** Among those arrested and deported from the border regions with the Dominican Republic are pregnant and breastfeeding women, mothers who recently gave birth and are still in pain, newborns and children. It is estimated an average of 80 people are deported from the Dominican Republic per month since May. UNFPA teams in Haiti and the Dominican Republic are reflecting on a common strategy to strengthen the referral pathway capacity between the two countries to ensure the continuity of sexual and reproductive health (SRH) services for deported pregnant women when they are reaching Haiti. UNFPA recorded 80 deliveries including caesarians cases weekly among women deported from Dominican Republic to Haitian borders. In addition, the teams are also working to integrate SRH and gender-based violence (GBV) services in the border department (Anse-a-Pitre, Ouanaminthe and Belladere) hosting the deported pregnant women.
- **UNFPA is prioritizing the continuation of life-saving services for women and girls.** Despite limited humanitarian access, UNFPA is ensuring access to critical services through the deployment of integrated SRH/GBV mobile clinics, dignity kit distribution, coordination of GBV prevention and response services, and remote support for survivors of violence via a hotline.

Situation Overview

- Since April 2025, there has been a significant increase and an intensification in violence by armed gangs in the Centre and Artibonite Department. The deterioration of the security situation has been marked by an increase in kidnappings and killings, with 1,617 people killed in the first quarter of 2025. As armed gangs continue to seize more territory in the capital, Port-Au-Prince, as well as in areas in the Artibonite and Centre Department, humanitarian organizations have found themselves unable to keep up with the growing scale of needs. The humanitarian team in Haiti calls for respect of human rights and dignity, and for strengthening regional solidarity to address the crisis.⁴
- The number of internally displaced people (IDPs) in Haiti has increased three-fold in a year. The number of displacement sites nearly doubled between March and April 2025—from 119 to 228—mainly due to violence in the Centre Department. Across the country, sites are now hosting 203,789 internally displaced people, marking a 10 per cent increase compared to March.⁵ In the Artibonite Department, attacks in the commune of Petite Rivière de Artibonite on 28 April 2025 triggered the displacement of over 16,000 people.⁶ More than 1 million people (55%

³ [UNFPA. Haiti crisis remains the underfunded humanitarian crisis. 20 May 2025.](#)

⁴ [ECHO. Haiti - Deportation of Haitians from Dominican Republic. 15 May 2025.](#)

⁵ [IOM. Haiti — Monthly update on the displacement situation in sites. April 2025.](#)

⁶ [IOM. Haiti — Emergency Tracking Tool 63.1 — Updates on displacement following armed attacks in the municipality of Petite Rivière de l'Artibonite. 28 April — 3 May 2025.](#)

women and girls) are now displaced, with urgent needs for protection, access to SRH services, shelter, food, water, sanitation, and hygiene. The continued displacement of people is creating new protection needs and new challenges for GBV actors, who have limited operational and financial capacities.

- The recent policy changes by the Government of the Dominican Republic concerning illegal immigration have resulted in increased deportations, including women of reproductive age, pregnant women, breastfeeding mothers, and children. These deportations predominantly occur at three major frontier points, where the influx of deportees is placing additional pressure on already strained health and social services.

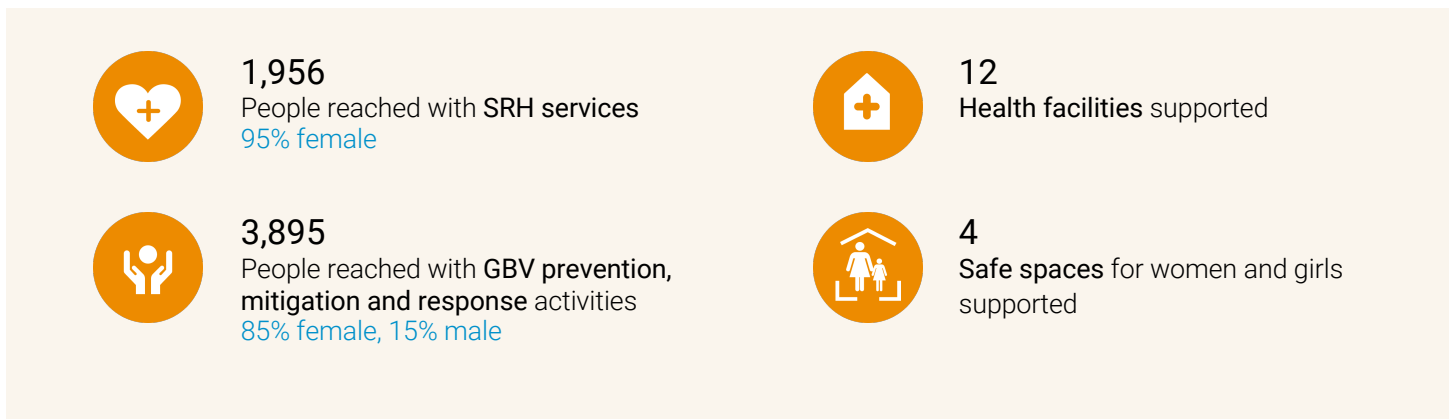
UNFPA Response




During the reporting period:

- **1,257 deliveries were recorded in UNFPA-supported health facilities**, of which 500 were cesarean cases. UNFPA continued to ensure that the supported health facilities have the reproductive health kits, containing medicines and supplies for maternal and child health care, including emergency obstetric care. A total of 22 IARH kits are distributed.
- **2,481 people, including 574 pregnant women and 54 breastfeeding women received SRH and GBV services** through 23 UNFPA funded mobile clinics carried out in different displacement sites in collaboration with the Centre pour le Développement et Santé (CDS) and Femmes en Association pour le Développement d'Haïti et pour le Renforcement de l'Intégration Sociale (FADHRIS) .
- **244 women and girls received counseling and psychosocial support** within women's temporary safe spaces and GBV service points established by MDM in affected communities to address the absence of counseling or support for survivors of violence in new displacement sites as well as in affected communities in MZPAP.
- **2,932 women and girls living in internal displacement sites received dignity kits** from UNFPA through the collaboration with Fondation pour la Santé Reproductive et Education Familiale (FOSREF), Médecins du Monde (MDM) and FADHRIS.
- **227 women in the Artibonite department received cash assistance** of 46,280 gourdes each to address their basic needs.
- **688 people were provided with information on GBV services** and how to access them. 306 were women and girls in different displacement sites.
- **163 calls were made to the UNFPA-funded GBV hotline** in May 2025, which provided psychosocial support, information, referrals, and documented cases of GBV.
- **45 medical staff were trained on integrated SRH/GBV/HIV/tuberculosis mobile clinic approach**. The training targeted the participants from four supported-health facilities as well as the implementing partners, including FOSREF, MDM, and Centre pour le Développement de la santé (CDS). The training provided comprehensive guidance on how to conduct mobile clinics, key services, HIV and tuberculosis testing, providing appropriate integrated medical care, and referral.
- **66 service providers were trained on GBV case management principles**. The training took place in Port-au-Prince and Artibonite. The participants were from the GBV Sub-Cluster, local women-led organizations, and UNFPA's implementing partners. Participants strengthened their knowledge and capacities in GBV core concepts, service delivery and case management, ethical and safe information management, monitoring and evaluation, and safe referrals.
- **14 case managers were trained in SRH and GBV data management** in order to improve service delivery, case follow-up, and evidence-based decision-making. The training included participants from health institutions and women's organizations in Artibonite, and focused on the international standards and guiding principles, including survivor-centered and non-discriminatory approaches, protection and confidentiality of data management.

- UNFPA and OCHA held a joint field visit on 20 May 2025 in Ecole municipal Labitre displaced site to visit the UNFPA activities and meet with the newly displaced communities to discuss and understand their needs.⁷

Results Snapshots



	2,932	Dignity kits and mama kits distributed to displaced women and girls
	227	227 women in the Artibonite department received cash assistance of 46,280 gourdes each
	22	Reproductive health kits provided to hospitals and health facilities to meet the needs of 3,600 women

Coordination Mechanisms



Gender-Based Violence:

- UNFPA held the GBV Sub-Cluster monthly meeting under the leadership of the Ministry on status and women's rights. The meeting focused on the upcoming validation of GBV SOPs, GBV services mapping, the GBV response in the Centre and Artibonite department as well as the GBV data collection and sharing information.

⁷ [Rapport de visite conjointe, 20 May 2025.](#)

- A meeting was held with the OCHA Deputy Head of Office. The meeting focused on the UNFPA programming response in Haiti, the priorities of the GBV Sub-Cluster, and the support that the Sub-Cluster needed from OCHA to move forward with the GBV agenda in Haiti. Through the GBV Sub-Cluster, UNFPA will continue to strongly support the GBV risk mitigation and prevention in displacement sites.
- The GBV Sub-Cluster conducted the GBV service mapping update exercises. The GBV referral pathway was in place and posted on ReliefWeb, while the dissemination continued via GBV coordination platform, sharing copies of referral pathway, and conducting awareness raising with the displaced community on GBV services and how to access them. Additional funding needs to be mobilized to support the implementation of inter-agency mitigation, such as training of other clusters, GBV safety audit, and advocacy for concrete action implementation.



Sexual and Reproductive Health:

- A representative from the Ministry of Health and Population participated in the regional SRH Coordination training on 7-11 April 2025 in Dakar Senegal. The workshop focused on strengthening the skills and capacity of participants to effectively coordinate SRH partners as well as ensure the implementation of the Minimum Initial Service Package (MISP) for SRH in crises.
- In collaboration with the Health Ministry, Ouanaminthe and Belladere hospitals have been provided with five IARH kits, medicines, and equipment to strengthen the provision of emergency obstetric care and the management of complications related to unsafe abortions.

Funding Status

UNFPA is appealing for US\$28.9 million to strengthen and expand access to life-saving SRH and GBV services in Haiti in 2025. As of May, the total amount received by UNFPA for Haiti was US\$2.6 million, representing only 8% of the required funding. With the needs escalating in Haiti, additional funding is urgently required to ensure women and girls can access these critical services.

