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A few days after Hurricane Melissa, Kenson, 7, is suffering from acute diarrhoea. He is receiving proper treatment at the UNICEF-supported treatment centre in Belle-Anse, Southeast department.

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for every child

Humanitarian Situation Report No. 8

Reporting Period
1 January to 31 December 2025

Haiti

HIGHLIGHTS

- In 2025, Haiti descended into its darkest chapter yet. Armed violence uprooted over 1.4 million lives – nearly triple the toll of early 2024. As armed groups tightened their grip, cholera swept through weakened communities, claiming 71 lives, while more than 270,000 were forced back across borders they had fled to escape. With 5.7 million people facing acute food insecurity, the crisis impacted the most vulnerable: nearly 130,000 children under five now suffer from acute malnutrition.
- Despite the constraints, UNICEF and its partners delivered critical life-saving assistance in 2025, treating more than 60,000 children for severe wasting, supporting the reintegration of more than 570 children from the armed groups (since January 2024), providing safe water to 178,000 people, providing healthcare to 626,000 people, and enabling access to education for 44,000 children.
- The 2025 Humanitarian Action for Children appeal was 19 per cent funded, with US$52 million mobilized against the US$272 million required.

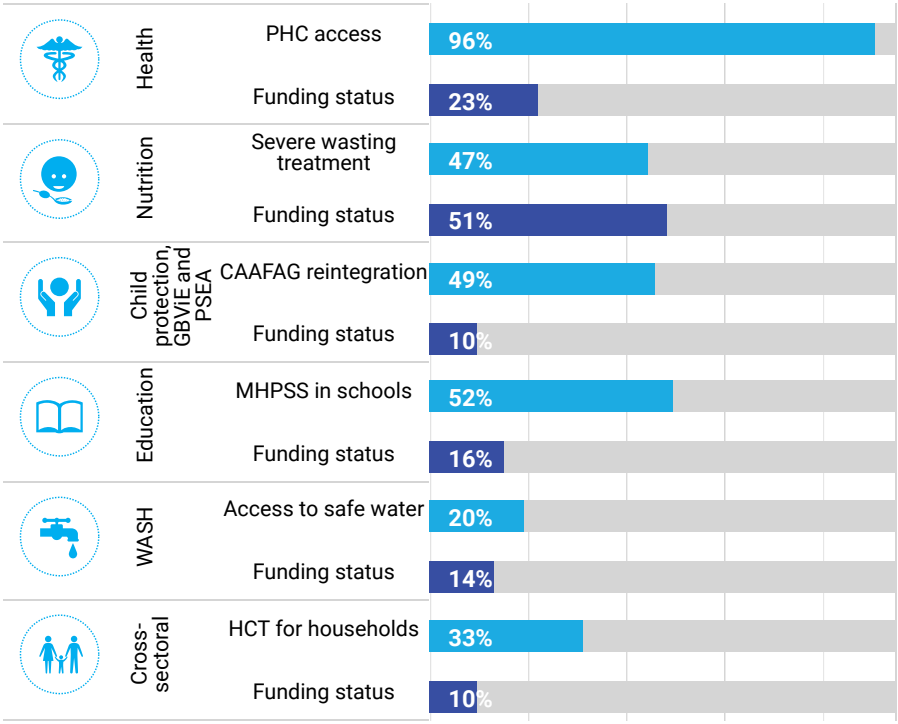
SITUATION IN NUMBERS

3,300,000
Children in need of humanitarian assistance[1]

748,000
Displaced children, out of 1.4M total displaced[2]

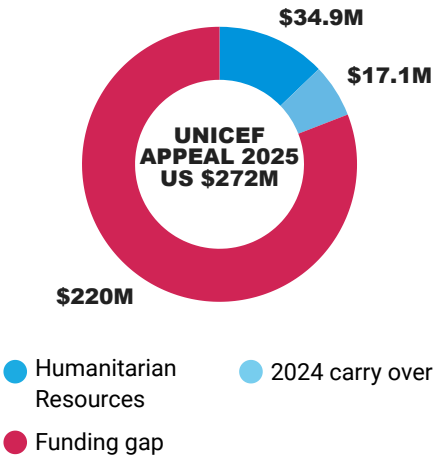
7,470
Gender-based violence cases between Jan.-Sep. 2025[3]

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

The 2025 Humanitarian Action for Children (HAC) appeal for Haiti totals US$272 million, reflecting urgent multisectoral needs across nutrition, education, child protection, health, WASH, cross-sectoral humanitarian systems strengthening and emergency preparedness. As of 31 December 2025, approximately 81 per cent (US$220 million) of UNICEF's appeal remained unfunded, underscoring a deeply strained funding environment.

This deficit reflects worsening pressures across the international aid landscape. Throughout 2025, UNICEF Haiti undertook extensive resource mobilization efforts, including more than a dozen concept notes, targeted donor outreach, senior leadership missions, and strengthened communications and advocacy. Despite these efforts, donor consultations indicate that ODA envelopes for 2025–2026 continue to shrink. Consequently, available and projected resources remain far below what is required to sustain life-saving services, retain core staffing, or support surge capacity amid a rapidly deteriorating humanitarian context.

Despite these challenges, UNICEF Haiti received critical life-saving contributions from CERF, SIDA, US Government/BHA and PRM, the Government of Canada, Japan, the Republic of Korea, ECHO (including top-ups), and Education Cannot Wait (ECW). Several National Committees, including those of the United Kingdom, United States, Germany, Spain, and Canada, also provided significant support. Additional financing through the Global Humanitarian Thematic Fund and the Emergency Programme Fund (EPF) played a pivotal role in preventing pipeline breaks and sustaining priority interventions.

Nonetheless, severe sectoral gaps persist, with Child Protection again one of the most underfunded areas, facing funding gaps nearing 90 per cent. Yet, Haiti's crisis is fundamentally a protection crisis, as children are bearing the brunt of violence, displacement, and facing grave violations of their rights. Within Child Protection, funding for the Prejeunes programme was mobilized from key donors, indicating the strategic importance of this programme not only for protecting children from violence and supporting their reintegration after their release from the armed groups, but also for Haiti's future stability since the programme seeks to find credible, sustainable alternatives for these children to prevent them from reverting back to violence. It will be important to sustain and scale up this funding in 2026, and ensure it also helps to strengthen social welfare and juvenile justice systems in Haiti.

Cross-sectoral enablers remain similarly underfunded, limiting the systems required for safe, accountable, and effective humanitarian delivery. These shortfalls jeopardize core protection services, community engagement, and risk-communication capacities essential for reaching vulnerable children in high-risk environments.

UNICEF Haiti expresses deep gratitude to all partners. Flexible, unearmarked, and multi-year funding remains especially critical for maintaining continuity of life-saving services in one of the world's most complex humanitarian settings.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, Haiti experienced a significant escalation in armed group violence, further exacerbating the humanitarian crisis. Armed groups continued to launch attacks in the metropolitan area of Port-au-Prince (ZMPP) and spilled over into the Artibonite and Centre departments The violence triggered the displacement of more than 120,000 individuals. Notably, the armed group takeover of the towns of Mirebalais and Saut d'Eau in the Centre department in March and April 2025 had resulted in the creation of 95 spontaneous internally displaced persons (IDP) sites. In Artibonite, repeated armed groups attacks between April and May 2025 in the commune of Petite Rivière de l'Artibonite resulted in at least 50 people killed and the displacement of thousands. An estimated 90 per cent of the capital, Port-au-Prince, is under armed group control.

Persistent armed group violence continues to drive Haiti's displacement crisis. According to the IOM/DTM Round 11 (September 2025) figures[4] , 1.4 million Haitians, or 12 per cent of the total population, are displaced, representing a 36 per cent increase since December 2024. The number of displaced children has also risen by 34 per cent over the same period, from 551,000 to more than 740,000. The number of sites has increased substantially, from 142 sites in 2024 to 238 sites in September 2025; nonetheless, the majority of IDPs (85 per cent) are hosted outside of sites or in host families. Notably, IDP sites in the provinces now exceed those in ZMPP (141 to 97 sites), indicating that armed group violence has expanded beyond the capital area.

The humanitarian crisis is further compounded by food insecurity, with nearly 5.7 million people, or over half the population, experiencing or will likely experience high levels of acute food insecurity (IPC Phase 3 or above) between September 2025 and February 2026, according to the latest Integrated Food Security Phase Classification (IPC) findings released in October 2025[5] . This includes 1.9 million people facing Emergency levels of acute food insecurity (IPC Phase 4).

Forced return of Haitians have also seen a significant increase in 2025. According to IOM, a total of 270,214 people were forcibly returned to Haiti from neighbouring countries in 2025, including 24,714 children. The overall number of people forcibly returned represents a 37 per cent increase from 2024, indicating that forced returns of Haitians continue to increase at a rapid pace.

Natural disasters have also accentuated Haiti's humanitarian needs in 2025. In addition to heavy rains in May 2025 in the Northeast department, which led to the inundation of an estimated 3,900 homes and affecting more than 4,300 families, Haiti was struck by Hurricane Melissa in October and November 2025, resulting in severe flooding, landslides and extensive infrastructure damage especially in the southern departments (South, Southeast, Nippes, Grand'Anse departments). As a result, 46 people (including 7 children) lost their lives, more than 250,000 people were directly affected by the hurricane, according to the General Directorate of Civil Protection (DGPC). In addition, more than 4,400 schools were affected (impacting the education of more than 127,000 children) and about 13,300 latrines and 63 drinking water systems were damaged.

Cholera remains a significant concern. In 2025[6] , cholera outbreaks affected more than half of the country's ten departments, confirming near-generalized transmission. A total of 3,664 suspected cases, 256 confirmed cases and 71 deaths were reported nationwide, including 37 institutional deaths and 34 community deaths. Mortality was primarily concentrated in the West department (43 deaths), followed by the Southeast department (15 deaths) and the Centre department (8 deaths). Artibonite reported eight deaths. Beyond the Grand Nord departments, significant outbreaks were also observed in the Southeast department, particularly in the communes of Bainet, Marigot, Belle-Anse, Grand-Gosier and Thiotte, following the passage of Hurricane Melissa, resulting in more than 120 suspected cases and 11 deaths. These outbreaks highlight the major vulnerabilities of areas exposed to climate shocks.

The exacerbation of humanitarian needs is taking place in the context of a collapse in essential services. Only 41 per cent of health

facilities with beds in Port-au-Prince remain functional[7] , 1,606 schools were closed during the 2024-2025 academic year (depriving 243,000 children of learning and affecting 7,500 teachers)[8] , and 1.3 million people urgently need life-saving WASH services.

Children and women continue to bear the brunt of this multi-faceted crisis. Between January and September 2025, over 7,400 cases of gender-based violence (GBV) were reported in Haiti – representing a 38 per cent increase of cases compared to the same period in 2024. 76 per cent of GBV victims were women and 14 per cent were girls under the age of 18. Of the 7,400 total cases, 56 per cent were comprised of sexual violence cases. Armed group rapes accounted for 65 per cent of all reported cases of sexual violence[9] .

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

Throughout 2025, UNICEF Haiti maintained the delivery of essential health services in an extremely volatile and resource-constrained environment. The response prioritized vulnerable populations, particularly internally displaced persons (IDPs), hard-to-reach communities, and host populations mostly across multiple departments including West, Northeast, Center, and Artibonite. In terms of service delivery and reach, UNICEF enabled a cumulative 626,991 people (350,827 children and 276,164 women) to access essential primary healthcare (PHC) services through UNICEF-supported mobile clinics and health facilities, representing a cumulative 96 per cent of the annual target. Mobile clinic and health facility services comprised general consultations, antenatal and postnatal care, Integrated Management of Childhood Illnesses (IMCI), malnutrition screening, vaccination, and health education; specific mobile clinic deployments in IDP sites provided integrated psychosocial care to beneficiaries.

To address critical gaps, 219 health professionals (88 per cent of the annual target) were trained and deployed, enhancing capacity in emergency obstetric and neonatal care, particularly in the Northeast department. UNICEF supplied critical medical inputs to sustain facilities, delivering Interagency Emergency Health Kits (IEHK), renewable medical equipment, and essential medicines to 117 healthcare facilities. This support aimed to treat patients and alleviate pressure on secondary healthcare systems.

In addition, UNICEF provided sustained support to the Ministry of Health's immunization programs. A total of 199,974 children (105,345 girls and 94,629 boys) received measles vaccinations, representing 90 per cent of the annual HAC target. The Reach Every District (RED) approach was utilized, with campaigns extending across all 10 departments.

UNICEF supported case management at treatment centers such as the Fontaine hospital in Port-au-Prince and pre-positioned AWD kits in at-risk communities and displacement sites. A total of 4,036 patients (704 girls, 598 boys, 1,262 women, 1,472 men) received treatment in Cholera Treatment Centers (CTCs), representing 6 per cent of the annual target reached. Financial support for patient referral from displacement sites to health facilities was also provided. This lower-than-expected progress reflects that the annual target was set based on higher projected cholera caseloads with the MOH, while the number of patients requiring CTC care has declined significantly during the reporting period. Cholera cases have decreased in eight departments, with the West and Southeast remaining the main areas of ongoing transmission. This reduction is consistent with the effect of coordinated multi-partner prevention and response interventions, which have helped reduced/curb the incidence.

The aforementioned results achieved in 2025 were as a result of collaborations with key partners (MDM-Argentina, GHESKIO, Centre Hospitalier de Fontaine, Caritas, Foyer Saint Camille, Hôpital Albert Schweitzer) and the Ministry of Health departmental directorates. This partnership was vital for delivering integrated mobile clinic interventions in departments and operating in insecure areas.

Nonetheless, in 2025, the programme implementation faced severe challenges such as drastic cuts in funding, notably from US Government, which critically constrained all aspects of the response and directly impacting the reach of PHC services and forcing a strategic realignment away from supporting human resources in the PHC system. Armed group violence in Artibonite, Centre, and West departments created geographical inaccessibility, blocking vaccination campaigns and mobile clinic movements. Furthermore, the closure of ports and airports disrupted the procurement and import of vital supplies, including vaccines, leading to stockouts. For cholera and acute watery diarrhoea, a lower-than-projected number of suspected cholera cases naturally limited the volume of treatments provided, alongside funding limitations for response activities.

Overcoming these challenges requires urgent advocacy for sustained and flexible funding, negotiated humanitarian access corridors, and reinforced supply chains. UNICEF remains committed to adapting its strategies to meet the acute needs of Haiti's most vulnerable children and women in 2026, focusing on integrated, context-responsive interventions where resources permit.

Nutrition

In a humanitarian context marked by a deteriorating nutrition emergency in Haiti driven by a fragile political transition, economic collapse, recurrent climate shocks, and escalating armed groups violence, resulting in mass population displacement and severely constrained access to health services, UNICEF reinforced its support to the Ministry of Public Health and Population (MSPP) to sustain essential nutrition services and protect the survival of Haiti’s most vulnerable children.

Through partnerships with 13 NGOs, associations, and private health institutions, UNICEF expanded access and quality of nutrition interventions nationwide, with a strategic focus in the metropolitan area of Port-au-Prince (ZMPP), Artibonite, and Centre departments, which are areas most affected by escalating armed violence and large-scale internal displacement. To ensure service continuity for displaced and crisis-affected populations, mobile clinics were deployed in these three departments, as well as across the four southern departments, enabling access to essential nutrition services for internally displaced persons (IDPs) and communities affected by Hurricane Melissa.

At the community level, UNICEF strengthened early detection and decentralized treatment of acute malnutrition, supporting MSPP in scaling up community-based services through training and deployment of 84 polyvalent community health workers (ASCP) in the commune of Croix-des-Bouquets in Port au Prince, following the earlier deployment of 40 ASCPs in Cité Soleil, another area under armed group control in the capital. This expansion contributed to increased screening coverage and facilitated timely referral and treatment of malnourished children in high-risk areas.

To mitigate supply chain disruptions, UNICEF reinforced nutrition logistics system, establishing two secondary warehouses in Cap-Haïtien and Les Cayes to improve departmental supply coverage and contracting two transport companies to ensure effective last-mile delivery of nutrition supplies. As a result, between October and

December 2025, 12,210 cartons of Ready-to-Use Therapeutic Food (RUTF) were successfully delivered to 422 health facilities, helping to prevent stock-outs and ensure continuity of treatment of children with malnutrition

As direct result of these interventions, during the reporting period, 496,546 children under five years of age (254,946 girls and 241,600 boys) were screened for acute malnutrition in 2025, representing 81 per cent of the annual target. Among those screened children, 60,202 children (31,305 girls and 28,897 boys) suffering from severe acute malnutrition (SAM) were admitted for treatment (47 per cent of the annual target) while 86,895 children (45,263 girls and 41,632 boys) affected by moderate acute malnutrition (MAM) received treatment (54 per cent of the annual target). Overall, 147,097 children suffering from acute malnutrition (SAM and MAM) accessed quality, life-saving treatment through UNICEF-supported services. The low coverage of SAM and MAM results in 2025 are primarily attributable to insufficient funding for the nutrition sector, noting that only 16 per cent of the 2025 HNRP was funded, resulting in limited-service availability and scale for the sector. Furthermore, there is underreporting of SAM and MAM cases treated, whereby the number of reported cases does not reflect the actual number of children receiving care, due to data completeness/reporting of only 54 per cent, which indicates that a substantial number of SAM and MAM cases were treated but not captured in SISNU, the national nutrition information system, which is the baseline source for reporting. In 2026, data collection systems will be strengthened to measurably improve data completeness and reliability. Concurrently, targeted resource mobilization efforts will be undertaken to increase financing for the nutrition sector.

Despite significant operational constraints, the quality of SAM treatment remains high with program performance meeting international SPHERE standards. The recovery rate reached 78.3 per cent (exceeding the minimum standard of 75 per cent) while the mortality rate remained low at 0.9 per cent (well below the acceptable threshold of 5 per cent). However, the default rate remained high at 20.8 per cent, exceeding the SPHERE benchmark of 15 per cent largely due to the reduction of community-based activities following the sudden interruption of US Government support to community health workers (ASCPs). In response to this under-performance, UNICEF and its partners prioritized the reinforcement of the community engagement mechanism in hard-to-reach areas in ZMPP, Lower Artibonite, and Centre departments, with the aim of reducing the proportion of children defaulting from treatment.

In terms of prevention, UNICEF supported the delivery of the essential nutrition services at scale reaching 253,509 children aged 6–59 months (131,846 girls and 121,663 boys) with vitamin A supplementation, reaching 46 per cent of the annual target, as well as reaching 143,030 children (74,376 girls and 68,654 boys) with micronutrient powders through home fortification. In addition, 242,975 pregnant and lactating women received counselling on optimal infant and young child feeding (IYCF) practices in emergency settings (79 per cent of the annual target). Meanwhile, 402,234 pregnant women were provided with iron and folic acid (IFA) supplementation (338 per cent of the annual target). This overachievement is attributable to an underestimation of needs during the initial planning phase at the beginning of the year, and effective integration of IFA supplementation into the service package delivered through mobile clinics.

To strengthen evidence-based decision-making, progress was achieved in nutrition surveillance and analysis. Two Steering Committee meetings held in December 2025 led to the finalization and formal validation of the SMART survey protocol. The forthcoming SMART survey followed by an IPC Acute Malnutrition (IPC-AMN) analysis will provide the most up-to-date evidence on the nutrition situation in Haiti, thereby enabling more coherent and evidence-based planning of nutrition activities across both humanitarian response and longer-term development efforts.

In 2025, the Nutrition Cluster, in collaboration with MSPP, convened twelve monthly meetings of the Technical Nutrition Committee (CTN), including five held in-person, with participation extended to Nutrition Cluster partners. In addition, nutrition partners, including donors, clusters, and national and international NGOs, enhanced coordination and alignment of interventions over several key cluster meetings. As a result, the capacities of nutrition actors in the country were strengthened through targeted technical sessions conducted alongside regular cluster meetings. Capacity-building efforts focused on Humanitarian Needs and Response Plan (HNRP) analysis, the inclusion of people with disabilities in the HNRP, as well as information management. In parallel, the Nutrition Cluster produced and disseminated regular situation and response bulletins on the nutrition situation, contributing to improved situational awareness and evidence-based planning. Furthermore, the Nutrition Cluster updated the mapping of nutrition actors (5W) in 2025. This mapping served as a critical operational tool for the strategic positioning and onboarding of new nutrition partners and new projects, ensuring improved coverage and reduced duplication of interventions.

The cluster also conducted a performance assessment through the Cluster Coordination Performance Monitoring (CCPM) exercise to strengthen coordination effectiveness and inform strategic priorities for 2026. Preliminary results indicate that 63 per cent of cluster functions were rated as “good” compared to 58 per cent in the 2024 exercise, reflecting an overall improvement in coordination performance.

As part of the 2026 HNRP planning process, the HNRP Working Group was established, bringing together members from the government, national and international NGOs, and UN agencies.

The Nutrition Cluster ensured full participation in the Inter-Cluster Coordination Group (ICCG) and the bi-weekly Information Management Working Group (IMWG), convened by OCHA and the Humanitarian Country Team (HCT), as well as in ad hoc coordination meetings as required, strengthening inter-cluster collaboration and information sharing.

As of 31 December 2025, USD 6.2 million had been mobilized for nutrition sector, covering 16 per cent of the required USD 39.9 million, leaving a critical funding gap of 84 per cent. The nutrition cluster brings together 40 partners (5 government entities, 15 national NGOs, 15 international NGOs, 2 donors and 3 UN agencies), operating across all ten departments of Haiti. Sustained resource mobilization remains essential to scale up life-saving nutrition interventions and address unmet needs in 2026.

Education

Between January and December 2025, UNICEF enabled a total of 44,194 children (22,935 boys and 21,259 girls) to access education, reaching 7 per cent of the annual target. In partnership with national implementing partners, UNICEF completed the rehabilitation of 12 schools that were previously repurposed as internally displaced persons (IDP) sites in the metropolitan area of Port-au-Prince (ZMPP). The rehabilitated schools include Lycée Jean Jacques Dessalines, Ecole Nationale Cellilavois and Ecole Nationale Joseph Claude Bernard, among others. This enabled the safe return of 12,834 students and their resumption of educational activities, ensuring continuity of education despite the prolonged disruptions caused by the ongoing security crisis.

In parallel, and in support of efforts to enable children affected by armed violence to return to school, UNICEF provided financial assistance for the relocation of 19 schools (17 schools in ZMPP and

two in the Artibonite department). These interventions included the installation or rehabilitation of water, sanitation and hygiene (WASH) facilities, ensuring that relocated schools met minimum safety and health standards which were conducive to learning.

Additionally, UNICEF enabled 31,360 out-of-school children and adolescents to access education opportunities through UNICEF-sponsored programmes. Complementary life-skills programming reached 23,340 adolescents and young people, who participated in awareness-raising sessions on life skills, hygiene promotion, gender-based violence (GBV) prevention, and the promotion of positive social norms. These interventions aimed to strengthen protective behaviour, social cohesion, and youth engagement in crisis contexts.

As part of the national “Back to School” campaign, launched in early October 2025, UNICEF pre-positioned and distributed 32,636 school kits to vulnerable children (17,252 to boys, 15,384 to girls) across five departments—West, South, Northeast, Artibonite and Centre, reaching 14 per cent of the annual target. The distribution of these kits aimed to address immediate learning material gaps, particularly for children residing in high-risk areas, and to reduce disparities in access to essential educational supplies at the start of the academic year.

In 2025, UNICEF supported the training of 1,555 teachers (733 women and 822 men) on priority pedagogical themes, including the use of the single textbook, the introduction of new curriculum subjects, and psychosocial care approaches to better support learners affected by violence and trauma. Cumulatively, the 1,555 teachers trained throughout 2025 represents approximately 8 per cent of the annual target. These capacity-building efforts aimed to strengthen the quality of teaching and enhance teachers’ ability to respond to the psychosocial needs of students in emergency contexts.

Concurrently, UNICEF also supported the Ministry of National Education and Vocational Training (MENFP) through the printing and distribution of 200,000 Liv Inik textbooks to schools. This intervention ensured the availability of standardized learning materials nationwide, reinforced adherence to the national curriculum, and supported the bilingual education approach promoted by the MENFP.

In terms of the provision of psychosocial support services to children in schools/learning programmes, UNICEF, in collaboration with the national NGO OCCED’H, reached a total of 208,686 children (52 per cent of the annual target), including 107,453 girls and 101,233 boys, across six IDP sites. These children benefited from structured psychosocial support sessions aimed at addressing distress related to displacement in violence.

In addition, UNICEF supported non-formal education and skills development programmes targeting adolescents living in IDP sites and neighbourhoods under the control of armed groups. More than 5,990 adolescents, including 2,800 girls, participated in vocational and livelihood-oriented training courses. These courses covered a range of professional sectors, including mobile phone repair, cosmetology, motorcycle mechanics, macramé, leather goods production and crochet, with the objective of enhancing employability and resilience among at-risk youth.

To further facilitate school re-enrolment and reduce economic barriers to education, UNICEF implemented cash-based interventions targeting vulnerable households. Through these monetary transfers, nearly 6,300 children received support to offset school-related expenses, including tuition fees and essential supplies. This intervention contributed to mitigate the risk of school dropout, particularly among children from conflict-affected and displaced families and supported sustained educational engagement.

Overall, the low result of teachers above can be attributable to the lack of funding, particularly flexible funding, are necessary to expand the scale of education inverventions.

By the end of 2025, more than 1,600 schools were reported to be closed nationwide, affecting more than 243,000 children and 7,500 teachers. Under this context, the Education Cluster, co-led by UNICEF, the MENFP and Save the Children, continued to provide educational opportunities for children in the midst of Haiti’s multi-faceted crisis, despite having received only 19 per cent of the funding required under the 2025 HNRP. This significant funding gap continues to threaten the continuity and scale-up of education interventions, exposing crisis-affected children to heightened risks.

Despite these constraints, during the reporting period, Education actors enabled access to formal or non-formal education to 98,285 children (50,637 girls and 47,648 boys), representing 10 per cent of the annual target. In addition, a total of 50,347 children (25,857 girls and 24,490 boys) received individual learning materials, resulting in 21 per cent of the annual target. The majority of children receiving such assistance were in the ZMPP/West department.

Finally, in addition to the 9,261 teachers and facilitators trained in basic pedagogy and MHPSS (45 per cent of the target reached), a total of 370,440 children benefited from MHPSS in their school/learning programmes, representing 37 per cent of the annual target reached.

Child protection, GBViE and PSEA

In 2025, UNICEF continued to implement its child protection interventions nationwide, with a particular focus on areas most affected by armed group violence and internal displacement. During the reporting period, a total of 194 children (38 girls and 156 boys) who were formerly associated with armed groups were provided with protection or reintegration support, in close coordination with the Institute of Social Welfare and Research (IBESR), representing 49 per cent of the annual HAC target. As of December 2025, including the total number of children supported by the CP AoR, 573 children (105 girls and 468 boys) have been reintegrated through the framework of the Protocol for the Handover of Children Associated with Armed Groups signed in January 2024.

UNICEF continued to support unaccompanied and separated children (UASCs) with alternative care and support for their reunification with families. In 2025, a total of 2,039 UASCs (607 girls and 1,432 boys), with the majority of them in the Centre department (Belladere border crossing point) were provided with alternative care, representing 28 per cent of the annual target. Among them, 376 children (152 girls and 224 boys) were reunited with their families as a result of coordinated search and mediation efforts carried out by specialized teams. Furthermore, during the reporting period, UNICEF and its partners reached a total of 115,479 people with mental health and psychosocial support (MHPSS), including 30,954 girls, 27,334 boys, 37,649 women and 19,542 men, representing 19 per cent of the annual target. The beneficiaries were reached through fixed and mobile Child Friendly Spaces (CFS) operated and implemented by partners.

In response to the alarming rise in gender-based violence, particularly sexual violence perpetrated by armed groups, UNICEF and its partners strengthened GBV response efforts in the West, Artibonite, and Northeast departments.

As a result, throughout 2025, a total of 33,484 individuals (10,814 girls, 3,182 boys and 19,488 women) received direct GBV assistance, including medical, psychosocial, and safety services, as well as other risk mitigation and prevention interventions. The cumulative result represents 13 per cent of the annual target. About half of all GBV response beneficiaries were in the West

department/ZMPP, followed by Northwest department and Artibonite.

In 2025, the Child Protection Area of Responsibility (CP AoR) strengthened child protection services particularly in ZMPP, the border regions, and the departments of Artibonite, Centre, and South. A total of 155,404 people accessed mental health and psychosocial support (MHPSS), including 42,459 girls, 37,428 boys, 51,798 women, and 23,489 men, representing 13 per cent of the annual cluster target. Of these, 114,546 beneficiaries were located in the West department, underscoring the escalating needs in this crisis-affected region.

Additionally, during the reporting period, 3,283 UASCs (1,363 girls and 1,920 boys) were identified and supported, notably in the Centre department (1,627 cases at the Belladère border point) and the Southeast (461 cases), representing 36 per cent of the annual target.

In parallel, 362 children (61 boys and 301 girls) formerly associated with armed groups were provided specialized support to begin their transition back into their communities. This represents 80 per cent of the annual target. As noted above, as a result of extensive efforts by child protection actors, a total of 573 children have been reintegrated through the framework of the Protocol for the Handover of Children Associated with Armed Groups signed in January 2024.

Overall, the low reach of the above indicators is attributable to a combination of lack of funding (particularly after the US Stop Work order in January 2025), as well as access constraints due to insecurity – hence limiting the reach out Child Protection programmes.

Despite severe security, logistical, and structural challenges, these results demonstrate the sustained commitment of child protection actors. The Child Protection Sub-Cluster now includes 65 partner organizations, including 12 international NGOs and 4 United Nations agencies, working together to ensure a coordinated and adapted response to the needs of children across the country.

In 2025, UNICEF Haiti implemented its actions on the Protection from Sexual Exploitation and Abuse (PSEA) through an integrated approach structured around three pillars: (1) the assessment of partners' level of preparedness, compliance, and implementation of PSEA standards; (2) capacity strengthening; and (3) community awareness raising. This approach aimed to prevent SEA risks, reinforce accountability among humanitarian actors, and ensure stronger protection for beneficiaries.

Throughout the reporting period, PSEA awareness-raising campaigns reached a total of 236,153 people, including adolescents, women, men, and persons with disabilities, representing 15 per cent of the annual target. These efforts helped strengthen knowledge about beneficiaries' rights, safe and accessible reporting mechanisms, and the linkages between GBV and PSEA, through various communication channels. In collaboration with the World Food Programme (WFP), UNICEF co-founded and co-managed the interagency hotline 8811, providing a safe, confidential, and accessible feedback and complaints mechanism.

In addition, 12 of 39 active partner organizations, both local and international, were assessed using the United Nations Harmonized Tool (UNPP), and each received technical support to integrate or strengthen PSEA standards within their programs. In parallel, UNICEF contributed to data collection, analysis, and validation as part of the interagency SEA risk assessment, providing an essential basis for guiding interventions and adapting prevention and response mechanisms to community needs.

Finally, 519 frontline workers, from partner organizations and state institutions, were trained, contributing sustainably to the prevention, identification, and management of SEA risks, to appropriate referrals, and to the overall improvement of the quality of incident response.

Water, sanitation and hygiene

UNICEF continued to lead the WASH Response in eight of the Haiti's ten departments: three departments heavily affected by armed violence followed by cholera epidemics (West, Centre, and Artibonite departments) and five departments due to climate hazards (including cyclones, floods, tornadoes) in the Northwest, South, Southeast, Nippes, and Grande Anse departments.

With the support of international and national Partners such as ORRAH, GOAL, CEDUCC, DEEP SPRING International, OREPA CENTRE, Hôpital Albert Schweitzer, Haitian Red Cross, DPC, OREPA OUEST, OREPA NORD and the National Directorate of Drinking Water and Sanitation (DINEPA), UNICEF provided access to safe water to a total of 178,114 unique beneficiaries since January 2025, representing 20 per cent of the annual target. Among these include more than 41,000 IDPs across 45 IDP sites across the country. A total of 80.9 million litres of safe water were provided to those IDPs for drinking, personal hygiene and domestic use. Drinking water, which accounts for one-sixth of this total, is treated by reverse osmosis, while water for hygiene use only is chlorinated in the IDP camps by trained and equipped community volunteers.

In addition, UNICEF, together with its partners Deep Spring International and CEDUCC, developed a Nexus strategy in rural areas of the Centre and Leogane, where most displaced persons are being hosted by host families, to provide drinking water to more than 80,000 vulnerable people. In these areas, where access to quality water is difficult due to the dispersion of households and the lack of safe water networks, UNICEF and its two partners have promoted a water chlorination programme by a simple method for treatment and conservation at home called (C-TED). This strategy has enabled 16,000 families, including 12,000 in the Center and 4,000 in Leogane, to have access to tap buckets, treatment products, and knowledge of water treatment and conservation following training and awareness sessions. This has enabled them to have drinking water available in their homes, thereby reducing the risk of contracting diseases caused by consuming poor-quality water. This strategy includes also a promotion of a proximity market for chlorination water product authorized by the MSPP (Gadyen Dlo and Aquatabs).

In terms of critical WASH supplies, UNICEF and its partners reached a total of 131,855 vulnerable people (representing 15 per cent of the annual target) who benefited from the distribution of more than 24,300 hygiene and menstrual kits in IDP sites in the West, Centre and Artibonite departments. Simultaneously, 22,889 IDPs and vulnerable people took part in awareness-raising sessions held at the IDP sites with UNICEF presence and in rural areas affected by climate hazards. The sessions focused on good hygiene practices, such as handwashing and maintaining a clean environment, promoting health and accountability with a focus on PSEA.

Finally, UNICEF and its partners enabled 51,871 people to access appropriate sanitation services, representing 29 per cent of the annual target reached. Services provided include the removal of 444 cubic meters of fecal sludge from three displacement sites, providing access to adequate sanitation, as well as the rehabilitation and construction of 126 latrines and 53 handwashing stations, respectively, resulting in the improvement of WASH infrastructure in IDP sites.

The low reach of the above indicators is attributable to the concentration of WASH interventions exclusively in IDP sites. Furthermore, WASH interventions do not double-count recipients but only include the number of unique beneficiaries in the number of people reached. This applies particularly to WASH intervention cycles – even if there is a break between two WASH

project/intervention cycles in IDP sites, only new beneficiaries are taken into account.

In 2025, the WASH Cluster, in collaboration with 39 partners, including 2 government institutions, 3 UN agencies, 3 Red Cross organizations, 12 national NGOs, and 19 international NGOs, delivered crucial WASH assistance under the framework of the 2025 HNRP. Across the country's ten departments, a total of 492,425 people affected by at least one of several cluster's operational crises, including violence, cholera outbreaks, marginalized peri-urban neighbourhoods under the control of armed groups, and hydroclimatic events, benefited from at least one WASH intervention, provided either as one-time support or through sustained services. This collective outcome represents a 27 per cent achievement against the 2025 HNRP targets, despite the sector receiving only 17 per cent of the required funding.

Among the key achievements, safe water was provided to 458,854 people[10] through the distribution of 392.2 million liters and the rehabilitation of 23 water systems across seven departments, reaching 27 per cent of the annual target.

In addition, a total of 117,344 people[11] were reached with sanitation services in 2025, which included the removal of 3,894 cubic meters of faecal sludge, 1,398 m3 of garbage collection, and the rehabilitation of 579 latrines and toilets. Cumulatively, 57 per cent of the annual target was reached.

Finally, 480,000 people[12] were reached with critical WASH supplies, via the distribution of 40,266 hygiene kits including menstrual items, among others reaching 26 per cent of the annual target.

In 2025, the WASH response operated under significant and compounding pressures, most notably the US Stop-Work orders and funding freeze, which disrupted operations and staffing for 19 partner organizations, representing nearly 80 per cent of the cluster's operational capacity. This abrupt reduction in resources resulted in widening gaps in service continuity across IDP sites, where alerts and unmet needs increased sharply. These constraints unfolded against a backdrop of escalating violence, mass displacement, recurrent cholera outbreaks, and natural disasters, including Hurricane Melissa, all of which continued to generate urgent needs far exceeding available resources.

Despite this challenging environment, the WASH Cluster delivered substantial achievements across its core coordination functions. The Cluster supported service delivery, provided strategic leadership, and strengthened national capacities, notably through a tailored training on "School WASH-Friendly Standards" delivered to 26 staff from two national NGOs, with a focus on schools hosting IDPs. The Cluster also contributed to sector learning by facilitating a session on the Humanitarian Reset during an NGO Forum workshop attended by 40 organizations, including 30 national actors. Cross-sectoral collaboration remained a key achievement, with the WASH Cluster leading a session on WASH in Schools during the Education Cluster Workshop to promote harmonized practices, institutional standards, and joint advocacy. The Cluster pursued strategic engagement with global and regional partners, ensuring effective representation and advancing key technical and operational priorities in Haiti, including support to two exploratory missions in the Centre and Grand'Anse departments and the facilitation of a technical exchange to introduce and discuss water purification systems with partners.

The Cluster also played a central role in advocacy and resource mobilization, contributing to strategic funding allocation documents for both the CERF Rapid Response mechanism and the first standard allocation of the pooled fund, targeting urgent WASH needs in the Centre and Artibonite departments. The Cluster prepared and delivered a comprehensive briefing outlining sector achievements, gaps, challenges, and key advocacy messages during the joint consultation between ECHO and the WASH, CCCM, and Shelter/NFI Clusters. This engagement ensured that WASH priorities were clearly articulated and fully integrated into the development of the 2026 Humanitarian Implementation Plan (HIP), reinforcing the sector's strategic positioning within broader humanitarian planning efforts.

Following the surge in cholera cases across the ZMPP, the cluster led the development of a response plan integrated into a joint, multi-sectoral framework under the leadership of the Ministry of Health, bringing together nine partners to guide coordinated interventions. Contributing partners rapidly mobilized in affected areas, implementing a range of WASH and IPC activities that contributed to a swift decline in the epidemiological curve and the containment of the outbreak.

A major undertaking during the reporting period was the completion of the 2026 Humanitarian Response Planning process. In parallel, the cluster conducted its annual WASH Cluster Performance Monitoring survey with partners, the results of which will inform and strengthen planning for 2026.

Cholera

Between January and December 2025, in addition to the increase in suspected cholera cases reported in several communes of the Artibonite and Centre departments, new outbreaks were detected in Arcahaie (West department), Cité Soleil, and across several internally displaced persons (IDP) sites in the ZMPP area. A major outbreak was also recorded in Pétion-Ville, where more than 230 suspected cases and over 15 deaths were reported. Furthermore, in the South-East department, cholera outbreaks were documented in the communes of Bainet (during the first quarter of 2025), Marigot, Belle-Anse, Grand-Gosier and Thiotte, following the passage of Hurricane Melissa, resulting in more than 120 suspected cases and 11 deaths.

As of epidemiological week 52, (29 December 2025), data from the Ministry of Public Health and Population (MSPP) indicated a total of 3,664 suspected cases, 256 confirmed cases and 71 deaths nationwide, including 37 institutional deaths and 34 community deaths, reported across all ten departments.

Despite the suspension of several response activities due to funding constraints, UNICEF maintained its technical support to the Departmental Health Directorates (DDS), in close collaboration with PAHO/WHO, to coordinate response efforts, strengthen local capacities and conduct essential epidemiological investigations. In parallel, UNICEF provided technical, financial and logistical support to the Centre and South-East Health Directorates (DSC and DSSE), particularly for the mobilization of decontamination agents and community sensitization teams supporting the Departmental Investigation and Response Teams (EDIR). Due to budget limitations, rapid response activities, including Case-Area Targeted Interventions (CATI), could only be deployed from May onwards and were limited to the West, Centre and Artibonite departments. Nonetheless, throughout 2025, UNICEF reached a total of 23,964 people with CATI response in the three aforementioned departments, reaching a total of 10 per cent of the annual target.

These interventions were implemented, and continue to be implemented, in partnership with two key NGOs: Handicap International (HI) and Action Against Hunger (ACF). In addition to the EDIR teams, six CATI rapid response teams and two WASH monitoring teams were mobilized to strengthen field response and reduce cholera-related morbidity and mortality. Over the course of 2025, the teams investigated 371 cholera alerts and responded to 653 of the 676 suspected cases reported. They established 588 sanitary cordons, reaching 7,898 households (43,537 people), distributed 8,754 cholera kits during sanitary cordons, and conducted

1,428 community awareness sessions on cholera in schools, churches and public spaces.

Social Protection - Humanitarian Cash Transfers

In 2025, UNICEF continued expanding its cash transfer program, supporting 16,403 households in accessing essential services such as health, nutrition, and education, cumulatively reaching 33 per cent of the annual target. The low results are attributable to the lack of funding, particularly since the US Stop Work orders and funding freeze in January 2025.

Furthermore, around 570 teachers, 220 healthcare workers, and 150 social workers received incentive payments. UNICEF also supported over 5,500 families with school fees while advocating for free, standardized preschool education and the systematic registration of births to facilitate children's school enrollment.

As a result of a partnership with DIGICEL, UNICEF was able to reach over 92 per cent of cash transfers recipients digitally, providing rapid and timely assistance to families in crisis. In October 2025, before Hurricane Melissa, UNICEF supported more than 7,400 households in just the span of four days, disbursing over US$600,000 to address families' needs before the hurricane's landfall in Haiti.

In addition, UNICEF continued to contribute to policy development and advocacy in the Social Protection sector in Haiti. In 2025, UNICEF played a crucial role in advancing the National Social Protection Plan (PNPS), focusing on child-centered measures and participating in coordination platforms such as the Social Protection Sector Table. Notable achievements include advocacy for free preschool education and primary healthcare exemptions. UNICEF collaborated closely with various ministries (MSPP, MAST, MEF) and secured IDB funding to integrate school nurses into 75 schools in the northern region for 2026.

Finally, UNICEF continued to advocate for enhancing SIMAST, the social registry, which still covers only about 30 per cent of the population. Although alternative methods to improve the dynamism of SIMAST have not yet been adopted, UNICEF remains committed to these efforts. Similarly, for SIGEEE (Educational Management Information System), UNICEF continues to support its strengthening despite funding constraints, providing ongoing technical assistance.

Social and Behaviour Change (SBC), Accountability to Affected Populations (AAP) and Localization

In 2025, UNICEF, in collaboration with field partners, implemented Social and Behaviour Change (SBC) interventions in 25 sites across the Ouest and Artibonite departments, two areas severely affected by armed group-related violence.

Throughout the year, community engagement activities focused on cholera prevention and Essential Family Practices (EFP), including vaccination, hygiene, nutrition, and gender-based violence (GBV) prevention. These interventions reached over 50,987 people through direct community sessions, supported by more than 200 U-Reporters and approximately 170 community engagement meetings.

As a result of these efforts, 2,462 malnourished children were identified and referred to health facilities; Around 500 suspected cholera cases were detected and referred for treatment, and more than 3,517 children were referred for vaccination services.

SBC activities were further amplified through community media, including 32 radio spots and 178 interactive radio programs. These platforms also served as critical accountability and feedback mechanisms, generating approximately 12,577 community feedback reports.

Throughout 2025, a total of 10,889 people shared feedback via established feedback mechanisms, representing 5 per cent of the annual target. Key concerns raised by communities included poor living conditions, limited access to safe water and sanitation, overcrowding, safety risks for girls, food insecurity, and the need for additional material support. These insights informed adaptive programming and strengthened coordination across sectors to better address community priorities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Since June 2023, UNICEF has maintained its humanitarian coordination co-leadership, especially in the Nutrition, Education, WASH, and Child Protection Area of Responsibility:

In 2025, the Nutrition Cluster, in collaboration with MSPP, convened twelve monthly meetings of the Technical Nutrition Committee (CTN), including five held in-person, with participation extended to Nutrition Cluster partners. In addition, numerous bilateral meetings were conducted with nutrition partners, including donors, clusters, and national and international NGOs, enhancing coordination and alignment of interventions. As a result, the capacities of nutrition actors in the country were strengthened through targeted technical sessions conducted alongside regular cluster meetings. Capacity-building efforts focused on Humanitarian Needs and Response Plan (HNRP) analysis, the inclusion of people with disabilities in the HNRP, as well as information management. In parallel, the Nutrition Cluster coordination produced and disseminated regular situations and response bulletins on the nutrition situation, contributing to improved situational awareness and evidence-based planning. Furthermore, the Nutrition Cluster coordination updated the mapping of nutrition actors (5W) in 2025. This mapping served as a critical operational tool for the strategic positioning and onboarding of new nutrition partners and new projects, ensuring improved coverage and reduced duplication of interventions.

The cluster also conducted a performance assessment through the Cluster Coordination Performance Monitoring (CCPM) exercise to strengthen coordination effectiveness and inform strategic priorities for 2026. Preliminary results indicate that 63 per cent of cluster functions were rated as "good" compared to 58 per cent in the 2024 exercise, reflecting an overall improvement in coordination performance.

As part of the 2026 HNRP planning process, the HNRP Working Group was established, bringing together members from the government, national and international NGOs, and UN agencies.

Furthermore, the Nutrition Cluster ensured full participation in the Inter-Cluster Coordination Group (ICCG) and the bi-weekly Information Management Working Group (IMWG), convened by OCHA and the Humanitarian Country Team (HCT), as well as in ad hoc coordination meetings as required, strengthening inter-cluster collaboration and information sharing.

By the end of 2025, more than 1,600 school were reported to be closed nationwide, affecting more than 243,000 children and 7,500 teachers. Under this context, the Education Cluster, co-led by UNICEF, the MENFP and Save the Children, continued to provide educational opportunities for children in the midst of Haiti's multi-faceted crisis, despite having received only 19 per cent of the funding required under the 2025 HNRP. This significant funding gap continues to threaten the continuity and scale-up of education interventions, exposing crisis-affected children to heightened risks.

Despite these constraints, during the reporting period, Education actors enabled access to formal or non-formal education to 98,285 children (50,637 girls and 47,648 boys), representing 10 per cent of the annual target. In addition, a total of 50,347 children (25,857 girls and 24,490 boys) received individual learning materials, resulting in 21 per cent of the annual target. The majority of children receiving such assistance were in the ZMPP/West department.

In addition to the 9,261 teachers and facilitators trained in basic pedagogy and MHPSS (45 per cent of the target reached), a total of 370,440 children benefited from MHPSS in their school/learning programmes, representing 37 per cent of the annual target reached.

In 2025, the Child Protection Area of Responsibility (CP AoR) strengthened child protection services particularly in ZMPP, the border regions, and the departments of Artibonite, Centre, and South. A total of 155,404 people accessed mental health and psychosocial support (MHPSS), including 42,459 girls, 37,428 boys, 51,798 women, and 23,489 men, representing 13 per cent of the annual cluster target. Of these, 114,546 beneficiaries were located in the West department, underscoring the escalating needs in this crisis-affected region.

Additionally, during the reporting period, 3,283 UASCs (1,363 girls and 1,920 boys) were identified and supported, notably in the Centre department (1,627 cases at the Belladère border point) and the Southeast (461 cases), representing 36 per cent of the annual target.

In parallel, 362 children (61 boys and 301 girls) formerly associated with armed groups were provided specialized support to begin their transition back into their communities. This represents 80 per cent of the annual target. As noted above, as a result of extensive efforts by child protection actors, a total of 573 children have been reintegrated through the framework of the Protocol for the Handover of Children Associated with Armed Groups signed in January 2024.

Despite severe security, logistical, and structural challenges, these results demonstrate the sustained commitment of child protection actors. The Child Protection Sub-Cluster now includes 65 partner organizations, including 12 international NGOs and 4 United Nations agencies, working together to ensure a coordinated and adapted response to the needs of children across the country.

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HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Content

Advocacy

- Child alert: Haiti's children confront a polycrisis : Video and Report
- UNICEF Regional Director for Latin America and the Caribbean, Roberto Benes, met with U-Reporters in Port-au-Prince, young leaders driving change for children through education, health, and protection.
- Through painting, Rose, 14, from Haiti, has found a way to express her right to play, learn, and live safely, protected, and in good health.
- Fedlene reminds us that every child has the right to express themselves, to share their feelings and thoughts.
- "No matter our situation, we are children, we remain children, and our rights must be respected." – Smith, 15
- Children are asking: Why aren't our rights respected? Why do so many of us continue to face violations?
- UNICEF Goodwill Ambassador Jean-Jean Roosevelt visited several schools and centers to meet children, listen to them, and amplify their realities. He called on all stakeholders to ensure every child's safety.
- On World Children's Day 2025, over 600 children raised their voices for their rights, with Jean-Jean Roosevelt helping to amplify their message. Photo
- With their art and stories, children bring their rights to life and let the world hear their voices : Video and Webpage

Health and Nutrition

- In K-Soleil, the UNICEF-supported nutrition center is saving lives by treating children with severe acute malnutrition. Mothers like Nathalie now receive life-saving nutrition support and counseling to help protect their children's future.
- Through Mothers' Clubs in Trou du Nord, women are trained on breastfeeding, hygiene, and infant care, supported by the European Union and UNICEF.
- Rose, a community breastfeeding ambassador, received specialized training at Trou-du-Nord Hospital and now helps others in her neighborhood.
- Awareness is also part of the fight. With funding from the European Union, U-Reporters across the country are spreading critical information on nutrition and healthy feeding practices.

Water, sanitation and hygiene (WASH): Protecting Lives

- UNICEF is present on the ground to support the Ministry of Public Health and Population (MSPP) in managing suspected cholera cases, carrying out decontamination, and distributing Aquatabs and oral rehydration solutions in affected and high-risk communities.
- In Grand-Goâve, Noel-Dina, a young girl, survived cholera thanks to swift care and support from UNICEF, DINEPA, and the IDB.
- The mother of Noël Dina turned her pain into strength to advocate for access to clean water and to promote handwashing.
- On the International Day of Handwashing, children lead the way, showing us the importance of handwashing and how to practice it.

Emergencies and Cash Relief: Supporting Families to Rebuild

- UNICEF prepositioned thousands of hygiene and medical kits to support children and families ahead of Cyclone Melissa in Haiti.
- In Haiti, after Hurricane Melissa, families are learning to survive with nothing but pain, guilt, and the hope of a new beginning.
- Following Hurricane Melissa, which devastated parts of southern Haiti and the Grand'Anse, families lost crops, income, and shelter. More than 7,400 households received cash assistance through CERF and UNICEF funding to support recovery and rebuild their lives.
- Across affected regions, UNICEF is distributing hygiene kits, supporting temporary shelters, and addressing urgent needs.

Health and Immunization: No Child Left Behind

- In 2025, over 112,000 children were vaccinated against polio with support from the Ministry of Health (MSPP), Gavi, Canada, and Japan.

Youth Engagement and Digital Innovation

- Across the country, digital tools are giving Haitian youth a platform to express their dreams, advocate for change, and connect to opportunities.

Donor Visibility:

- Haiti: Massive surge in child armed group recruitment, warns UNICEF For more
- UNICEF Spokesperson briefs media after Haiti visit For more
- UNICEF launches "Child Alert" following senior-level engagement on Haiti For more
- "Three out of four children in Haiti depend on humanitarian aid" For more

External Media:

- La ministre de la Planification rencontre la représentante de l'UNICEF (Le Nouvelliste) For more
- Meeting between UNICEF and the Haitian National Police on child protection (HaitiLibre – English) For more
- Journée mondiale de l'enfance : l'UNICEF tire la sonnette d'alarme (Le Nouvelliste) For more
- UNICEF alerte sur la situation dramatique des enfants déplacés (AlterPresse / Rezo Nòdwès)
- Gang violence deepens Haiti's educational crisis (Le Monde) For more
- Children's bodies a 'battleground' in Haiti as sexual violence surges, UNICEF warns (Reuters) For more
- US aid cuts having dire impact on Haiti's children, says UNICEF (Reuters) For more
- Haiti gang violence leaves record number of children displaced, UN says (Reuters) For more
- UN warns Haiti gangs recruiting children at unprecedented levels (Reuters) For more
- UNICEF warns that number of children displaced by violence in Haiti nearly doubled (AP) For more
- The number of children recruited by gangs in Haiti soars by 70 per cent, UNICEF says (AP) For more

HAC APPEALS AND SITREPS

- Haiti Appeals
  https://www.unicef.org/appeals/haiti
- Haiti Situation Reports
  https://www.unicef.org/appeals/haiti/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: JANUARY-MARCH 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	652,400	626,991	▲ 96%	-	-	-
	Girls	-	-	192,857	-	-	-	-
	Boys	-	-	157,970	-	-	-	-
	Women	-	-	276,164	-	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	223,000	199,974	▲ 90%	-	-	-
	Girls	-	-	105,345	-	-	-	-
	Boys	-	-	94,629	-	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities	Total	-	68,500	4,036	▲ 6%	-	-	-
	Girls	-	-	704	-	-	-	-
	Boys	-	-	598	-	-	-	-
	Women	-	-	1,262	-	-	-	-
	Men	-	-	1,472	-	-	-	-
Health professionals recruited and deployed in UNICEF-supported facilities	Total	-	250	219	▲ 88%	-	-	-
	Women	-	-	62	-	-	-	-
	Men	-	-	157	-	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	128,957	60,202	▲ 47%	128,957	60,202	▲ 47%
	Girls	-	-	31,422	-	-	31,422	-
	Boys	-	-	28,780	-	-	28,780	-
Children 6-59 months screened for wasting	Total	-	609,260	496,546	▲ 81%	761,564	496,546	▲ 65%
	Girls	-	-	254,946	-	-	254,946	-
	Boys	-	-	241,600	-	-	241,600	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	308,717	242,975	▲ 79%	617,370	274,965	▲ 45%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
	Women	-	-	242,975	-	-	274,965	-
Pregnant women receiving iron supplementation	Total	-	119,001	402,234	▲ 338%	-	-	-
	Women	-	-	402,234	-	-	-	-
Children 6-59 months receiving Vitamin A supplementation	Total	-	609,260	253,509	▲ 42%	761,564	253,509	▲ 33%
	Girls	-	-	131,846	-	-	131,846	-
	Boys	-	-	121,663	-	-	121,663	-
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	598,295	115,479	▲ 19%	1.2 million	155,404	▲ 13%
	Girls	-	-	30,954	-	-	42,689	-
	Boys	-	-	27,334	-	-	37,428	-
	Women	-	-	37,649	-	-	51,798	-
	Men	-	-	19,542	-	-	23,489	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	249,807	33,484	▲ 13%	-	-	-
	Girls	-	-	10,814	-	-	-	-
	Boys	-	-	3,182	-	-	-	-
	Women	-	-	19,488	-	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.5 million	236,153	▲ 15%	-	-	-
	Girls	-	-	61,367	-	-	-	-
	Boys	-	-	50,746	-	-	-	-
	Women	-	-	68,220	-	-	-	-
	Men	-	-	55,818	-	-	-	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	400	194	▲ 49%	450	362	▲ 80%
	Girls	-	-	38	-	-	61	-
	Boys	-	-	156	-	-	301	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	7,237	2,039	▲ 28%	9,046	3,283	▲ 36%
	Girls	-	-	607	-	-	1,363	-
	Boys	-	-	1,432	-	-	1,920	-
Children who have received individual case management	Total	-	2,000	310	▲ 16%	-	-	-
	Girls	-	-	262	-	-	-	-
	Boys	-	-	48	-	-	-	-
Children, youth, parents and community leaders sensitized on recruitment of children by armed groups	Total	-	362,542	56,847	▲ 16%	-	-	-
	Girls	-	-	14,140	-	-	-	-
	Boys	-	-	12,971	-	-	-	-
	Women	-	-	18,882	-	-	-	-
	Men	-	-	10,854	-	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	600,000	44,194	▲ 7%	1 million	98,285	▲ 10%
	Girls	-	-	22,935	-	-	50,637	-
	Boys	-	-	21,259	-	-	47,648	-
Children receiving individual learning materials	Total	-	240,000	32,636	▲ 14%	242,000	50,347	▲ 21%
	Girls	-	-	17,252	-	-	25,857	-
	Boys	-	-	15,384	-	-	24,490	-
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	20,000	1,555	▲ 8%	20,765	9,261	▲ 45%
	Women	-	-	733	-	-	4,418	-
	Men	-	-	822	-	-	4,843	-
Children accessing mental health and psychosocial support in their schools/learning programmes	Total	-	400,000	208,686	▲ 52%	1 million	370,440	▲ 37%
	Girls	-	-	107,453	-	-	176,720	-
	Boys	-	-	101,233	-	-	193,720	-
Water, sanitation and hygiene								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	883,000	178,114	▲ 20%	1.7 million	458,854	▲ 27%
	-	-	-	46,056	-	-	-	-
	-	-	-	38,458	-	-	-	-
	-	-	-	50,506	-	-	-	-
	-	-	-	43,095	-	-	-	-
People accessing appropriate sanitation services	Total	-	177,000	51,871	▲ 29%	205,277	117,344	▲ 57%
	-	-	-	12,968	-	-	-	-
	-	-	-	10,749	-	-	-	-
	-	-	-	15,187	-	-	-	-
	-	-	-	12,968	-	-	-	-
People reached with critical WASH supplies	Total	-	883,000	131,855	▲ 15%	1.8 million	480,000	▲ 26%
	-	-	-	33,489	-	-	-	-
	-	-	-	27,300	-	-	-	-
	-	-	-	38,596	-	-	-	-
	-	-	-	32,468	-	-	-	-
People reached with cholera CATI response	Total	-	236,300	23,964	▲ 10%	-	-	-
	-	-	-	4,541	-	-	-	-
	-	-	-	3,877	-	-	-	-
	-	-	-	9,197	-	-	-	-
	-	-	-	6,349	-	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	50,073	16,403	▲ 33%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	4.8 million	3.7 million	▲ 77%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	241,900	10,889	▲ 5%	-	-	-

**Progress in the reporting period 1 January to 31 December 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health	26,500,000	3,447,936	2,614,711	20,437,352	77%
Nutrition	35,000,000	8,276,818	9,427,724	17,295,457	49%
Child protection	63,100,000	5,959,584	585,656	56,554,759	90%
Education	38,600,000	4,425,637	1,776,926	32,397,436	84%
WASH	56,900,000	8,014,256	86,506	48,799,237	86%
Cross-sectoral	38,400,000	1,600,321	2,166,981	34,632,697	90%
Emergency preparedness	13,500,000	3,167,205	434,899	9,897,895	73%
Total	**272,000,000**	**34,891,762**	**17,093,403**	**220,014,834**	**81%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

Geetanjali Narayan
Representative
T +509 3696 4478
gnarayan@unicef.org

Olivier Corbet
Chief Field Operations and Emergency
T +509 3913 1009
ocorbet@unicef.org

Salwa Moussa
Chief, Communications & Advocacy
T +509 4697 1003
samoussa@unicef.org

ENDNOTES

1. Based on the 2025 HNRP
2. Source: https://dtm.iom.int/sites/g/files/tmzbdl1461/files/reports/Displacement%20situation%20in%20Haiti%20-%20Round%2011%20-%20September%202025.pdf?iframe=truehttps://dtm.iom.int/reports/haiti-information-sheet-displacement-situation-haiti-round-11-september-2025?close=true
3. GBV Sub-cluster, Haiti
4. https://dtm.iom.int/reports/haiti-information-sheet-displacement-situation-haiti-round-11-september-2025?close=true
5. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159760/?iso3=HTI
6. Up to epidemiological week 52 (29 December 2025)
7. https://reliefweb.int/report/haiti/haiti-armed-attacks-and-displacements-metropolitan-area-port-au-prince-situation-report-15-8-14-february-2025
8. https://reliefweb.int/report/haiti/rapport-ndeg2-sur-la-situation-des-ecoles-affectees-par-la-crise-securitaire-en-haiti-la-date-du-30-avril-2025
9. https://reliefweb.int/report/haiti/haiti-snapshot-sur-les-incidents-de-violences-basees-sur-la-genre-vbg-de-janvier-septembre-2025?_gl=1*1x3gvy7*_gcl_au*NDA1OTc4MjkwLjE3Njc2NDY3NTY.*_ga*NDAxNjUzMTQ2LjE3Njc2NDY3MTg.*_ga_E60ZNX2F68*czE3NjgyNTIwO
10. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.
11. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.
12. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.
13. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.
14. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.
15. Year-end figures are consolidated and adjusted to remove indicator double counting observed in earlier reporting periods.