HAITI: IPC Acute Food Insecurity and Malnutrition Snapshot | June 2026 - June 2027

IPC Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

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Acute food insecurity overview

Haiti remains gripped by a deepening food security crisis driven by escalating armed violence, mass displacement, prolonged economic decline, high food prices and El Niño-related climate shocks.

Over 5.94 million people (53 percent of the analysed population) are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between September 2026 and February 2027, including 1.8 million people (16 percent) facing Emergency (IPC Phase 4) outcomes. Particularly concerning are the areas affected by insecurity, displacement and economic marginalisation, with 10 of the 30 analysis units classified in Phase 4. These include displacement sites, vulnerable neighbourhoods in the Port-au-Prince metropolitan area and parts of Artibonite, Grand'Anse, Nippes, Nord-Ouest and Sud. Compared with the previous analysis, the number of people facing Phase 3 or above has increased by 240,000.

Insecurity remains the primary driver of the crisis as expanding armed group activity continues to disrupt livelihoods, agricultural production, markets and access to food and essential services. An estimated 1.49 million people have been displaced, further straining host communities and increasing competition for already scarce resources. Inflation reached 17 percent year-on-year in August 2026, further eroding purchasing power amid a prolonged economic recession. Climate shocks are adding pressure, with El Niño-related rainfall deficits and above-average temperatures reducing agricultural production. At the same time, many of the most vulnerable households rely heavily on humanitarian assistance to meet their food needs, but the scale of assistance remains insufficient relative to rapidly growing needs, particularly among IDPs and residents in areas affected by insecurity, displacement, economic shocks, and humanitarian access constraints.

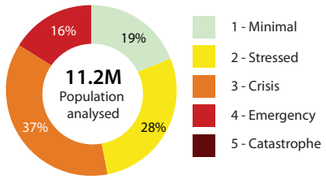
Conditions are projected to deteriorate further during the March–June 2027 projection period, with 6.35 million people expected to face Phase 3 or above (57 percent), including nearly 2 million likely to be in Phase 4.

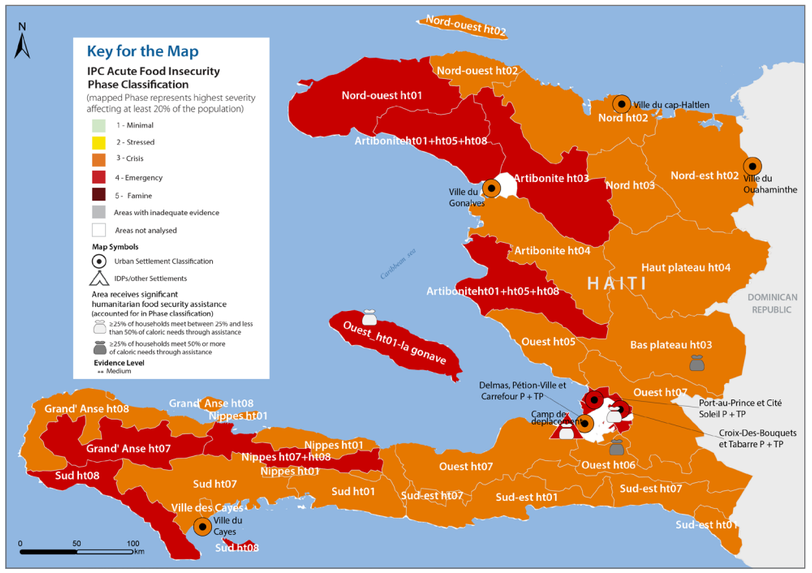
Current acute food insecurity | September 2026–February 2027

5.94M

About 5.94 million people out of the 11.2 million people analysed are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between September 2026 and February 2027.

53% of the analysed population is experiencing IPC Phase 3 or above between September 2026 and February 2027



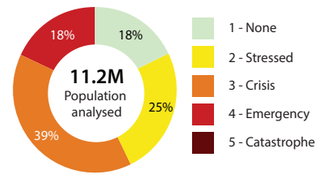


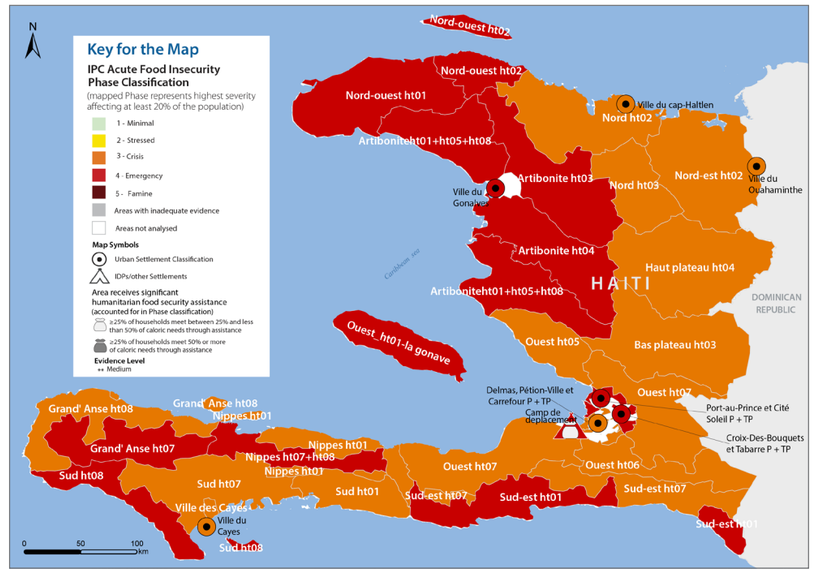
Projection acute food insecurity | March–June 2027

6.35M

About 6.35 million people out of the 11.2 million people analysed are projected to experience high levels of acute food insecurity (IPC Phase 3 or above) between March and June 2027.

57% of the analysed population is likely to face IPC Phase 3 or above between March and June 2027.





Key drivers | Acute food insecurity

Armed violence

Armed violence continues to drive displacement and widespread economic, social and territorial disruption. By fragmenting food systems and humanitarian access, insecurity is undermining livelihoods and deepening food insecurity. Ouest, Artibonite and Centre are among the hardest-hit departments, with 1.49 million people displaced across the country.

Low agricultural production and climate shocks

Structural constraints, environmental degradation and insecurity continue to undermine agricultural production and rural livelihoods. Haiti remains highly vulnerable to the 2026–2027 El Niño event, and climate-related production losses could reduce food availability and agricultural incomes, particularly among households with limited coping capacity.

Prolonged economic crisis

Persistent economic decline and inflation continue to erode purchasing power and constrain access to food. Deteriorating livelihood opportunities, rising living costs and declining real incomes are increasing food consumption gaps and driving greater reliance on crisis and emergency coping strategies.

Recommended actions | Acute food insecurity

Scale up humanitarian assistance to meet immediate needs, protect livelihoods and prevent harmful coping strategies, while expanding nutrition, health and WASH services, increasing access to acute malnutrition treatment, and strengthening the prevention and treatment of major childhood illnesses.

Sustain and expand livelihood support for households affected by recurrent shocks. Priorities include agricultural inputs, credit, equipment, extension services and support for agricultural and fisheries value chains in rural areas, alongside cash assistance, food aid and livelihood support for vulnerable urban households.

Expand social protection programmes through the establishment of a unified beneficiary registry that supports coordinated, multisectoral and sustainable interventions, while improving access to integrated nutrition, health, WASH and social services for vulnerable populations, including displaced people and deported returnees.

Align emergency and development interventions by accelerating implementation of the Food Security Crisis Preparedness Plan (FSCPP) in shock-prone areas to target communities in IPC AFI Phase 3 or above and strengthen resilience. Invest in health and nutrition systems, nutrition-sensitive agriculture and contingency planning for climate-related shocks.

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Acute Malnutrition Overview

The direct impacts of the security crisis, population displacement and persistent food insecurity, compounded by climate shocks and economic decline, are significantly worsening nutritional outcomes in Haiti. Between June 2026 and May 2027, an estimated 253,700 children aged 6–59 months are suffering from or expected to suffer from acute malnutrition, including 93,900 cases of severe acute malnutrition (SAM) that require urgent treatment.

Between June and November 2026, the communes of Arcahaie, Cabaret and Cité Soleil are classified in IPC Acute Malnutrition (AMN) Phase 3 (Serious), while 59 communes are classified in Alert (IPC AMN Phase 2). A significant deterioration is expected in the projection period (December 2026–May 2027) as the communes of Cabaret and Cité Soleil are projected to slip into Critical (AMN Phase 4) and 28 communes are expected to deteriorate from AMN Phase 2 to AMN Phase 3.

The projected deterioration is driven primarily by escalating armed violence, which continues to disrupt nutrition and health services, restrict humanitarian access and impede the movement of food and essential supplies along key transport routes. Rising levels of displacement, increasing pressure on already stretched household resources and the return of deported Haitians from the Dominican Republic are expected to further exacerbate vulnerabilities. Additional risks include the anticipated impacts of El Niño-related agricultural shortfalls, recurrent cholera and diphtheria outbreaks, high levels of childhood morbidity, and poor infant and young child feeding practices, including low rates of exclusive breastfeeding. Reduced humanitarian assistance could further worsen nutritional outcomes.

Linkages between acute food insecurity and acute malnutrition

The IPC analysis classifications appear to indicate a more severe food insecurity than acute malnutrition situation in the projection period. The gap between AFI and AMN is widest in Nord, Sud, Sud-Est, Nippes and Grand'Anse, where most areas are in IPC AFI Phase 3 (Crisis) while the IPC AMN classification converges towards IPC AMN Phase 2 (Alert). Several protective factors for acute malnutrition—such as good infant and young child feeding practices and adults eating less so young children can eat first—help explain the lower malnutrition classification. Because the measures households take to limit acute malnutrition only work in the short term, a coordinated response and programming that tackle the drivers of acute food insecurity and malnutrition are crucial.

Two areas show an exception: Cite Soleil is projected in IPC AMN Phase 4 (Critical) and IPC AFI Phase 4 (Emergency) for food insecurity while Cabaret is projected in AMN Phase 4 (Critical) and AFI Phase 3 (Crisis). In both, poor diets are a key driver of malnutrition.

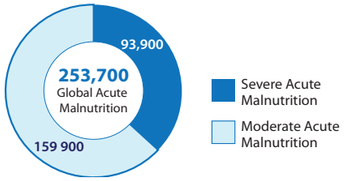
IDPs in the Metropolitan Area of Port-au-Prince and major displacement areas across the country remain of particular concern. The AMN analysis was unable to disaggregate classifications for this vulnerable group due to a lack of data. Further surveys and IPC analysis are required to better assess conditions of the IDP population.

Comparison of the two analyses should be approached with caution: the AFI analysis covers 32 livelihood zones while the malnutrition analysis covers 5 departments and 69 communes. The projection periods only partly overlap, and the nutrition survey (July 2026) and the food security survey (September 2026) were collected two months apart.

Acute Malnutrition | June 2026 - May 2027

253,700

About 253,700 children aged 6–59 months are suffering or expected to suffer from acute malnutrition between June 2026 and May 2027, including 93,900 children who are likely to be severely malnourished.



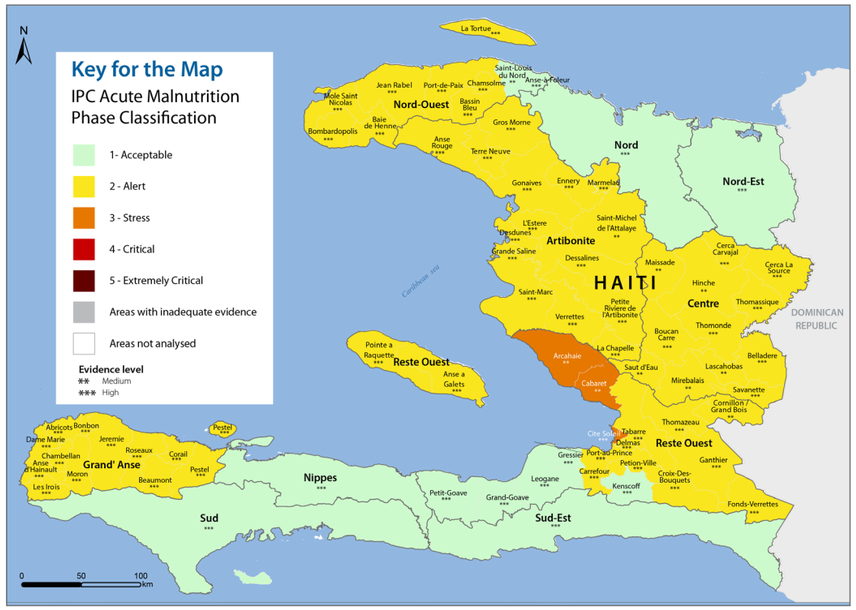
25,750

About 25,750 pregnant or breastfeeding women are suffering from or expected to suffer from acute malnutrition between June 2026 and May 2027.

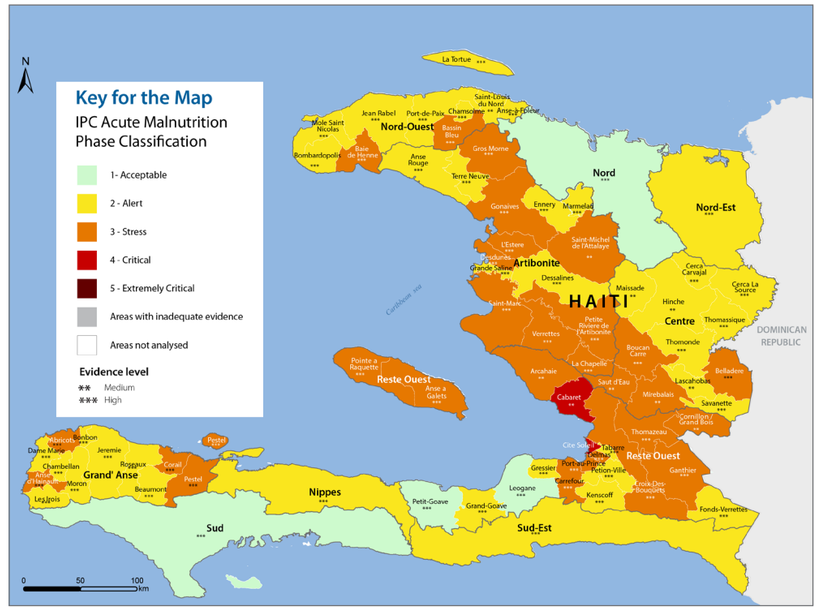
37%	15%	10%	38%
Port-au-Prince metro area	Artibonite	Nord-Ouest	8 other departments

More than one in three live in the Port-au-Prince metropolitan area.

Current Acute Malnutrition | June - November 2026



Projection Acute Malnutrition | December 2026 - May 2027



Contributing factors | Acute malnutrition

Insecurity, displacement and livelihood disruption: Escalating armed violence has triggered large-scale displacement, disrupted agricultural production and markets, restricted humanitarian access and eroded household livelihoods and purchasing power, worsening acute malnutrition.

High disease burden and limited access to WASH services: Recurrent cholera and diphtheria outbreaks, high prevalence of childhood illnesses (including diarrhoea, malaria and acute respiratory infections), declining health-service coverage, and inadequate access to water, sanitation and hygiene (WASH) continue to increase malnutrition risks.

Inadequate child feeding and care practices: Poor infant and young child feeding practices, including low exclusive breastfeeding rates, inadequate meal frequency and poor dietary diversity, are contributing to suboptimal nutritional outcomes among children.

Food insecurity and poor diet quality: Persistent food insecurity—driven by livelihood erosion, economic decline, climate shocks and rising food prices—is reducing access to adequate and diverse diets and contributing to poor child and maternal dietary intake.

Recommended actions | Acute malnutrition

Expand access to acute malnutrition prevention and treatment through community-based, mobile and outreach services, prioritising areas affected by insecurity, displacement and health facility closures, while strengthening referral pathways and integrating nutrition into the management of cholera and other childhood illnesses.

Improve infant and young child feeding practices, scale up micronutrient supplementation and improve access to diverse, nutrient-rich diets, particularly among displaced and other vulnerable populations.

IPC Analysis partners:

CNSA, Observatoires départementaux de la CNSA, USG, MARNDR/PARSA, WFP, FAO, DINEPA, PNCS, MDE/ONQEVE, IHSI, IICA, MEF, MSPP/UCPNANU, FSS/HAITI, FEWS NET, FAMV, IMPACT Initiatives, FLM/NCA, Mercy Corps, Fonkoze, FAC consulting, UNICEF, Concern Worldwide, AVSI, République d'Haïti, Action contre la Faim, Médecins du Monde.

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