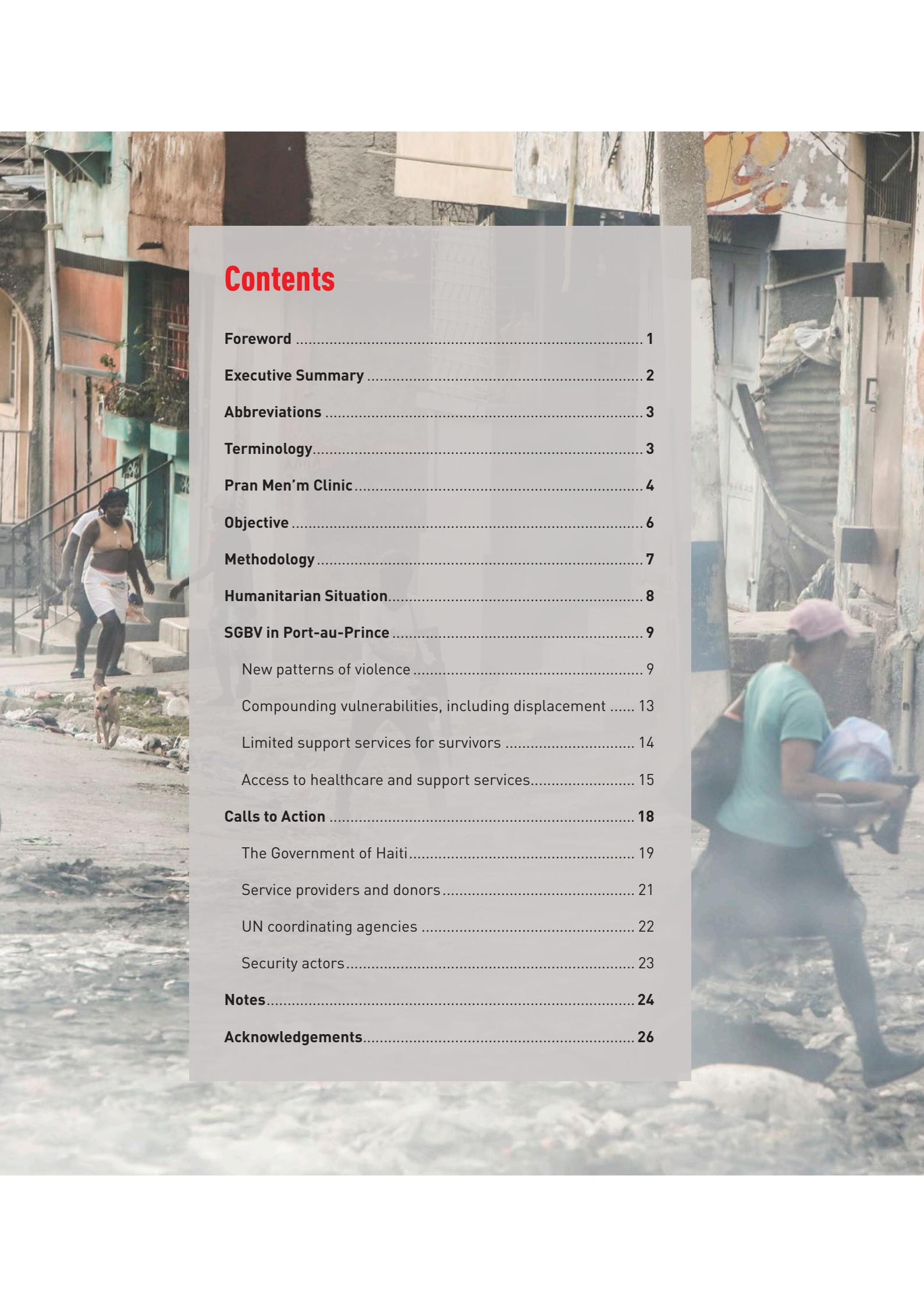


A woman with dark skin and short curly hair, wearing a blue headwrap and a light blue dress with a red, white, and yellow striped band at the top and a red and green ruffled hem at the bottom, stands in the center of a large red circle. The background is a dark red with a faint geometric pattern. The woman is looking directly at the camera with a neutral expression.

JANUARY 2026

# SEXUAL AND GENDER-BASED VIOLENCE IN PORT-AU-PRINCE, HAITI



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## Foreword

Sexual violence is rampant in every humanitarian setting where MSF operates. Whether armed conflict or protracted crisis. Whether committed by men with guns and authority during and after armed conflict and displacement, or in survivors' homes at the hands of partners or members of their household. Through our operations, MSF tends to the immediate medical needs of survivors and tries to provide as comprehensive medical and psychosocial support as possible. Yet we grapple with the limits of our action. We know full well that the number of people we see, however staggering those numbers may be, are a mere fraction of the women, men, girls, boys, and gender-diverse people in need, given the multiple barriers to receiving care faced by survivors of sexual violence. We also know that as a medical humanitarian actor we can bring patients care and a moment of respite, but we cannot protect, help rebuild lives, bring redress, or, on our own, significantly reduce the physical and stigma-related barriers to accessing timely, comprehensive care. The massive cuts to humanitarian and global health assistance initiated by the United States and other major donor states further exacerbate suffering, as organizations are forced to suspend protection services, sexual and reproductive health programming, and other activities essential to recovery and harm reduction.

Over the past decade, the Pran Men'm clinic has borne witness to the impact of Haiti's descent into violence and of its hollowed-out health, security, and judicial mechanisms on the bodies of women and girls. There have been 16,999 survivors in 10 years, including 2,300 in the first nine months of 2025 alone, in one clinic in Port-au-Prince. A fraction of those exposed. Over the years, and following the intensification of armed clashes, cases have tripled since 2022 as violence in homes has been compounded by violence on the streets. Survivors, overwhelmingly women and girls, recount living in constant fear of sexual assault, of being exposed to repeated rape and abuse, often times by multiple assailants. They tell the story of a city where sexual violence is pervasive, where armed men use rape to terrorize, control, and subjugate communities, and where the only semblance of protection perceived for women and girls, by themselves and their families, is entering into survival sex and sexual relations with men with arms and power. Their voices cannot go unheard or become a mere testament of the horror of constant subjection to violence and abuse. They must serve as a catalyst to allocate the attention and resources essential to meeting survivors' needs and placing their dignity and agency at the core of all action.

**SOPHIE DÉSOULIÈRES**

HEAD OF HUMANITARIAN AFFAIRS, OPERATIONAL COMMUNICATIONS AND ADVOCACY

MÉDECINS SANS FRONTIÈRES / DOCTORS WITHOUT BORDERS



## Executive Summary

**Women and girls face a horrifying reality in Haiti amid a humanitarian crisis marked by widespread violence and displacement.** As armed groups battle government forces for control of key territories and infrastructure, they are attacking women and girls in increasingly brutal ways. Acts of sexual and gender-based violence, or SGBV, have surged since 2022 and have become a tactic for spreading terror in the population. In Port-au-Prince, survivors endure this violence in a setting where years of conflict have degraded infrastructure, public services, and living conditions. Many lack access to medical care, are displaced from their homes, and face immense barriers to finding support and rebuilding their lives.

Within this context, MSF operates the Pran Men'm clinic in Port-au-Prince to provide free, comprehensive medical and psychosocial care to SGBV survivors. Opened in 2015, the clinic serves as a vital lifeline that has cared for 16,999 people as of September 2025, 98% of whom are women and girls. Since 2022, rising insecurity has contributed to a tripling in the number of SGBV patients who receive care at the clinic, and an increasingly difficult environment for survivors and service providers.

MSF is alarmed and outraged by the overwhelming level of sexual and gender-based violence we are witnessing in Haiti. Among the survivors who received care at Pran Men'm since 2022, 57% were attacked by members of armed groups, often through group assault committed by multiple perpetrators. Over 100 individuals were attacked by 10 or more perpetrators at a time. Acts of sexual violence increasingly involve firearms and occur during broader attacks against entire families and communities. Women and girls of all ages are being targeted, and a growing number of survivors are displaced, which exposes them to more violence, homelessness, and poverty. Nearly one-fifth of survivors who receive care at Pran Men'm have experienced SGBV multiple times.

Pran Men'm clinic is one of very few providers offering free, integrated medical and psychosocial care for survivors in Port-au-Prince, and it cannot address these atrocities alone. The support available to survivors—including healthcare and other essential services—is critically limited, both in the immediate aftermath of violence and during longer-term recovery. MSF is often unable to refer survivors to essential nonmedical supports—notably safe shelter, relocation and livelihood assistance—which is a key part of comprehensive care. Referrals to shelters are especially difficult because shelter services are often disrupted due to unstable funding, and because women who have medical conditions or children, or who are pregnant are often not accepted.

Survivors also face increasing barriers to accessing care, which can lead to significant medical consequences. Since 2022, only a third of survivors seeking care at Pran Men'm reached the clinic within three days of their attack, and only 41% reached it within five days. As a result, 67% of survivors missed the opportunity to prevent HIV transmission, and 59% missed the chance to prevent an unwanted pregnancy. These delays are due to multiple factors, including fear, stigma, financial challenges, insecurity, and limited access to information.

As detailed in this report, MSF is witnessing the devastating impact of SGBV every day. MSF is calling urgently for a strong, coordinated response from the Haitian government, service providers, donors, UN agencies, and those responsible for providing security to Haitians. **We ask for rights, dignity, accountability and support for survivors and demand concrete action to meet rising needs for health and support services at this critical time.**

## Abbreviations

<b>BINUH</b>	Bureau Intégré des Nations Unies en Haïti—in English, United Nations Integrated Office in Haiti
<b>ID</b>	Identification
<b>IOM</b>	International Organization for Migration
<b>MCFDF</b>	Ministère à la Condition Féminine et aux Droits des Femmes de Haïti—in English, Haiti's Ministry of the Status of Women and Women's Rights
<b>MSF</b>	Médecins Sans Frontières—in English, Doctors Without Borders
<b>MSPP</b>	Ministère de la Santé Publique et de la Population de Haïti—in English, Haiti's Ministry of Public Health and Population
<b>NGO</b>	Nongovernmental organization, including both Haitian and international NGOs
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>PAHO</b>	Pan American Health Organization
<b>Q1/2/3/4</b>	Periods of the year defined in quarters, with each corresponding to a three-month span: Q1: January–March Q2: April–June Q3: July–September Q4: October–December
<b>SGBV</b>	Sexual and gender-based violence
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime

## Terminology

**Armed group:** This term describes the groups that are generally referred to by survivors of violence in Haiti as gangs.

**Group assault:** Incidents of SGBV committed by multiple perpetrators. Other terms to describe such acts include collective rape, collective assault, and gang rape, among others.

**Port-au-Prince:** Haiti's capital city, located in the country's Ouest Department. Its metropolitan area comprises six urban and suburban communes.

**SGBV:** The combination of sexual and gender-based violence. For the purpose of this report, and based on MSF guidelines, sexual violence is defined as any unwanted sexual contact without consent using force or coercion. Gender-based violence is any harmful act that is perpetrated against a person's will, threats of such acts, coercion, and other deprivations of freedom based on socially ascribed gender differences between males and females.

**Support services and service providers:** In the context of this report, the term “support services” refers to the core programs defined in the UNFPA's Minimum Initial Service Package to respond to, mitigate, and prevent SGBV in emergencies.<sup>i</sup> Among others, such services include health and psychosocial care, justice and legal aid, referrals to safe shelters, and livelihood support. The term “service provider” refers to the organizations that provide such services in emergencies, including, but not limited to, the government, humanitarian donors, UN agencies, and local and international civil society and NGOs.

**Survivor:** This term refers to individuals who have experienced SGBV, emphasizing their resilience and agency. Given that most people consulted for this report who experienced SGBV preferred being referred to as a “survivor”, it was chosen to honour their preference and ensure consistency throughout the report. However, its use must be qualified with two notes. First, not all individuals who experience SGBV survive their attack. Second, other terms can equally be used, including the term “victim”. This term highlights the criminal nature of SGBV and its violation of human rights but may also imply a lack of agency. Some of the people consulted for this report preferred being referred to as a “victim”.

# Pran Men'm Clinic

In 2015, MSF established the Pran Men'm clinic in the Delmas commune of Port-au-Prince to provide medical and psychosocial care to SGBV survivors. This initiative followed a public health assessment conducted by MSF that identified such support as a critical gap in the city's healthcare.

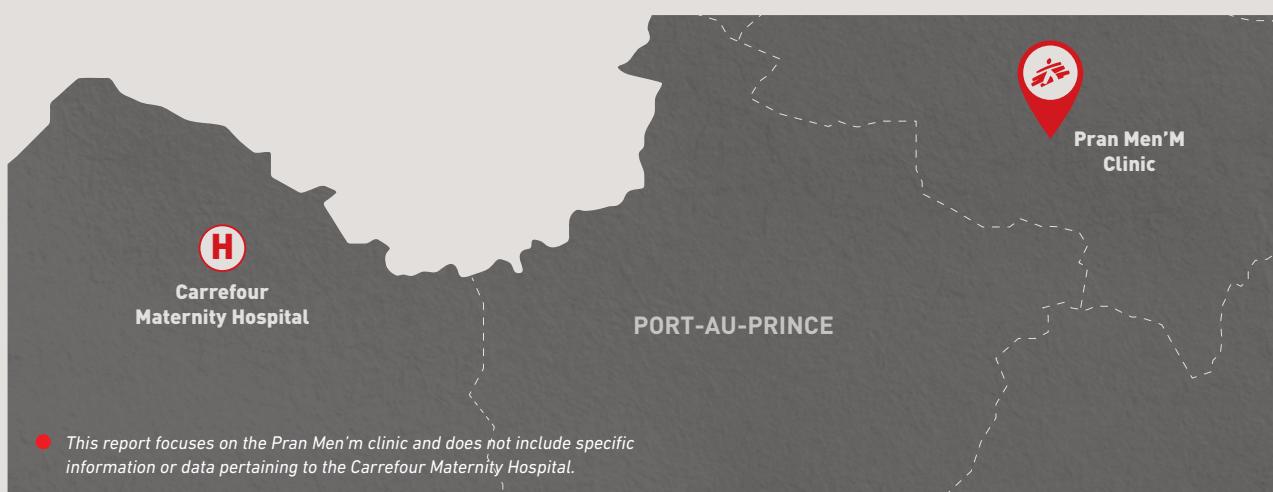
Pran Men'm is a specialized, vertical clinic<sup>1</sup> focused on free, comprehensive medical and psychosocial care for survivors (see Box 1). It provides 24/7 care through its team of counsellors, doctors, midwives, nurses, psychologists, and social workers. All services are survivor-centred and provided privately, confidentially, and based on informed consent. For needs beyond the clinic's scope, such as complex medical procedures or social services, patients are referred to other service providers, including government health structures.

The clinic also provides services to reach survivors who are unable to visit the facility, as well as to the wider community. In partnership with the Ministère de la Santé Publique et de la Population de Haïti (also known as MSPP, or Haiti's Ministry of Public Health and Population), it delivers the same package of services through a government maternity hospital in the Carrefour commune. Additionally, it operates a 24/7 hotline that offers information about SGBV and guidance on how survivors can access health services. In neighbourhoods adjacent to the clinic, as well as over the radio, it conducts health promotion activities to raise awareness about the medical consequences of SGBV and emphasize the importance of timely care for survivors.



To strengthen access to care more broadly, Pran Men'm builds capacity among other medical service providers, including the MSPP. It provides training to their clinicians about survivor-centred, comprehensive medical and psychosocial care, including how to ensure that survivors' dignity, privacy, and confidentiality are respected.

**During its more than 10 years of operation, Pran Men'm has supported 16,999 survivors,<sup>ii</sup> including over 2,300 between January and September 2025.** To meet the growing demand for its essential health services, it has twice expanded its size and capacity, including relocating to larger structures. Additionally, in 2022, MSF opened a dedicated department for survivors of sexual violence in Cité Soleil, the largest slum in Port-au-Prince, where 300,000 people, including women and children, live in dire conditions.<sup>iii</sup>



<sup>1</sup> Vertical clinic: A healthcare facility that focuses on providing services for a specific condition, disease, or health issue.



#### BOX 1 | PRAN MEN'M SERVICES FOR SGBV SURVIVORS



Treatment of wounds and injuries



Post-exposure prophylaxis and treatment of sexually transmitted infections



Vaccinations against hepatitis B and tetanus



Hotline and health promotion



Short-term safe house



Emergency contraception to prevent unwanted pregnancies and long-term contraception for future protection



HIV testing and post-exposure prophylaxis to prevent HIV transmission



Psychosocial support and long-term psychological follow-up



Provision of a medical certificate



Referrals to medical and nonmedical services

## Objective

Over a decade since the Pran Men'm clinic opened, the humanitarian landscape in Port-au-Prince has changed. Since 2021, the escalation of armed group activity has fuelled widespread urban violence and mass displacement, and since 2024, these groups have expanded their control across most of the city and its surroundings. Government services and healthcare are severely strained, including the destruction and abandonment of critical health infrastructure.

Against the backdrop of this humanitarian crisis, the Pran Men'm clinic is a vital lifeline, supporting a growing number of SGBV survivors. **Rising insecurity has coincided with a triple in the SGBV patients cared for at the clinic since 2022<sup>iv</sup>** and an increasingly difficult environment for survivors and service providers. In response, MSF is publishing this report out of its deep outrage at the horrific suffering it continues to witness—suffering that should never be ignored or accepted. The experiences of survivors expose the devastating impact of systemic neglect and failure. MSF refuses to remain silent and demands urgent, concrete action to provide the strong, compassionate health and support services that have been denied for far too long.





## Methodology

This report was produced by MSF, drawing on research and data associated with the Pran Men'm clinic. It reflects the experiences of survivors, including clinic patients, as well as nonpatients who accessed services from other organizations. The information presented in the report is not exhaustive and should not be considered universally representative, particularly of survivors who are unable to access care.

Quantitative sources include anonymized data about the SGBV survivors cared for at Pran Men'm and the violence they experienced, ranging from May 2015 up to and including September 2025. Analysis includes a comparison of data before and after the year 2022, to examine trends before and after the period when Haiti's ongoing humanitarian crisis started to escalate. In 2020 and 2022, MSF implemented updates to its data systems, enabling the collection of new information. Analysis is further divided into a total of three timeframes to reflect variations in data availability across different periods, as follows:

- An 11-year period, segmented into 2015–2021 and 2022–2025,
- A 6-year period, segmented into 2020–2021 and 2022–2025, and
- A 4-year period, from 2022–2025.

The primary qualitative sources used are interviews with survivors, who provided testimony about their experiences with SGBV, how it affects their lives, and what support services they need. These were complemented by interviews and focus groups with MSF staff and external partners. All such information has been anonymized to protect contributors' identities.

A review of secondary literature by other actors that support survivors was also conducted. Key sources include the NGOs and UN agencies providing services to survivors, advocating on their behalf, and coordinating the humanitarian response in Haiti. All such non-MSF sources have been cited, with references available in the [Notes Section](#) at the end of the report.



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## Humanitarian Situation

Haiti is enduring a severe humanitarian crisis driven by political instability, violence, and insecurity. While the country has faced previous humanitarian crises, including as a result of natural disasters, the current crisis significantly escalated in 2018 in response to interdependent shocks, including the inflation of fuel prices, government-imposed lockdowns, and protests that often escalated into violence. The situation deteriorated further in July 2021 following the assassination of President Jovenel Moïse, which triggered a surge in the activity of the country's numerous armed groups.

Since 2022, these armed groups have intensified their operations, engaging in violent clashes against each other and state forces to expand territorial control, particularly in Port-au-Prince. In February 2024, rival factions formed the *Viv Ansanm* alliance, uniting armed groups against the government and consolidating their control over most of the city, parts of neighbouring departments, and transportation routes between Port-au-Prince and the rest of the country. As of July 2025, the UNODC indicated that their control extends to over 90% of Port-au-Prince.<sup>v</sup> Their systematic attacks on state institutions and infrastructure have devastated essential services, exposing the population to widespread insecurity and uncertainty.

Escalating violence and insecurity have severely disrupted access to healthcare. Across Port-au-Prince, medical facilities are experiencing critical shortages of supplies, medicine, and staff, and are often abandoned or destroyed. In areas outside government control, both government and humanitarian actors face significant barriers reaching affected populations and delivering health services. These combined factors are degrading the city's healthcare system. The latest update provided by PAHO for 2025 indicates that 63% of state-run inpatient healthcare facilities in Port-au-Prince are closed, destroyed, or operating at partial capacity.<sup>vi</sup>

The context of violence and insecurity has also triggered mass displacement across Haiti. According to the IOM, by September 2025, over 1.4 million people—12% of the country's population—were internally displaced, representing an 810% increase since late 2022. Twenty-one percent of the displaced population is concentrated in Port-au-Prince, of which 66% reside in 97 spontaneous sites across the city, located in schools, churches, streets, public squares, vacant land, and other spaces. They are characterised by overcrowding, unsanitary conditions, poverty, and the risk of disease and violence.<sup>vii</sup>

# SGBV in Port-au-Prince

Haiti's humanitarian crisis disproportionately affects women and girls. This disparity affects all domains of their lives and is deeply rooted in the country's social systems. In the context of rising SGBV in Port-au-Prince, women and girls make up the majority of those impacted (see Box 2). **Since the Pran Men'm clinic opened in 2015, 98% of the survivors who receive care are women or girls.**<sup>vii</sup> MSF data is reinforced by UN monitoring, which shows that from January to September 2025, over 99% of reported SGBV incidents involving the use of a weapon were committed against women and girls.<sup>ix</sup> In addition to this gender disparity, MSF has observed new trends in the types of violence survivors experience, their growing vulnerability, and the barriers they face when trying to access support services.

## NEW PATTERNS OF VIOLENCE

Since 2022, SGBV survivors in Port-au-Prince have experienced new patterns of violence linked to escalating insecurity (see Box 3). **They report that members of armed groups represent over half of perpetrators, accounting for 57% of the cases cared for at Pran Men'm.**<sup>x</sup> MSF staff further describe this shift in the profile of perpetrators: prior to the humanitarian crisis, SGBV tended to be committed by individuals known to survivors, such as intimate partners and other civilians. While these cases persist, they are surpassed by the growing number of incidents involving members of armed groups.



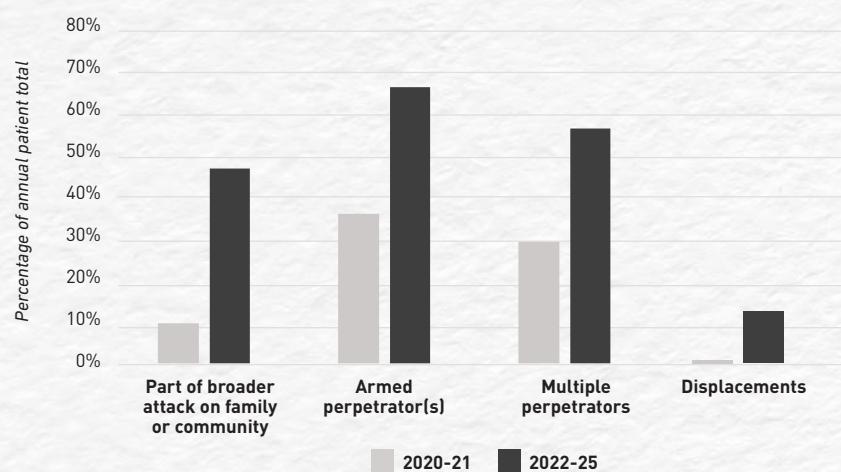
### BOX 2 UNDERREPORTING AND UNDERREPRESENTATION

Worldwide and in Haiti, SGBV is an underreported health emergency and crime. The information in this report likely underrepresents the true scale of SGBV in Port-au-Prince.

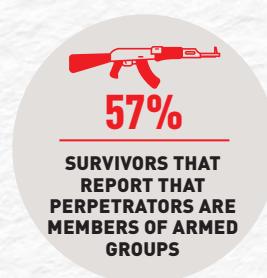
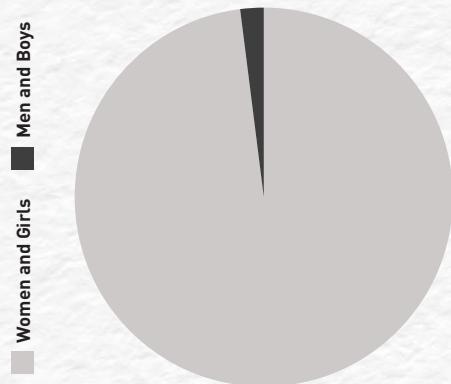
This report focuses on the trends observed through the Pran Men'm clinic, including that SGBV disproportionately affects women and girls. Men, boys, and gender-diverse people also experience SGBV in Haiti, as well as their own unique vulnerabilities and risk factors. Men and boys represent 2%, or 352, of the survivors cared for at Pran Men'm between 2015 and 2025. Their cases are likely underrepresented in MSF data.<sup>xi</sup>

### BOX 3 CHANGES IN PATTERNS OF VIOLENCE

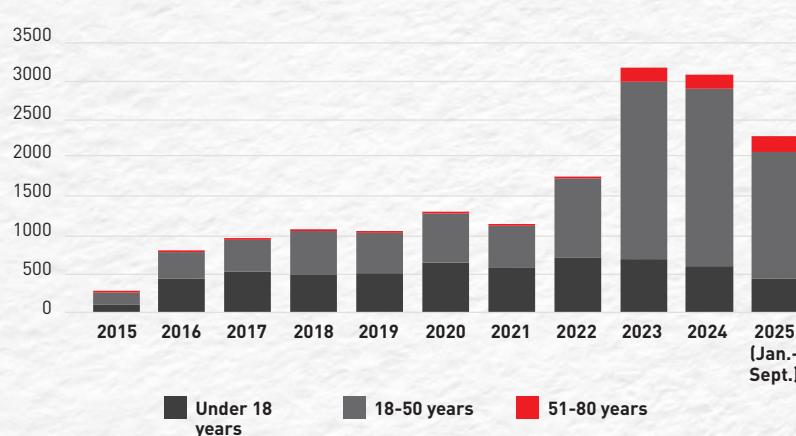
#### Trends in SGBV according survivors at Pran Men'm



#### Gender of SGBV survivors who received care at Pran Men'm (2015-2025)



#### Number and age distribution of SGBV patients at Pran Men'm



The profile of survivors and the context of SGBV have also shifted in recent years. Before 2022, 50% of SGBV cases received at the Pran Men'm clinic involved minors aged less than 18. However, since 2022, this proportion dropped by half to 24%, and the distribution of survivors has become more even across all age groups. While it was previously less common to receive survivors aged over 50 to 80, since 2022 these cases have increased sevenfold.<sup>xii</sup> In addition, the circumstances surrounding SGBV increasingly involve broader attacks. **MSF data indicates that the proportion of SGBV occurring during broader attacks that target entire families or communities has increased almost fivefold since 2022.**<sup>xiii</sup>

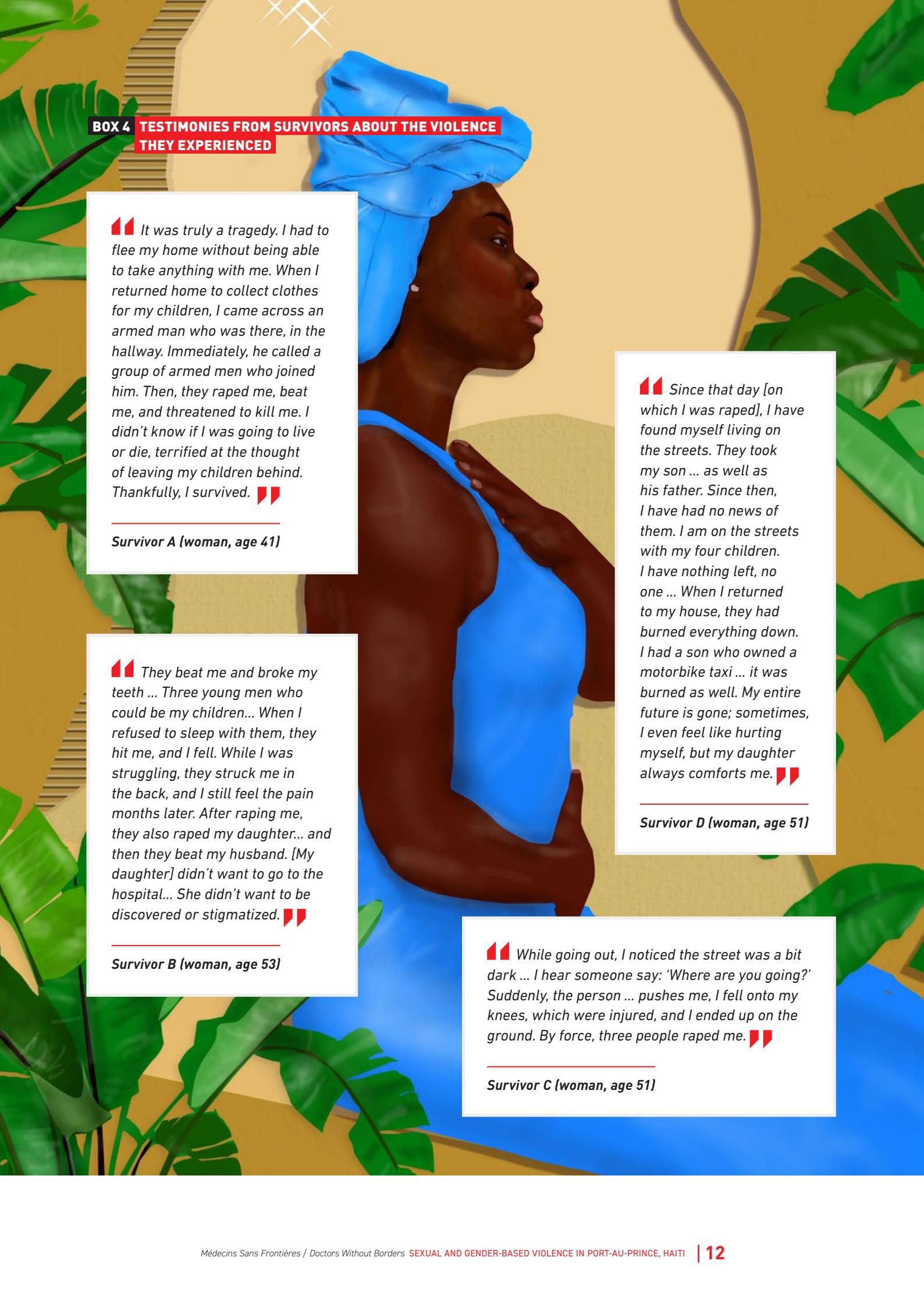
MSF findings align with those of other organizations working in Port-au-Prince. In 2024, UN monitoring found that 73% of the reported SGBV cases that involved a weapon and were committed against a child were perpetrated by members of armed groups.<sup>2</sup> Similarly, in 2025, the UN found that among reported incidents of SGBV involving a weapon across all age groups: in Q2, most occurred during coordinated attacks on neighbourhoods by armed groups, and in Q3, members of armed groups were identified as the primary perpetrators.<sup>xiv</sup> The Haitian government's Ministère à la Condition Féminine et aux Droits des Femmes (also known as MCFDF, or Haiti's Ministry of the Status of Women and Women's Rights) has similarly identified members of armed groups as the primary perpetrators of SGBV. Reports from the UN and the Haitian NGO Nègès Mawon<sup>xv</sup> found that SGBV is often accompanied by looting, murders, and the destruction of survivors' homes.<sup>xvi</sup>

The UN in Haiti has noted that these shifts in the patterns of violence reflect the reality that SGBV in Haiti is being systematically and increasingly used as a weapon to assert control and destabilize communities, which deliberately targets women and girls.<sup>xvii</sup> This violence serves multiple strategic purposes, including punishing acts of resistance, enforcing submission, spreading terror, and coercing payment or compliance.<sup>xviii</sup> It is deployed during kidnappings, territorial takeovers, to control humanitarian aid in displacement sites, and when individuals cross front lines.<sup>3</sup> The use of group assault—accounting for 77% of reported SGBV cases involving a weapon, according to UN monitoring in Q3 2025—has become an increasingly brutal tactic to oppress women and degrade entire communities.<sup>xix</sup>

Both MSF data and the testimonies it collected from survivors reflect the brutality of these tactics. **Since 2022, 58% of survivors cared for at Pran Men'm experienced a group assault, by an average of three perpetrators. Over 100 survivors were attacked by 10 or more perpetrators.**<sup>xx</sup> Additionally, the proportion of incidents involving firearms more than doubled, and the proportion of incidents involving a death threat more than tripled.<sup>xxi</sup> As quoted in Box 4, survivors interviewed for this report described first-hand the viciousness of their attacks. Their accounts reflect how SGBV happens as part of violence against family members, kidnappings, and attacks on entire neighbourhoods.

<sup>2</sup> Disclaimer: The UN/BINUH does not use the designation "armed groups" but describes them as either "armed gangs" or "organized criminal groups".

<sup>3</sup> The "front lines" of conflict in Port-au-Prince are volatile areas where violent clashes between armed groups and government-aligned forces define the shifting boundaries of their control and territory.



#### BOX 4 TESTIMONIES FROM SURVIVORS ABOUT THE VIOLENCE THEY EXPERIENCED

“ It was truly a tragedy. I had to flee my home without being able to take anything with me. When I returned home to collect clothes for my children, I came across an armed man who was there, in the hallway. Immediately, he called a group of armed men who joined him. Then, they raped me, beat me, and threatened to kill me. I didn't know if I was going to live or die, terrified at the thought of leaving my children behind. Thankfully, I survived. ”

Survivor A (woman, age 41)

“ They beat me and broke my teeth ... Three young men who could be my children... When I refused to sleep with them, they hit me, and I fell. While I was struggling, they struck me in the back, and I still feel the pain months later. After raping me, they also raped my daughter... and then they beat my husband. [My daughter] didn't want to go to the hospital... She didn't want to be discovered or stigmatized. ”

Survivor B (woman, age 53)

“ Since that day [on which I was raped], I have found myself living on the streets. They took my son ... as well as his father. Since then, I have had no news of them. I am on the streets with my four children. I have nothing left, no one ... When I returned to my house, they had burned everything down. I had a son who owned a motorbike taxi ... it was burned as well. My entire future is gone; sometimes, I even feel like hurting myself, but my daughter always comforts me. ”

Survivor D (woman, age 51)

“ While going out, I noticed the street was a bit dark ... I hear someone say: 'Where are you going?' Suddenly, the person ... pushes me, I fell onto my knees, which were injured, and I ended up on the ground. By force, three people raped me. ”

Survivor C (woman, age 51)



#### BOX 5 TESTIMONY FROM PRAN MEN'M STAFF A

**¶¶** *It is difficult because we cannot address the causes that make women vulnerable to attacks. All too often, they return to the streets, facing precarious conditions, insecurity, and the risk of re-victimization. And as expected, many of them come back to us after being assaulted again. **¶¶***

#### BOX 6 TESTIMONY FROM SURVIVOR ABOUT THE VIOLENCE THEY EXPERIENCED

**¶¶** *We, who are in the shelters [in displacement sites], are not treated well; we do not sleep or bathe properly, and young women and young boys are mixed together. Mothers are forced to stay close because when a child begins to grow, they can become a target for rape at any moment ... The water we use is dirty, we go days without being able to eat, and our children sleep in the rain. **¶¶***

*Survivor E (woman, age 34)*

### COMPOUNDING VULNERABILITIES, INCLUDING DISPLACEMENT

Many survivors face the risks of repeated violence and compounded trauma. **Since 2020, almost 20% of patients cared for at Pran Men'm reported experiencing SGBV multiple times.**<sup>xxii</sup> MSF staff witness this horrific reality firsthand, as many survivors return to the clinic after being viciously attacked again (see Box 5).

Displacement has also emerged as a critical vulnerability. **Since 2022, the proportion of survivors cared for at the Pran Men'm clinic who are displaced has increased 20-fold.**<sup>xxiii</sup> According to the UN, 68% of survivors who accessed SGBV-related support services between January and September 2025 across Haiti were displaced.<sup>xxiv</sup> Displacement harms survivors in multiple ways: it is often the context in which they are attacked, it can expose them to ongoing violence, and it strips them of their home and possessions. Survivors interviewed for this report underscored this trend, describing how they experienced SGBV while fleeing their homes as armed groups took control of their neighbourhoods. They also reported

experiencing other crimes at the same time, including the burning and destruction of their homes and possessions, and witnessing the violent murder and assault of their family and friends.

Women and children are disproportionately impacted by displacement, accounting for 53% and 35% of those living in displacement sites, respectively, according to the IOM.<sup>xxv</sup> Many of these families are led by single women, who must navigate immense financial and caregiving responsibilities while enduring catastrophic living conditions. The sites themselves are dangerous, as armed groups operate within and around them, and lack basic security measures, such as privacy and lighting (see Box 6). As a result, women in the camps are further exposed to SGBV, including by armed groups and bandits. Research by Amnesty International and UN Women in Haiti highlights that sexual exploitation is also being used as a tactic in camps to control women and girls' access to humanitarian assistance.<sup>xxvi</sup>



### LIMITED SUPPORT SERVICES FOR SURVIVORS

Support for SGBV survivors in Haiti remains critically limited, both in the immediate aftermath of violence and during longer-term recovery. Essential support services, including medical care, psychosocial support, safe shelter, and legal aid, are effectively unavailable to most survivors. In 2025, the UN estimated that 1.5 million people need SGBV-related services, with a target to help half of them, or 833,000 individuals. By September, only 7% of these people had been helped.<sup>xxvii</sup>

The Pran Men'm clinic is one of very few service providers that offers free, specialized, and integrated medical and psychosocial support to survivors in Port-au-Prince. While the clinic plays a critical role in addressing survivors' immediate health needs, it is unable to provide longer-term care or assistance with health challenges unrelated to patients' immediate attack. Although it serves as a vital lifeline, the clinic cannot meet the growing demand or address the increasingly complex needs of survivors on its own.

Two types of services whose availability to SGBV survivors is critically low are safe shelter and livelihood programs. MSF seeks to refer its patients

to organizations providing these support services as a key part of its clinic's comprehensive care. However, clinic staff often cannot find shelters willing to accept patients, as shelter services are often interrupted because of insufficient or short-term funding. Additionally, many shelters' eligibility criteria exclude survivors with more complex needs—such as women with children, who are pregnant, or those requiring ongoing medical care—leaving the most vulnerable to fend for themselves. In a 2025 survey conducted by MSF,<sup>xxviii</sup> other service providers reported similar challenges referring survivors to safe shelters.

The lack of available services leaves survivors exposed to the same risks that led to their initial trauma. Without safe shelter or relocation options, MSF discharges its patients straight back into the nightmare they came from, just to see them return another day after being violated again. The absence of livelihood opportunities compounds their vulnerability, trapping survivors in poverty and displacement. Many are left dependent on scarce humanitarian aid, which increases their susceptibility to exploitation, survival sex, and repeated violence.

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## ACCESS TO HEALTHCARE AND SUPPORT SERVICES

Many SGBV survivors face barriers to accessing the limited health and support services available, delaying or preventing them from receiving care (see Box 7). **Since 2022, the proportion of survivors who sought care at Pran Men'm within three days of their attack dropped by half, from almost two-thirds to one-third.**<sup>xxix</sup> This means that since 2022, 67% of survivors who accessed care arrived too late to receive post-exposure prophylaxis for HIV, which put them at higher risk for HIV transmission. **Similarly, since 2022, the proportion of survivors who sought care at Pran Men'm within five days of their attack dropped by nearly half, from 72% to 41% of survivors.**<sup>xxx</sup> This means that 59% of survivors missed the opportunity to prevent unwanted pregnancies. The barriers that affect how soon a survivor can access care include fear, stigma, financial challenges, insecurity, and limited access to information.

## BOX 7 WHY TIMING MATTERS

It is crucial for survivors to access healthcare as soon as possible after experiencing SGBV to receive the most effective, comprehensive medical and psychosocial support possible.

While timely access benefits all services, prophylactic antiretroviral treatment to prevent HIV transmission is particularly time-sensitive, with a 72-hour or three-day window for effective prevention.

Timing also matters for emergency contraception, which has a 120-hour or 5-day window to prevent unwanted pregnancies.

**A lower proportion of survivors can access healthcare in time for critical support.**

## BOX 8 TESTIMONIES FROM SURVIVORS AND MEMBERS OF THE COMMUNITY

**“** My experience was not a good one because I was a victim of rape by three members of an armed group. I was scared, I was traumatized, I thought I was going to be stigmatized, and I was afraid to go out into the street. I isolated myself in a corner, humiliated myself, and I no longer felt like I existed in life. **”**

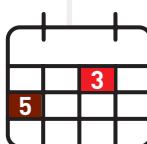
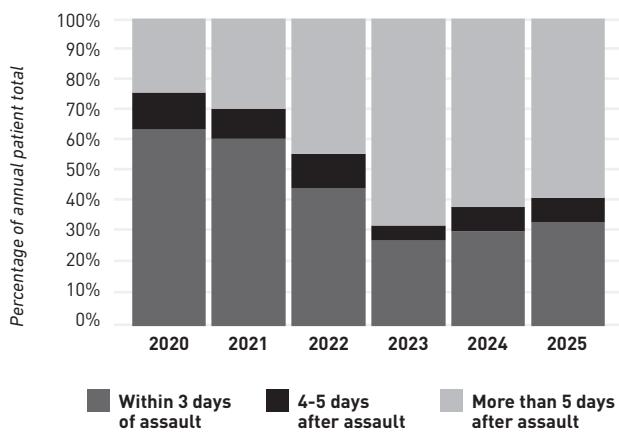
*Survivor F (woman, age 48)*

**“** Society will see you with an evil eye, the future too, they will devalue you, criticize you, they will tell you that you are ugly ... You are a worthless nothing. **”**

**“** In Haiti we usually stigmatize the victim ... isolate them, they are considered as someone who has leprosy, we rarely speak to them. **”**

*Testimonies from focus group discussions among women and girls in Port-au-Prince, collected as part of MSF's 2018 study*

## When SGBV survivors access care at Pran Men'm



**3 DAYS**  
Timeframe to prevent HIV transmission



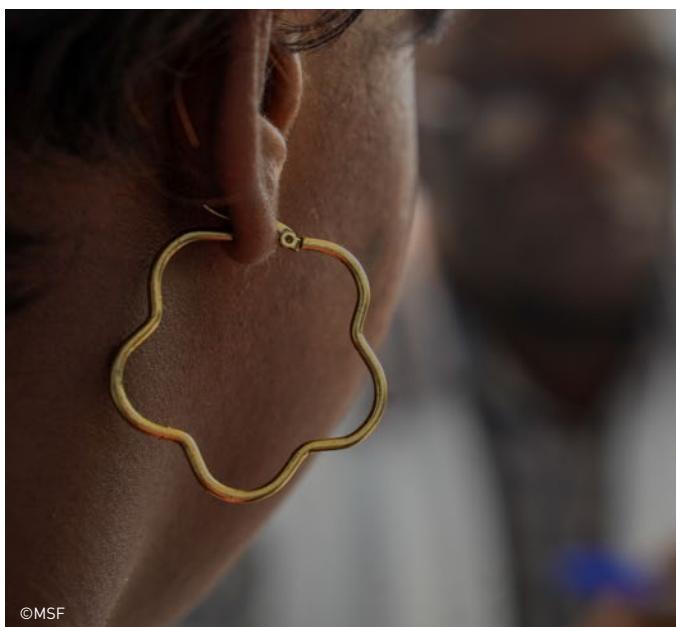
**5 DAYS**  
Timeframe to prevent an unwanted pregnancy



**Fear:** Survivors worry that seeking support services could expose their experience to their perpetrator, family, or community (see Box 8, survivor quote). They fear retaliation or further violence if the perpetrator learns of their actions, as well as social consequences if their family or community find out. A 2018 MSF study on SGBV in Port-au-Prince<sup>xxxii</sup> revealed the social repercussions survivors face (see Box 9, quotes from MSF study). Sixty-eight percent of the participants of the study's household survey cited stigma as a consequence of SGBV and 23% noted that survivors face outright rejection. This stigma isolates survivors, subjects them to gossip and intimidation, and can extend to their families and children born of rape. Ten percent of respondents said stigma could push people toward suicide, while survivors consulted for this report shared how isolation led them to struggle with suicidal ideation or attempt suicide.



**Financial costs:** Beyond the free health services offered by limited local and humanitarian actors, including MSF, NGOs, and the UN, most remaining healthcare options in Port-au-Prince are paid, private clinics. While the few public sector services still available provide some services for free, including births, patients are often required to pay out-of-pocket for medications, tests, and supplies. These financial barriers are compounded by transportation costs, as many healthcare facilities are hours away and expensive to reach. In areas controlled by armed groups, additional fees are imposed to cross front lines. No matter the provider, survivors face unaffordable costs. To help alleviate these challenges, MSF covers transportation costs for survivors seeking care at Pran Men'm, including for follow-up visits.



**Information:** A significant barrier for survivors is a lack of awareness about the free health and support services available. Since 2022, 83% of survivors cared for at Pran Men'm reported that limited access to such information made it more difficult for them to access care.<sup>xxxiii</sup> Survivors and their community do not receive up-to-date information about which public services remain available, are unaware of the full range of services they can access, and are often sceptical that any care is free.



**Insecurity:** When survivors seek medical care or other support services, they often must enter hostile territory where they risk being attacked again. An example of this chilling reality was recounted by one of the survivors consulted for this report—she nearly missed her meeting to be interviewed due to a gunfight in her neighbourhood. This danger is higher at night, forcing some survivors to leave clinics early or abandon services altogether. Crossing neighbourhood lines adds another level of risk, as survivors may face ID checks at police or civilian barricades. If their ID reveals they live in an area controlled by armed groups, they risk being attacked by barricade guards (see Box 9). To reduce this risk, many survivors avoid carrying identification.

#### BOX 9 TESTIMONY FROM PRAN MEN'M STAFF B

**¶¶** *It is very hard for survivors to reach us. In Port-au-Prince, it is dangerous to leave your neighbourhood or to be out in the streets too late. If you are identified as living in a neighbourhood controlled by an armed group, you can be beaten or even killed. ¶¶*



**Patient-centred:** Even when services are available, they often do not adopt a survivor-centred approach. Many programs lack sufficient privacy and confidentiality measures and require survivors to repeatedly describe their experiences. Service providers described to MSF that staff who lack training in survivor-centred care can further stigmatize survivors by failing to treat them with dignity and respect. These shortcomings not only retraumatize survivors but also erode their trust in service providers, discouraging them from seeking support.



**Justice:** The possibility of bringing perpetrators to justice has become even more remote in recent years. Service providers and survivors consulted for this report emphasized that police and legal systems are widely distrusted and perceived as both harmful to survivors and ineffective in deterring perpetrators. Survivors are often re-victimized and stigmatized by the very authorities meant to protect them, a reality that discourages them from seeking justice and exacerbates their trauma. MSF has observed a trend that is likely, at least in part, linked to these barriers. Since 2022, the proportion of survivors who received care at Pran Men'm and indicated they would not press charges against their perpetrator(s) has nearly tripled.<sup>xxxiv</sup> MSF's 2025 survey also highlighted this challenge, with one respondent explaining that survivors can face ridicule from police when filing complaints.

Access to justice is affected by the medical certificates that SGBV survivors receive from healthcare professionals (see Box 10). These certificates are often critical evidence in criminal proceedings against perpetrators, but both their legal framework and practical application impose obstacles. Notably, MSF staff have witnessed situations where Haitian authorities have rejected certificates that do not conform to a specific template. It has also witnessed situations where certificates from other organizations were rejected for being signed by a nurse or midwife, instead of a doctor.

While it is a legal requirement in Haiti for medical certificates to be signed by a doctor, this requirement cannot always be met. Given the country's shortage of doctors, most survivors are cared for by trained nurses and midwives. In practice, if a survivor wants to bring their case before legal authorities, they may need to attend multiple medical appointments to obtain a doctor's signature. They may also encounter this situation if authorities insist that their certificate conform to a particular template, which is not required under law. The impact of these multiple appointments is that survivors are forced to relive their trauma, and their access to justice is delayed. In some cases, it may discourage survivors from seeking justice altogether.

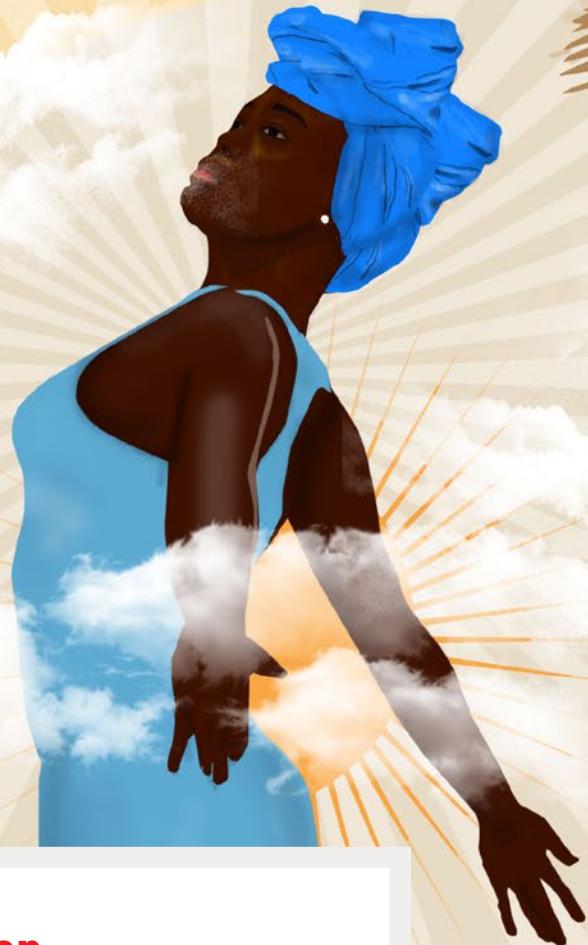
#### BOX 10 **WHAT IS A MEDICAL CERTIFICATE AND WHY IS IT IMPORTANT?**

A medical certificate for SGBV survivors is a medico-legal document drafted and signed by a healthcare professional that: 1) documents what the survivor recounts (for example, to have been assaulted by someone); and 2) describes the injuries and other physical and psychological symptoms observed during the examination. The healthcare professional cannot qualify whether the assault took place or not.

This certificate can be a crucial document for seeking justice, as it can serve as evidence of a crime and the harm the survivor suffered. Depending on the context, it can also be used to ensure continuity of care, access support services, and support asylum applications.

MSF systematically offers such certificates to survivors.





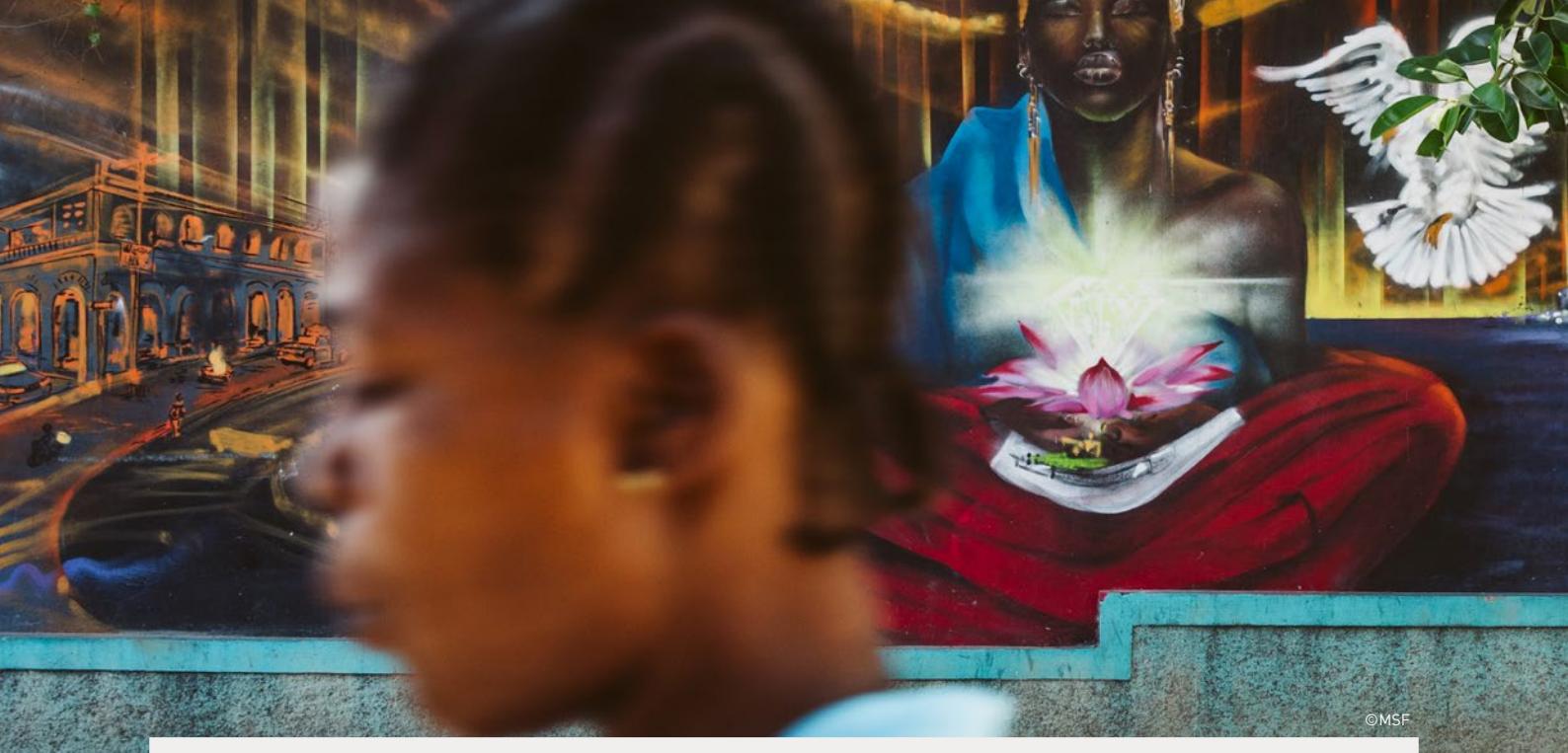
## Calls to Action

To effectively address SGBV and its impacts, urgent and coordinated action is required from the Haitian government, service providers, donors, UN agencies, and those responsible for providing security to Haitians. This report urgently calls on these actors to deliver a response that is survivor-centred and prioritizes survivors' long-term recovery.

As part of the research for this report, survivors were consulted to identify their priorities and needs for support and recovery. The resulting calls to action are grounded in their responses, complemented by insights from MSF staff and other service providers. These concrete actions can complement broader global initiatives conducted by the many organizations working tirelessly to support survivors. While they are framed within the context of woman and girl survivors in Port-au-Prince, who were the primary focus of research and data collection, they are equally relevant to other groups, including men, boys, and gender-diverse individuals, across Haiti (see Box 11).

### BOX 11 MEN, BOYS, AND GENDER-DIVERSE PEOPLE

Men, boys, and gender-diverse people are likely missing in MSF data and research, in part, because they are much less likely to access care. They face additional barriers to those discussed in the report, which prevent them from ever accessing care or telling their story.



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## The Government of Haiti

To uphold its responsibility to survivors, the Government of Haiti must allocate a greater portion of its budget to free, survivor-centred healthcare and support services, including in displacement camps. These services must prioritize survivors' safety, privacy, dignity, and confidentiality, while minimizing the need for them to relive their trauma.

The Government has an unequivocal responsibility to improve access to support services by actively combating stigma, raising awareness, and dismantling barriers that prevent survivors from seeking help. It is imperative for the Government to lead community sensitization campaigns that challenge stigma and promote understanding, including through targeted media outreach and public engagement. The Government must also ensure that clear, accessible information about available services is widely disseminated in collaboration with the health and justice sectors. One immediate and practical measure it could implement is a 24/7 government-operated hotline to provide confidential guidance and connect survivors to critical resources.

The Government must take decisive action to build the capacity of its health workforce to deliver high-quality care to survivors of SGBV. This includes training more providers—including doctors, nurses, and midwives—to expand the availability of healthcare services for survivors. Additionally, the Government must authorize nurses and midwives to sign medical certificates in the absence of doctors. Specialized, survivor-centred training must be mandatory for all professionals who interact with survivors, including healthcare providers, police officers, and justice officials. Such training is essential to eliminate stigmatization—including unnecessary questioning and victim-blaming — prevent re-victimization — such as requiring survivors to recount incidents repeatedly—and strengthen effective coordination across sectors.

In tandem with reinforcing its health workforce, the Government must amend legal frameworks to authorize trained nurses, midwives, and other healthcare professionals, beyond doctors, to draft and sign medical certificates. Authorities, including police, judges, and prosecutors, must be required and instructed to accept medical certificates from any organization, regardless of their format.

## MSF calls on the Government of Haiti to:



### 1 EXPAND FREE, COMPREHENSIVE MEDICAL AND PSYCHOSOCIAL CARE FOR SURVIVORS.

- Provide comprehensive medical and psychosocial care for SGBV survivors, as defined by the UNFPA's Minimum Initial Service Package<sup>4</sup>, in all primary health centres and hospitals.
- Ensure that care is survivor-centred, including ensuring survivor privacy and confidentiality.
- Provide sensitization to reduce stigma against SGBV survivors, and about the medical consequences of SGBV.
- Train more nurses, midwives, and doctors to provide survivor-centred care and manage SGBV cases.
- Establish a 24/7 hotline that provides information on medical and support services for SGBV.
- Revise relevant Haitian legal framework to allow nurses, midwives, and healthcare professionals other than doctors to draft and sign medical certificates.
- Instruct authorities, including police, judges, and prosecutors, to accept medical certificates issued by any organization, regardless of their template.

<sup>4</sup> Standard 4 of UNFPA's Minimum Initial Service Package outlines the basic healthcare needs to mitigate the negative long-term effects of violence on survivors through priority actions designed to prevent morbidity and mortality.



### 2 RECOGNIZE THAT SGBV IS BEING USED AS A WEAPON AGAINST COMMUNITIES, WHICH PREDOMINANTLY TARGETS WOMEN AND GIRLS.

- Train all justice and health professionals who interact with survivors about SGBV, including what it is, why it is important to recognize, its medical and psychosocial consequences, and survivor-centred principles.
- Train all justice and health professionals who interact with survivors about how to provide them with ethical, dignified referrals to medical and other support services.



## Service providers and donors

Service providers supporting survivors in Port-au-Prince, along with the donors that fund them, including states, the UN, and multilateral organizations, must prioritize addressing SGBV by allocating more of their budgets to free, survivor-centred healthcare and support services. Efforts should focus on ensuring these services are accessible and known throughout Port-au-Prince, including in displacement camps and areas outside government control. Measures to reduce barriers must be included, such as reimbursing transportation costs, to ensure survivors can access care.

Donors must also consider the duration and structure of their funding. Short-term funding, while offering temporary relief, leads to unstable “on-again, off-again” service environments that discourage survivors from seeking support and complicate referrals between organizations. Restrictive eligibility criteria for safe shelters further exclude vulnerable survivors, such as women with children, who are pregnant, or with medical conditions, whose complex needs are often unmet because they require more resources.

**MSF calls on the service providers that support survivors in Port-au-Prince, and the donors that fund them—including states, the UN, and multilateral organizations—to:**



### 3 PROVIDE FREE, COMPREHENSIVE MEDICAL AND PSYCHOSOCIAL CARE FOR SURVIVORS, ACROSS PORT-AU-PRINCE.

- Care must be accessible to all survivors, including in displacement camps and outside government-controlled areas.
- Ensure that care is survivor-centred, including preserving survivor privacy and confidentiality.



### 4 INCREASE THE PORTION OF AID THAT FUNDS SUPPORT SERVICES FOR SURVIVORS.

- Provide more support services to survivors, including safe shelters and relocation services, and livelihood support.
- Make funding agreements longer, beyond a few months, to reduce service interruptions.



### 5 ENSURE PROGRAMS ARE ACCESSIBLE TO ALL SURVIVORS, INCLUDING THE MOST VULNERABLE.

- Safe shelter programs should accept women with their children and who are pregnant, and survivors with medical conditions.
- Help survivors overcome barriers that prevent them from accessing help, for example, by reimbursing transportation costs.



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## UN coordinating agencies

The coordination<sup>xxxiv</sup> provided by UNFPA and OHCHR—leads of the SGBV sub-cluster<sup>xxxv</sup> and Protection cluster respectively—must be strengthened. Current processes often lack clarity, overlap across UN agencies, and reflect outdated information. For example, the UNFPA referral map of service providers that support survivors is subject to these challenges, making it difficult to use. Spanning 70 pages, it contains outdated information, referral guidance that requires further clarification, and content that is not user-friendly to navigate. As a result, service providers must cross-check multiple sources and interpret unclear or inconsistent instructions, leading to delays in referrals. Regular updates, user-friendly formatting, accurate contact details, and clear referral guidance are basic yet critical improvements that should be inherent to this work to enhance the referral map's usability and effectiveness.

BINUH monitoring of SGBV in Haiti is a critical and essential service to ensure that responses are timely, adaptive, and evidence based. Its activities must continue to systematically collect, analyse, and share data on incidents of SGBV, associated trends, and service gaps experienced by survivors. This work is vital to enable the UN and its partners to deliver services and policies that are survivor-centred, and drive advocacy that mobilizes meaningful resources and actions to protect and support survivors.

**MSF calls on the UN agencies coordinating the humanitarian response in Haiti to:**



**6**

**CONTINUE MONITORING SGBV IN HAITI TO SUPPORT EVIDENCE-BASED COORDINATION AND RESPONSES.**



**7**

**OPERATIONALIZE THE REFERRAL MAP OF SERVICE PROVIDERS THAT SUPPORT SURVIVORS OF SGBV, INCLUDING REGULAR UPDATES, USER-FRIENDLY FORMATTING, ACCURATE CONTACT DETAILS, AND CLEAR REFERRAL GUIDANCE.**



## Security actors

As patterns of violence related to SGBV evolve alongside rising insecurity and violence in Port-au-Prince, security actors tasked with protecting the city's population can play a critical role in supporting survivors. Often present during or immediately after armed group attacks—during which many survivors endure SGBV—they may be among the first individuals a survivor encounters in the aftermath. Equipping these actors with the necessary tools to identify survivors, refer them to appropriate services, and treat them with dignity and respect is essential to providing timely support, particularly during the acute period following an incident of SGBV, when survivors are especially vulnerable.

**MSF calls on the security actors operating in Port-au-Prince—including the Haitian military and international and private security forces—to:**



8

**RECOGNIZE  
THAT SGBV IS  
BEING USED AS A  
WEAPON AGAINST**

**COMMUNITIES, WHICH PREDOMINANTLY  
TARGETS WOMEN AND GIRLS.**

- Train all personnel about SGBV, including what it is, why it is important to recognize, its medical and psychosocial consequences, and survivor-centred principles.
- Train all personnel about how to provide survivors with ethical, dignified referrals to medical and other support services.

**These recommendations equally apply to the entities—including states, the UN, and multilateral organizations—that oversee and finance the operations of security actors.**



## Endnotes

**i** UNFPA. 2019. “Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming.” <https://www.unfpa.org/minimum-standards>.

**ii** Data represents an 11-year period, from May 2015 to September 2025.

**iii** Data from this separate department in Cité Soleil is excluded from the analytical scope of this report, as the analysis is specifically focused on Pran Men’m. For contextual reference only, since its establishment, the department has provided services to over 3,000 survivors, with numbers showing a sustained increase.

**iv** Data represents an 11-year period, with trends compared between 2015–2021 and 2022–2025.

**v** UNODC. 2025. “UN Security Council Briefing on the Situation in Haiti.” July 2, 2025. <https://www.unodc.org/unodc/en/speeches/2025/020725-unsc-briefing-haiti.html>.

**vi** PAHO. 2025. “Crise Humanitaire en Haïti – Grade 3.” <https://www.paho.org/fr/crise-humanitaire-haiti-grade-3#respuesta>.

**vii** IOM. 2025a. “Displacement Tracking Matrix Haiti — Information sheet on the displacement situation in Haiti — Round 11 (September 2025).” October 14, 2025. <https://dtm.iom.int/reports/haiti-information-sheet-displacement-situation-haiti-round-11-september-2025?close=true>.

2025b. “Displacement Tracking Matrix Haiti — Update on the displacement situation in spontaneous sites (September 2025).” October 14, 2025. <https://dtm.iom.int/reports/haiti-update-displacement-situation-spontaneous-sites-september-2025>.

**viii** Data represents an 11-year period, from May 2015 to September 2025.

**ix** BINUH. 2025a. “Quarterly Report on the Human Rights Situation in Haiti: April–June 2025.”

2025b. “Quarterly Report on the Human Rights Situation in Haiti: January–March 2025.”

2025c. “Quarterly Report on the Human Rights Situation in Haiti: July–September 2025.”

**x** Data represents a 4-year period, from 2022 to 2025.]

**xi** Data represents an 11-year period, from May 2015 to September 2025.

**xii** Data represents an 11-year period, with trends compared between 2015–2021 and 2022–2025.

**xiii** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xiv** UN/BINUH Source (information on file).

**xv** Nègès Mawon is a Haitian feminist organization established in 2015, dedicated to challenging the harmful impacts of patriarchy on women, and striving for the liberation of Haitian girls and women from all forms of violence and oppression. Nègès Mawon promotes, defends, and strengthens women’s rights across social, cultural, economic, and political spheres.

**xvi** Nègès Mawon. 2024. “Droits des femmes, des filles et des minorités sexuelles en Haïti: Rapport sur les violences enregistrées de janvier à octobre 2024.” December 16, 2024. [https://www.negesmawon.org/wp-content/uploads/2024/12/VBG\\_16\\_12\\_24-2.pdf](https://www.negesmawon.org/wp-content/uploads/2024/12/VBG_16_12_24-2.pdf).  
UN/BINUH Source (information on file).

**xvii** UN/BINUH Source (information on file).

**xviii** BINUH and OHCHR. 2022. “Violence Sexuelle à Port-Au-Prince: Une arme utilisée par les gangs pour répandre la peur.” <https://www.ohchr.org/sites/default/files/2022-10/20221014-summary-Report-on-Sexual-Violence-haiti-fr.pdf>.

**xix** UN/BINUH Source (information on file).

**xx** Data represents a 4-year period, from 2022 to 2025.

**xxi** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xxii** Data represents a 6-year period, from 2020 to 2025.

**xxiii** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xxiv** UNFPA. 2025. “Snapshot sur les incidents de VBG: Janvier à Septembre 2025.” November 12, 2025. <https://reliefweb.int/report/haiti/haiti-snapshot-sur-les-incidents-de-violences-basees-sur-la-genre-vbg-de-janvier-septembre-2025>.

**xxv** IOM. 2025b.

**xxvi** Amnesty International. 2025. “*I'm a Child, Why Did This Happen to Me? Gangs' Assault on Childhood in Haiti.*” February 12, 2025. <https://www.amnesty.org/en/documents/amr36/8875/2025/en/>.

UN Women. 2024. “300,000 Haitian women and girls are displaced without basic safety and health services.” July 17, 2024. <https://lac.unwomen.org/en/stories/comunicado-de-prensa/2024/07/300000-mujeres-y-ninas-haitianas-se-encuentran-desplazadas-sin-servicios-basicos-de-seguridad-y-salud>.

**xxvii** UNFPA. 2025. “Suivi de la réponse par la Sous-cluster de VBG: Janvier à Septembre 2025.” November 13, 2025. <https://reliefweb.int/report/haiti/haiti-sous-cluster-de-vbg-suivi-de-la-reponse-humanitaire-de-janvier-septembre-2025>.

**xxviii** In June 2025, MSF conducted an online survey among service providers that support SGBV survivors in Port-au-Prince to better understand their activities, challenges, funding, and coordination efforts.

**xxix** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xxx** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xxxi** In 2018, MSF conducted a multi-phase, mixed-methods study involving over 1,300 participants, including, among other methods, a household survey completed by over 1,000 people. The study aimed to understand community views on SGBV in Port-au-Prince, identify barriers to care for survivors, and explore ways to enhance the use and acceptance of SGBV services within MSF's catchment area. The study is currently in the process of being published in a scientific journal.

**xxxii** Data represents a 4-year period, from 2022 to 2025.

**xxxiii** Data represents a 6-year period, with trends compared between 2020–2021 and 2022–2025.

**xxxiv** Cluster coordinators (or “leads”) within the UN humanitarian system are responsible for providing strategic direction and operational coordination to enhance the impact and delivery of humanitarian responses. See the UN Refugee Agency's Emergency Handbook, including the sections related to the international coordination architecture and cluster approach, including:

- International coordination architecture: <https://emergency.unhcr.org/coordination-and-communication/interagency/international-coordination-architecture>.
- Cluster approach: <https://emergency.unhcr.org/coordination-and-communication/cluster-system/cluster-approach>.

**xxxv** The UNFPA-led sub cluster responsible for SGBV is referred to by the UN as the Gender-based Violence Area of Responsibility.

## Acknowledgements

This report is the result of a collaborative effort, including women in Port-au-Prince who generously shared their experiences of SGBV and whose insights shaped our work and calls to action. The staff of the Pran Men'm clinic also played an integral role, and we are grateful for their support and dedication to both caring and advocating for survivors. We would also like to acknowledge other organizations, including NGOs and UN agencies, for their contributions to this report, and ongoing efforts to support survivors in Haiti. Finally, we acknowledge the many individuals who contributed to this report, with special thanks to our photographer, and Faryaneh Fadaeiresketi.

Author: Mikayla Wicks

Illustrations: Lyne Lucien

Design/Layout: Lynne Hambury

