Overview, scope and methods
✓ On January 12, 2010, an earthquake measuring 7.0 on the Richter scale struck Haiti. The epicentre was located 17km from the capital, Port-au-Prince, which has approximately 2 million inhabitants. Approximately 3.5 million people resided in the areas directly affected by the earthquake. Approximately 220,000 people died during and immediately following the event. This was the largest earthquake to happen in Haiti for over 200 years.
✓ Haiti was already the poorest country in the western hemisphere, and has been the victim of repeated humanitarian crises, including the series of tropical storms and hurricanes in the 2008 season.
✓ Following the initial rapid assessments immediately after the earthquake, a rapid EFSA took place in February 2010. This survey was led by CNSA (Coordination Nationale de la Sécurité Alimentaire) of Haiti, in partnership with ACF, Oxfam, FEWS NET, FAO, and WFP. The survey covered the communes of Pétionville, Delmas, Tabarre, Cité Soleil, Grand Goâve, Croix-des-Bouquets, Carrefour, Port-au-Prince, Léogane, Gressier, Jacmel, and Petit Goâve. The sample included households living in camps (IDPs) and those living in non-camp areas. The data collection took place from February 5-12, 2010.

The primary data collection tools included a household questionnaire, a focus group questionnaire, and a key informant questionnaire. Primary data were collected in 118 sites throughout the affected areas (camps and non-camp sites), selected randomly within a probability proportional to size sampling. A total of 933 household interviews were conducted in randomly selected households. 118 key informants (one in each site) were interviewed, and approximately 150 focus groups (1-2 per site) were conducted. MUAC (mid-upper arm circumference) measurements were taken of all children 6-59 months of age living in the randomly selected households (total sample of measured children is 443). 9 additional focus groups and 8 key informants’ interviews were conducted to understand better protection issues. Moreover, spot checks were conducted in 13 locations across the country to assess the situation in indirectly affected areas.

How many people are food insecure or vulnerable?
✓ Food insecure households are characterised by poor or borderline food consumption, severe and unsustainable coping practices and unreliable sources of food and income.
✓ 32% of households had poor or borderline food consumption, an additional 20% were found to have unsustainable coping strategies and/or livelihoods. A total of 52% of households were found to be food insecure. Translated into population terms, 1,280,000 people were found to be food insecure in the areas surveyed.

<table>
<thead>
<tr>
<th>Food Insecurity by Geographic Strata</th>
<th>Total Population</th>
<th>Percent of Households that are Food Insecure</th>
<th>Number of food insecure people</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 (PaP, Delmas, Carrefour)</td>
<td>1,285,000</td>
<td>50%</td>
<td>638,000</td>
</tr>
<tr>
<td>S2 (Gressier, Léogane)</td>
<td>160,000</td>
<td>57%</td>
<td>91,000</td>
</tr>
<tr>
<td>S3 (Petit Goave, Jacmel)</td>
<td>244,000</td>
<td>52%</td>
<td>126,000</td>
</tr>
<tr>
<td>S4 (Pétionville, Tabarre)</td>
<td>344,000</td>
<td>55%</td>
<td>190,000</td>
</tr>
<tr>
<td>S5 (Cité Soleil)</td>
<td>180,000</td>
<td>52%</td>
<td>93,000</td>
</tr>
<tr>
<td>S6 (Grand Goave, Croix des Bouquets)</td>
<td>262,000</td>
<td>54%</td>
<td>143,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,473,000</td>
<td>52%</td>
<td>1,281,000</td>
</tr>
</tbody>
</table>
Food Insecurity in Urban and Rural Camps

<table>
<thead>
<tr>
<th>Camp only Strata (assuming 20% of total population lives in camps)</th>
<th>Total Population (Camps)</th>
<th>Percent of Households that are Food Insecure</th>
<th>Number of food insecure people</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 - Camps in the metropolitan area</td>
<td>476,000</td>
<td>70%</td>
<td>333,000</td>
</tr>
<tr>
<td>C2 - Camps outside the metropolitan area</td>
<td>176,000</td>
<td>67%</td>
<td>118,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>652,000</td>
<td>69%</td>
<td>450,000</td>
</tr>
</tbody>
</table>

- The food insecure population identified in the tables above includes both chronic and transitory food insecurity, although the uncertain future, including the coming rainy and hurricane season means that the duration of the transitory food insecure is not known.
- The estimated number of people that left the directly affected zones is 598,000. These people often left with few if any assets, and thus are likely not only to be food insecure themselves, but also the additional burden they place on their host communities may be bringing further populations into food insecurity.
- 6% of children 6-59 months have a MUAC <125 mm (moderate and severe wasting) (95% CI 3.5%-10%). 1.3% of children 6-59 months have a MUAC <115 mm (severe wasting) (95% CI 0.3%-5.5%). This is comparable to or possibly slightly higher than the situation before the earthquake.

Where are the food-insecure and vulnerable people?

The areas surveyed are shown to the right. There is little geographic pattern to food insecurity, although those living in large camps are more food insecure.

The data suggest that the levels of child malnutrition (MUAC <125mm) may be higher among the displaced those living in camps.
Who are the food-insecure and vulnerable people?

- The most food insecure people are those living in large camps (69%).
- Households sleeping outside their neighbourhoods of origin are food insecure (72%)
- The most food insecure livelihoods include those that rely on unskilled labour and social assistance for revenue, and those that have no source of revenue currently.
- Female headed households are more food insecure than male headed households (60% vs. 45%). However, single headed households, irrespective of their gender, are more vulnerable, particularly those with multiple children.
- There is a large increase of asset-poor households; these households are amongst the most food insecure (63%) as compared to the households that are still currently asset-rich (22%).
- Households with partially or completely destroyed homes are more likely to be food insecure.
- Across the country, the vulnerable and chronically food insecure households hosting IDPs, as well and the IDPs themselves, are experiencing increasing levels of food insecurity.

Why are they food-insecure and vulnerable?

- Food availability of markets has been disrupted due to infrastructural damage to the ports and warehouses. Increased transport and security costs are also impacting the movement of locally produced goods throughout the country. In the next 1-3 months, a food gap at the national level is expected. This gap will not be fully covered by food assistance.
- Nationwide, basic food prices increased significantly immediately following the earthquake and have stabilized at a higher level than pre-earthquake (imported rice is 25% more expensive than pre-earthquake levels in Port-au-Prince).
- Many households in the areas directly affected, as well as the areas hosting IDPs were chronically food insecure prior to the earthquake. These households have sunk into further food insecurity as a consequence of the event.
- The share of households with poor/borderline food consumption has nearly doubled compared to estimated pre-earthquake levels in the Sud-Est Department. High levels of poor/borderline food consumption in poor areas within Port-au-Prince remained steady.
- Households have fewer economic activities available to them, including not only households that had poor access to economic activities before, but also households that relied on commerce, salaried jobs, and other income sources that have lost their livelihoods due to the earthquake.
- Many households are using unsustainable consumption and non-consumption coping strategies in response to loss of income, housing, assets, and food access. Many of these coping strategies threaten their livelihoods.
- Poor food and water access as well as poor hygiene conditions may be leading to an increase in child malnutrition, particularly in the camps.
- Additionally, the low MUAC appears to be linked with having had diarrhoea in the previous two weeks.
- Outside the areas directly affected, the higher food prices coupled with the burden of hosting IDP populations has led to increased coping strategy use by the host populations. This may threaten economic access to food in more urban areas, and also could impact the ability of the rural population to plant in the coming season.

Is the situation likely to change in the coming months?

- The rainy season begins in March/April, and the hurricane season in June. Heavy rains are likely to cause further collapse of already damaged home, destruction of temporary shelter, cut off road access impeding access to assistance, markets, healthcare and other services. Landslides and flooding are also a threat to the lives and the livelihoods of people living in vulnerable areas.
- Disease, particularly in camps with poor sanitation, will likely worsen with the rains. This will have a negative impact on child nutrition and health.
- Given continued high transaction costs, food prices are likely to remain at their higher level or increase.
- If economic activities do not resume, households relying on unsustainable coping strategies will begin to slip further into food insecurity which could increase the number of food insecure.
- If economic activities resume, many of the newly asset-poor and food insecure households possess the human capital to move out of food insecurity. However, many households have lost human capital and threaten to remain food insecure.
- The agricultural season is threatened throughout the country due to the additional strain of hosting IDPs and increased market prices driving households to consume seed stock and to sell productive assets. The
households relying on agriculture may also not have the resources to purchase seeds. A poor harvest will mean further increases in food insecurity, particularly in rural areas.

Recommendations for interventions

✓ Recommendations for programming
  - Direct market support to re-establish food imports and improve food availability to cover the pending food gap in the country.
  - Continued blanket feeding in the month of March, focusing primarily on camp residents and IDPs and on food insecure households outside camps.
  - Food or cash for work or combination of food and cash programs depending on the market capacities. Cash based programs should be implemented once the market is deemed able to bear the increased load, in order to provide income to households.
  - Enhance commercial activities recovery through cash grants and support to small-scale business;
  - Agricultural livelihood support in the form of seeds in rural areas. These agricultural activities need to be supported through the recapitalization of the agriculturalists, including seeds, tools, and introduction of improved sustainable agricultural techniques. This support can be done in les konbits et eskwads (work associations).
  - Improvement in safe water access and sanitation to prevent the spread of water-borne illnesses, focusing primarily on camps.
  - Implement blanket supplementary feeding of young children in the most vulnerable areas to prevent the further increase in malnutrition levels, focusing particularly those in the camps and among the displaced.
  - Increase targeted supplementary feeding of children with moderate acute malnutrition to prevent deterioration of their nutritional status, not only in the directly affected zones but also in other areas, particularly those hosting IDP populations.
  - Set-up community canteens for the most destitute and population at risks of malnutrition (children under 5, lactating and pregnant women).
  - Support school recovery-related projects at school and or/at household levels.
  - Improve food diet diversity and increase activities of petty traders through cash or vouchers for fresh food distributions;

✓ Recommendations for continued monitoring include:
  - Nutrition/health monitoring of young children, particularly in the camps.
  - Regular harmonized monitoring of food security indicators, market prices and market functioning across the country. This should be done by supporting the système des observatoires de la CNSA and through strengthened inter agency collaboration.
  - Monitoring of migration.
  - Program monitoring of the impact of aid on populations and markets.

✓ Recommendations for future assessments include:
  - Follow up, in-depth food security assessment in 2-3 months, across the country, to inform the medium and long term strategy.
  - CFSAM (crop and food supply assessment mission) should take place in June/July to assess the national agricultural output and food gap in the country.
  - Specific studies in the areas of IDP settlement outside the directly impacted zones to assess the situation of the displaced and the host communities.

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The full report will be posted on www.cnsahaiti.org and www.wfp.org/food-security