

One year after the earthquake – Haitians still living in crisis



Institute for
Justice &
Democracy
in Haiti (IJDH)



Bureau des
Avocats
Internationaux
(BAI)

Institute for Justice & Democracy in Haiti (IJDH)
Bureau des Avocats Internationaux (BAI)
666 Dorchester Avenue, Boston, MA 02127
Tel: +1 617 652 0876 | Info@ijdh.org | www.ijdh.org

LAMP  **HAITI**
SHINING A LIGHT IN HAITI'S DARKEST PLACES

The LAMP for Haiti Foundation
P.O. Box 39703, Philadelphia, PA 19106
Tel: +1 267 295 2822
admin@lampforhaiti.org | www.lampforhaiti.org

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EXECUTIVE SUMMARY

This report provides results from a December survey that is part of a longitudinal analysis of conditions in six of Haiti's over 1000 camps for Internally Displaced Persons (IDP). The first survey of camp residents was conducted in February, the second one in July, both yielding reports measuring living conditions in the camps and the on-the-ground impact of relief efforts from the international community.¹

Report Focus

With the outbreak of cholera in October 2010, Haitians living in camps became extremely concerned about their vulnerability to contamination given the close quarters and unsanitary conditions in the camps. Our December survey sought to gauge the resources available to families living in IDP camps to prevent cholera and the level of cholera prevention assistance from international aid agencies.

Report Findings

The survey results indicate that aid assistance is sparse in the six IDP camps surveyed, and has not improved significantly since the cholera outbreak. Residents generally did not have the resources they needed to prevent cholera.

- **Limited access to safe drinking water.** Only 8% of the families we interviewed received all or most of their drinking water from aid agencies. Most families could not afford to purchase treated water on a regular basis and therefore were drinking non-potable water, making them susceptible to water-borne illnesses such as cholera.

1. See *Neglect in the Encampments*, available at <http://ijdh.org/archives/10671> and *We've Been Forgotten*, available at <http://ijdh.org/archives/14633>.

- **Unsanitary conditions.** Sanitation in the camps was severely lacking, with little soap available and only a few toilets to be shared by hundreds of residents. Fifty-seven percent of families felt the toilet facilities were unclean, unsafe or overcrowded.
- **Little control over conditions.** Residents did not have access to separate cooking facilities from their bathing facilities.

The lack of aid assistance is consistent with our findings in the July and February surveys. Also consistent was the lack of work opportunities available. Sixty percent of respondents were living on less than \$1 a day and struggling to feed and provide clean drinking water to their family.

Also worrying was the widespread hunger of camp residents, which had not improved since the July survey. In both July and December, one in two families reported not being able to feed their children for a full day the previous week. A quarter of families scrounge for food by either asking other families or by going and looking for food.

One-year after the earthquake, camps lack basic infrastructure such as toilets, water treatment facilities, cooking facilities, and sturdy housing (beyond tents) - making families sitting ducks to cholera. The lack of preparation to prevent cholera is an illustration of the failure of donor states, aid agencies and the Haitian government to provide the basic resources needed to earthquake victims living in IDP camps. The inadaptability and late response of aid organization to the cholera epidemic needs to be corrected immediately to prevent rampant spread in the camps.

IDP camps are homes to over a million Haitians, and children are born and raised in them every day. More long-term investment must be made in camps to provide life-saving infrastructure so that Haitians can raise their families without constant vulnerability to hunger, disease, flood, and hurricanes.

METHODOLOGY

This report presents the results of an ongoing survey of Haitian families displaced by the January 12, 2010 earthquake. In February 2010, a team of human rights observers from LAMP for Haiti surveyed 90 families selected at random from six IDP camps in and around Port-au-Prince. The purpose was to document the earthquake's impact on individual families while measuring the international community's effectiveness in delivering aid.

- **Six Weeks Later.** An initial survey was conducted at each camp in February 2010. It found that the overwhelming majority of respondents lacked adequate access to shelter, water, food, sanitation, and medical care. The resulting report, *Neglect in the Encampment*, was presented to the Inter-American Commission on Human Rights in Washington, D.C. on March 23, 2010. ²
- **Six Months Later.** A follow-up survey was conducted in July 2010, primarily through on-site interviews. Of the 90 original families, 52 could be located. The team found widespread evidence of ongoing violations of economic and social rights, confirming that aid had slowed and even stopped in each of the six camps surveyed. A second report, *We've Been Forgotten*, was released calling on donor countries and international aid agencies to allocate more of their resources to meet the basic needs of Haitians living in camps and adopt a rights-based approach to relief and reconstruction.

- **One Year Later.** A follow-up survey was conducted in December 2010, primarily through telephone interviews. Of the original 90 families, 37 families participated. The team encountered significant difficulty contacting respondents: at least 35 phone numbers now belonged to different people or were no longer working. ³

Lost families: Tracking the families has become increasingly difficult; the earthquake's economic dislocations have made it difficult for people to maintain their phone numbers. The respondents we were able to locate may represent families who are relatively better off because their living circumstances were more stable – the fact that they were reachable at the same phone number may indicate more economic security and access to electricity to charge phones. Alternately, it is possible that the reachable respondents represent the families who are relatively worse off, or less stable, because they still live in camps. Either way, the inability to locate a large percentage of the families, without knowing why they were unreachable, is not viewed as conclusive evidence that their lives have improved. They may simply have slipped through the cracks.

2. See *Neglect in the Encampments*, available at <http://ijdh.org/archives/10671>.

3. See *We've Been Forgotten*, available at <http://ijdh.org/archives/14633>.

IDP Camp	February 2010	July 2010	December 2010
Place St. Pierre in Pétienville	22 families	11 families (50%)	9 families (41)%
Acra camp in Delmas	23 families	12 families (52%)	9 families (39)%
Diquini / Adventist University of Haiti (ADUH) in Carrefour	11 families	8 families (73%)	6 families (55)%
Champ de Mars in Port-au-Prince	12 families	9 families (75%)	7 families (58)%
Bouzi camp in Croix-des-Bouquets	9 families	5 families (56%)	2 families (22)%
Parc La Couronne in Cité Soleil	13 families	7 families (54%)	4 families (31)%
Total Respondents	90 families	52 families (57%)	37 families (41%)

ONE YEAR LATER, LACK OF RECONSTRUCTION, AID AND WORK OPPORTUNITY HAS LED TO DESPERATION IN THE CAMPS

The results from our December survey indicate that one year after the earthquake, Haitians are still living in a state of crisis. Despite the global promise of 11 billion dollars in assistance from donor countries and several billions more donated to non-governmental aid organizations, over 1 million internally displaced persons (IDPs) continue to suffer from inhumane housing conditions as they struggle to find shelter, clean water and food in displacement camps.

State of crisis. As The Economist recently described, “The tent camps that dot the city look ever-shabbier, and their inhabitants thinner and more bedraggled.”⁴ Our survey results indicated that families living in camps often go without any food or safe drinking water because they cannot afford to buy it and aid organizations are not providing it.

One out of two families had at least one child in their family go a full day without eating the prior week. Twenty-six percent of families regularly scrounged for food by either asking other families (16%) or by “going and looking for food” (11%). Only 39% of families had daily access to clean drinking water. Just over one-half of families had a tent to live in, the rest survived under makeshift shelters.

The results on the lack of access to food are nearly identical to the results in July. The Haitians we interviewed still live in camps one year after the earthquake because they have no other place to go – either their homes are still destroyed or they cannot afford any other options. Only two of the respondents live in the same home as before the earthquake; over 50% of families stated they still live in camps because they do not have money or resources to move; 74% of families stated their home is still destroyed.

To make matters worse, 40% of families have been threatened with eviction since the earthquake. Evictions pose a serious threat. The UN estimated in September 2010 that 29% of 1,268 camps studied had been closed forcibly, meaning the often violent relocation of tens of thousands of people.⁵ Without any other housing options, eviction would be disastrous for many families.

Lack of Reconstruction. One reason for the desperate

conditions in the camps is the lack of reconstruction. United Nations Special Envoy to Haiti, President Bill Clinton, projected after the earthquake that Haiti could “build back better.” Donor countries in March 2010 pledged \$5.6 billion for recovery and reconstruction through 2011. But less than half of the money has been disbursed, and 20% will go to debt relief rather than recovery.⁶

Meanwhile, only five percent of the rubble has been cleared and only 15% of the planned temporary houses have been built (about 31,000 temporary shelters and 1,000 permanent shelters).⁷ One-third of Port au Prince’s population remains in IDP camps with very few options for alternative housing.

Haiti needs a stable, legitimate government to address the political issues at the heart of rebuilding, including land tenure, property rights and spending priorities. Unfortunately the flawed elections on November 28, 2010, which were funded, organized and monitored

KEY FINDINGS: FOOD, WATER, SHELTER

- 71% had at least one family member go at least 1 day without eating the prior week
- 53% had at least one child go at least 1 day without eating the prior week
- 74% had a member in their household who has lost weight since the earthquake
- 39% have access to clean drinking water daily, 21% had no access to drinking water at all
- 55% of families have soap
- 80% still live in a makeshift shelter
- 55% have a tent

5. Haiti homeless caught between eviction and storm, Jonathan Katz, Associated Press, November 4, 2010, available at http://news.yahoo.com/s/ap/20101104/ap_on_bi_ge/tropical_weather.

6. http://s3.amazonaws.com/haiti_production/assets/23/NY_pledge_total_opt_2_6_Jan_2011_original.pdf.

7. Oxfam, From Relief to Recovery: Supporting good governance in post-earthquake Haiti, January 6, 2011, available at [http://www.reliefweb.int/rw/rwb.nsf/db-900sid/MUMA-8CU2M7/\\$File/full_report.pdf](http://www.reliefweb.int/rw/rwb.nsf/db-900sid/MUMA-8CU2M7/$File/full_report.pdf).

8. See IJDH, Haiti’s November 28 Elections: Trying to Legitimize the Illegitimate, November 22, 2010, available at <http://ijdh.org/archives/15456>, and IJDH, The International Community Should Pressure the Haitian Government for Prompt and Fair Elections, June 30, 2010, available at <http://ijdh.org/archives/13138>.

by the international community, undermined Haiti's chances for a legitimate government.⁸ In the meantime the country remains a "republic of NGOs," with international non-governmental organizations (NGOs) receiving billions of dollars in donations to provide Haitians with basic social services such as food, water, shelter, and education. The NGOs providing these critical life-saving services must be accountable to the people they are trying to help.⁹

Lack of work opportunities. Another large contributor to the desperate conditions is the lack of economic opportunities for families living in camps. Almost all the

families surveyed were unemployed or underemployed. Only 44% of respondents had any income. Those 44% made on average \$1.30 per day (average family size was 8 people). In addition to work, families reported surviving through loans (14%) and gifts from friends and family (11%). Over 60% of the families interviewed were trying to survive on less than \$1 a day.

Families seemed to have less work in December than in July, where 63% of families reported having some form of work and 35% earned about \$1 a day. In July, only one of the respondents reported having a cash-for-work job, which lasted two weeks. There were no reports of cash-for-work employment in December.

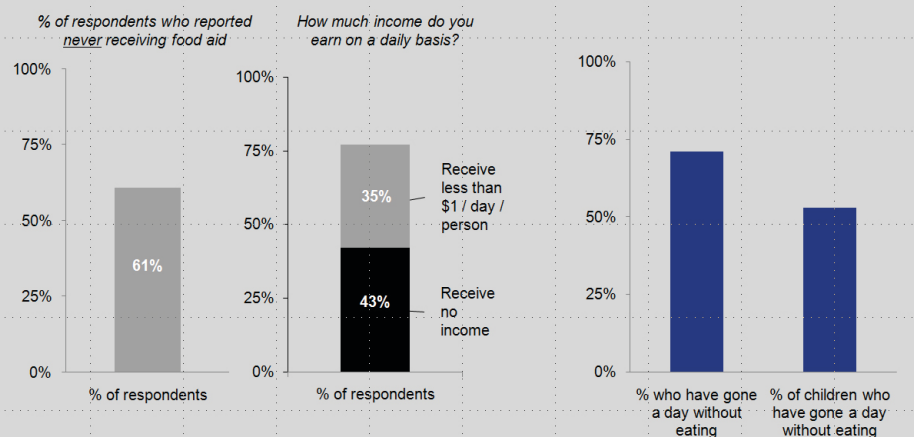
Camps lack resources and food aid, and as a result, many still go hungry

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Camp residents do not receive food aid and the vast majority do not have the funds to purchase food.....

...as a result, most reported that a family member, and child have gone a day without eating



With only \$1-\$1.30 a day, an average family of 8 cannot afford to buy basic life-sustaining such as water and food. The respondents of all ages expressed a strong desire to find work. Laziness is not the culprit; lack of economic opportunity is.

Lack of aid. The survey results indicate that aid organizations are not providing the much-needed relief assistance either. Only a quarter of families had received any food aid in the last month. Only 8% of families received all or most of their drinking water from aid agencies; 20% received some of their drinking water from aid agencies; 50% received no potable water at all.

KEY FINDINGS: WORK AND INCOME

- 44% of families received income from work. (14% had full-time work, 14% had part-time work, and 16% were self-employed.)
- 19% of the 44% with work had work in December when the survey was administered.
- One person per family had work (the average family had 8 people, 5 of whom were adults)
- Average hours worked for the 44% with work was 22 per week
- Average earnings were \$1.30 per day
- 60% of families made less than \$1 a day

9. See *We've Been Forgotten*, available at <http://ijdh.org/archives/14633>.

KEY FINDINGS: RECEIPT OF AID

- 24% received some food aid in the last month
- 61% never receive food from aid agencies
- 3% received all of their drinking water from aid agencies
- 5% received some of their drinking water from aid agencies
- 50% receive no drinking water from aid agencies
- 39% of families receive no water (drinking or other) from aid agencies

THE RISING CHOLERA EPIDEMIC DEMONSTRATES THE INADAPTABILITY AND LATE RESPONSE OF AID AGENCIES

A cholera outbreak was confirmed in Haiti on October 21, 2010.¹⁰ Starting off in the countryside, the disease quickly began claiming lives. As of December 31, 2010, over 3,000 people were dead,¹¹ 130,000 people infected and 71,000 people hospitalized.¹² While cholera has not yet fully spread to the camps, given the extremely unsanitary conditions and the thousands living on top of each other, the results would be disastrous.¹³ The Pan American Health Organization warned that 400,000 Haitians could be infected within a year.¹⁴ Despite the significant risk, 50% of respondents surveyed stated that they have not received any cholera preventive aid, not even education.

Completely missing the mark of their obligations under Haitian law and international human rights law and standards, donor states, aid agencies and the Haitian government continue to fail to adequately respond to the

KEY FINDINGS: DECEMBER ACCESS TO WATER

- 39% have access to clean drinking water daily
- 21% have access to it weekly
- 21% never have access to clean drinking water
- 61% of families purchase their drinking water
- 50% of families receive no drinking water from aid groups
- 39% of respondents receive no water at all from aid groups

growing cholera epidemic. The UN continued to push a massive campaign against cholera on December 30, 2010, over two months after the outbreak was confirmed and over 3,000 lives taken.¹⁵ The late response to the epidemic is telling of the aid agencies' inability to adapt to changing situations and to successfully implement a plan to transition the 1 million in camps into long-term housing. The UN complains that it has only received 20% of the funds it requested to address the epidemic as a reason for the tardy prevention measures.¹⁶ Others claim that the lack of funds is not the issue – it is the lack of coordination among UN agencies and NGOs.¹⁷

Cholera is relatively treatable and preventable; it is most commonly contracted through drinking contaminated water/food or ingesting the bacteria from unclean hands or eating utensils.¹⁸ The prevention for cholera is simple: drink treated water, dispose of waste properly and routinely wash and disinfect hands. Contaminated water is easily treatable through treatment tablets, boiling water or more sophisticated measures like reverse osmosis.¹⁹

Most residents in the six camps surveyed did not have the resources they needed to prevent cholera. The December survey echoed the findings from July that safe drinking water was not being sufficiently distributed in the camps by aid organizations even after the outbreak of cholera. Sanitation in the camps was severely lacking with 57%

KEY FINDINGS: JULY ACCESS TO WATER

- 44% of families primarily drank untreated water
- 9% of families received water relief in the last 30 days
- 91% had not received drinking water
- 73% of families paid for drinking water at least once a week

10. Center for Disease and Control, 2010 Haiti Cholera Outbreak available at <http://www.cdc.gov/haiticholera/>, last accessed, January 3, 2011.

11. Moni Basu, Cholera death toll in Haiti rises to more than 3,000, December 31, 2010, available at http://articles.cnn.com/2010-12-31/world/haiti.cholera_1_cholera-cases-cholera-outbreak-health-ministry?_s=PM:WORLD, last accessed, January 3, 2011.

12. UN urges massive campaign in Haiti to boost cholera prevention measures, December 20, 2010, available at <http://www.un.org/apps/news/story.asp?NewsID=37180&Cr=Haiti&Cr1=,> last accessed January 3, 2010.

13. During the December third phase survey, only one family reported having a family member with Cholera, who eventually recovered.

14. <http://www.reliefweb.int/rw/rwb.nsf/db900SID/VVOS-8CUSM8?OpenDocument&RSS20=02-P>

15. <http://www.un.org/apps/news/story.asp?NewsID=37180&Cr=Haiti&Cr1=>

16. <http://www.reliefweb.int/rw/rwb.nsf/db900SID/VVOS-8CUSM8?OpenDocument&RSS20=02-P>

17. <http://www.doctorswithoutborders.org/publications/article.cfm?id=4939&cat=op-eds-articles>

18. Center for Disease and Control, Cholera: Prevention & Control, available at <http://www.cdc.gov/haiticholera/preventionandcontrol.htm>, last accessed January 3, 2011.

19. Center for Disease and Control, Cholera Prevention Message, available at http://www.cdc.gov/haiticholera/pdf/cholera_preventionmessages.pdf, last accessed January 3, 2011.

of families stating that they felt the toilet facilities were unclean, unsafe or overcrowded.

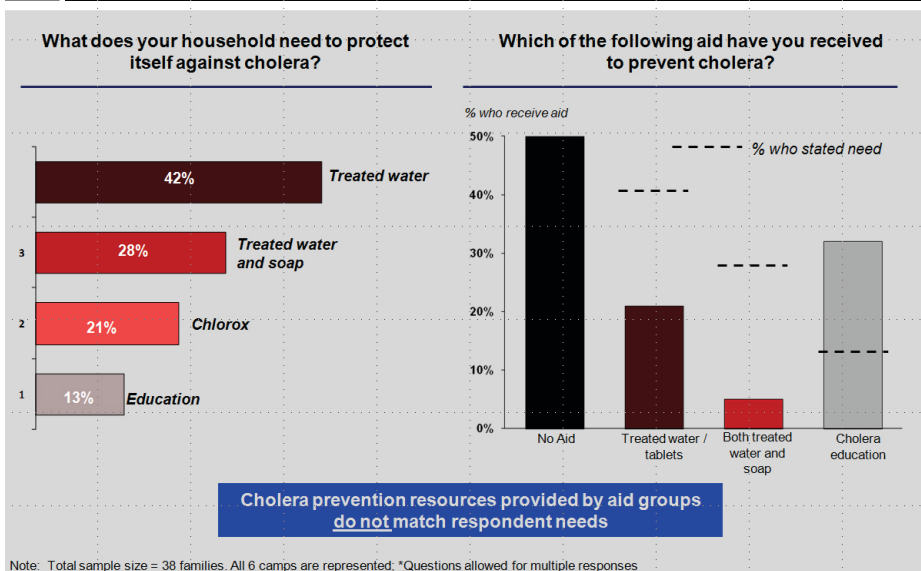
The Figure below demonstrates that the few resources given to the respondents to prevent cholera do not match their direct needs.

Access to clean drinking water seems to have improved slightly since July, but not by much.

With only 39% of the population in December having access to clean drinking water, even after the cholera outbreak, it is clear that families are vulnerable to cholera and other water-borne bacteria and parasites.

Cholera prevention measures in camps

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Wash hands often with soap and safe water

Since the outbreak only 16% of families reported receiving soap and 3% reported receiving hand sanitizer, 28% of families reported needing both treated water and soap.

Use latrines or bury feces; do not defecate in any body of water

In July, the families surveyed reported horrifyingly unsanitary conditions. Nearly one third reported that they

defecate in plastic bags rather than use the camp facilities because the conditions of the toilet facilities were so unsanitary and unsafe. Many camps lack of latrines or pit toilets altogether, and the toilets that do exist often

Using the five CDC recommendations for preventing the transmittal of Cholera,²⁰ the following sections outline the many shortcomings of the aid response:

Drink and use safe water

The majority of distributed aid water is non-potable, and the overwhelming majority of respondents obtain potable water by purchasing it. The frequency of access or means to purchase potable water greatly fluctuates.

KEY FINDINGS: JULY ACCESS TO SANITATION

- 69% had access to latrines or pit toilets
- 27% used a container, a plastic bag, or open camp ground to defecate
- 28% owned toilet paper
- 57% felt that toilet facilities were unclean or unsafe

KEY FINDINGS: DECEMBER ACCESS TO SANITATION

- 38% used camp's portable toilets
- 22% used a container or plastic bag to defecate
- 11% used open camp ground to defecate into a container or plastic bag
- 27% complained the camp's toilets were unsanitary
- 13% complained the camp's toilets posed safety risks from violence
- 16% said toilets are less sanitary since the cholera outbreak
- 29% said camp toilets are in the same condition pre and post outbreak

are only emptied a few times a month, allowing urine, feces and parasites to accumulate. Since July, the majority of people responded that the conditions had stayed the same or become worse. In December, even fewer residents were using the latrines or pit toilets because they are not cleaned often enough and pose a sanitary or safety danger.

The lack of latrines or pit toilets in the camp continues to be a large problem. With IDP camps considered

42% OF FAMILIES REPORTED NEEDING TREATED WATER; ONLY 16% REPORTED RECEIVING WATER TREATMENT TABLETS OR FILTERS SINCE THE CHOLERA OUTBREAK AND 13% REPORTED RECEIVING POTABLE WATER.

“temporary”, many aid agencies do not want to invest long term in building pit or compost toilets.

Cook food well, keep it covered, eat it hot, and peel fruits and vegetables; Clean up safely—in the kitchen and in places where the family bathes and washes clothes.

There are limited cooking facilities in camps, making it difficult to cook food properly in a stove and keep it hot. There are also few places to bath and wash clothes cleanly and safely. In fact, given the constraints of the camps all bathing, washing and defecation often occur in the same clustered area. These unsanitary conditions make it extremely challenging for families to maintain adequate sanitation to prevent cholera.

20. Center for Disease and Control, Cholera Prevention Message, available at http://www.cdc.gov/haiticholera/pdf/cholera_preventionmessages.pdf, last accessed January 30, 2010.

RECOMMENDATIONS

1. The inadaptability and late response of aid organizations to the cholera epidemic should be corrected immediately to prevent an outbreak in the camps. Access to safe water, soap and sanitary latrines must be provided.
2. Aid should be planned and coordinated to advance self-sufficiency and permanence. This includes investing in water treatment facilities rather than distributing bottled water; installing compost toilets in lieu of portable toilets that require regular emptying; and building sturdy housing rather than handing out more tarps.
3. Families living in IDP camps cannot become self-sufficient without permanent housing. The government and donors must prioritize clearing rubble from the earthquake to help people return home. A resettlement plan must be adopted and implemented to allocate land and resources to build permanent communities or, where possible, convert IDP camps into permanent settlements.
4. The Government of Haiti should stop all evictions from IDP camps until it adopts and implements a resettlement plan that provides alternative shelter to those evicted.
5. Haitians need more economic opportunities to foster independence. Job training and work opportunities at living wages should be a priority of all aid and reconstruction projects.
6. To encourage the protection of the rights of Haitians, the UN Guiding Principles on Internal Displacement should be consulted and integrated into all policies and procedures relating to aid distribution, resettlement and disaster reconstruction.