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Human rights assessment in Parc Jean Marie Vincent, Port-au-Prince, Haiti

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HUMAN RIGHTS ASSESSMENT IN PARC JEAN MARIE VINCENT, PORT-AU-PRINCE, HAITI

Kimberly A. Cullen and Louise C. Ivers

ABSTRACT

Months after a 7.0 magnitude earthquake hit Port-au-Prince, Haiti, over one million remain homeless and living in spontaneous internally displaced person (IDP) camps. Billions of dollars from aid organizations and government agencies have been pledged toward the relief effort, yet many basic human needs, including food, shelter, and sanitation, continue to be unmet. The Sphere Project, "Humanitarian Charter and Minimum Standards in Disaster Response," identifies the minimum standards to be attained in disaster response. From a human rights perspective and utilizing key indicators from the Sphere Project as benchmarks, this article reports on an assessment of the living conditions approximately 12 weeks after the earthquake in Parc Jean Marie Vincent, a spontaneous IDP camp in Port-au-Prince. A stratified random sample of households in the camp, proportionate to the number of families living in each sector, was selected. Interview questions were designed to serve as "key indicators" for the Sphere Project minimum standards. A total of 486 interviews were completed, representing approximately 5% of households in each of the five sectors of the camp. Our assessment identified the relative achievements and shortcomings in the provision of relief services in Parc Jean Marie Vincent. At the time of this survey, the Sphere Project minimum standards for access to health care and quantity of water per person per day were being met. Food, shelter, sanitation, and security were below minimum accepted standard and of major concern. The formal assessment reported here was completed by September 2010, and is necessarily limited to conditions in Haiti before the cholera outbreak in October.

INTRODUCTION

On January 12, 2010, a powerful earthquake of magnitude 7.0 shook Port-au-Prince, Haiti, and resulted in enormous losses of life and property. Though the exact death toll is unknown, the Government of Haiti (GOH) and United Nations (UN) officials have estimated that between 250,000 and 300,000 died, an equal number were injured, and 1.3 million were left homeless.¹ The response of the international community to this catastrophe has been unprecedented, with US\$9 billion pledged for short- and long-term relief and rebuilding efforts.² The poor infrastructure in Haiti that pre-dated the earthquake has made responding to this disaster, many say, the most challenging relief operation in history.³

The Sphere Project, "Humanitarian Charter and Minimum Standards in Disaster Response," an initiative of a group of nongovernmental organizations (NGOs) and the Red Cross and Red Crescent movements, identifies the minimum standards to be attained in disaster response.⁴ The Sphere Project provides guidance on minimum standards for a comprehensive array of issues, including the key technical sectors of water supply and sanitation, food security, shelter, and health services. Additionally, the Sphere Project identifies eight standards common to all sectors, referred to as "people and process" standards, which include: 1) participation, 2) initial assessment, 3) response, 4) targeting, 5) moni-

toring, 6) evaluation, 7) aid worker competencies and responsibilities, and 8) supervision, management, and support of personnel. There are minimum standards in these cross-sectoral “people and process” categories as well as within each technical sector. “Key indicators” provide a way of measuring whether a minimum standard has been attained. The Sphere Project is intended to be a field tool to assess conditions after a disaster. The goal of making such an assessment is to identify specific needs that fall below a minimum standard of basic human necessities as such standards have been established by the international community.

Between March 24 and March 27, 2010, the non-profit organization, Partners In Health (PIH), in collaboration with a local human rights organization, Combite pour la Paix et le Developpement (CPD), conducted a survey to evaluate the living conditions in Parc Jean Marie Vincent utilizing key indicators from the Sphere Project, and to evaluate food security and personal security. This internally displaced person (IDP) settlement is the former Haitian military airport, more recently a sports park, and is located partly in the Cité Soleil and partly in the Delmas communes of Port-au-Prince. At the time of the assessment, Parc Jean Marie Vincent had an established camp committee consisting of representatives from this camp; there was not, however, an international organization designated as a camp manager. Partners In Health was and continues to be responsible for providing medical care in the camp. Partners In Health has been working in Haiti for over 20 years in conjunction with the Ministry of Health to provide comprehensive primary healthcare services in two departments in rural Haiti. In the aftermath of the earthquake, PIH became involved in relief efforts in Port-au-Prince, and currently provides healthcare in four IDP camps. CPD was founded in 2005 to promote peace in the Port-au-Prince neighborhood of Pont Rouge. In 2008, they expanded their work to include the Cité Soleil neighborhood and officially became a nongovernmental organization. CPD focuses on issues related to human rights, education, and the environment, and is currently a candidate for an international human rights award from France for their work.

Although the Sphere Project does not frame itself specifically as a “human rights assessment,” it includes a “Humanitarian Charter” that was drafted in accordance with international human rights

and humanitarian law, and informed by the *Guiding Principles on Internal Displacement*.⁵ The Humanitarian Charter affirms three principles: 1) the right to life with dignity, 2) the distinction between combatants and non-combatants, and 3) the principle of *non-refoulement*.⁶ This first principle is applicable in the context of the earthquake in Haiti and encompasses social, economic, and human rights. We therefore used this human rights lens in our evaluation of Parc Jean Marie Vincent.

METHODS

At the time of the assessment, 9,362 families (approximately 48,000 people) lived in Parc Jean Marie Vincent. We selected a stratified random sample of households in the camp proportionate to the number of families living in each of five sectors, with a goal of interviewing approximately 5% of households in each of the five sectors. Interviewers were native Haitian Creole speakers with knowledge of human rights issues. They received additional training by the Partners In Health Monitoring and Evaluation team regarding data collection and issues of confidentiality. Training was also supported by CPD.

The survey questions evaluated key indicators of the Sphere Project minimum standards. Although the Sphere Project outlines minimum standards, there is no “matching” set of indicators for each domain. To develop the questions, we used our experience conducting surveys in Haiti, and international standards, where available. Data were scanned using Remark Office OMR software (Version 7.0.3, Gravic, Inc.) and analysis was done using the Remark Office OMR program and MS Office Excel.

RESULTS

Baseline characteristics

A total of 486 (97.2%) surveys were completed out of 500 planned. Sixteen surveys were either not returned or only partially completed, and therefore eliminated from analysis. Of the respondents, 338 (69.5%) were female; 304 (62.5%) stated they were not living in their home because it was either very badly damaged or completely collapsed in the earthquake. There were 173 households (35.6%) that reported sharing their shelter with at least one other family. Seven (4.0%) households shared their shelter with more than five other families. The average num-

ber of adults in each household was 2.6 and average number of children was 3.1.

Technical sectors

The technical sectors on which this survey focused included water, sanitation, food security, shelter, and health services. Respondents reported access to, on average, 15 liters of water per day per person; 245 (50.4%) stated this level of access to water was better than they had prior to the earthquake. The average time it took to fetch water and return, including any time spent waiting in line, was 16 minutes.

There were 358 respondents (73.7%) who reported that they used shared latrines for a bathroom, 41 (8.4%) used shared flush toilets, and 82 (16.9%) reported they did not have any place to go to the bathroom and therefore must go wherever they find a place. A total of 127 (26.1%) reported there were separate latrines for men and women; 479 (98.5%) reported that they did not have access to a shower or place to bathe.

The average household food insecurity score was 20.2, out of a maximum of 27 points. Individual scores were then categorized into Household Food Insecurity Access (HFIA) categories that rank responses as food secure, mildly food insecure, moderately food insecure, or severely food insecure. Of the 406 respondents for which we were able to calculate a food security score, 389 (95.8%) were in the category of “severely food insecure.”⁷

There were 355 (73.0%) who reported that their shelter had a tarp/plastic sheet roof; 61 (12.5%) reported their shelter had a tin roof; and 133 (27.4%) indicated that they had no protection from the rain. The average time to walk to the nearest health services was reported to be 15 minutes.

Cross-cutting issues

The survey focused primarily on four of the eight Sphere Project “people and process” standards. Results related to participation, response, and aid worker competencies are shown in Table 1. Targeting is displayed in Table 2.

“Participation” refers to the engagement of disaster-affected populations in relief efforts. Of the respondents, 255 (52.5%) did not agree that they were given

the opportunity to discuss their needs and those of their family with relief organizations prior to those organizations starting projects. Only 89 (18.3%) stated that they or someone in their family had benefited from finding work with a relief organization.

Response key indicators encompass basic needs to be met in the immediate emergency response and early reconstruction phase. These “basic needs” were drawn from discussions with the Early Recovery Cluster and from the “primary infrastructure” component of the early recovery phase objectives. There were 358 (73.7%) who stated that they agreed that the streets of Port-au-Prince had been cleaned and could be used again, and 280 (57.6%) agreed gutters were clear and ready for the rainy season; 415 (85.4%) agreed that the systems of distributing water were working. Access to food, on the other hand, lagged significantly behind, with 280 (57.6%) disagreeing with the statement that food had been distributed to families in need. There were 286 (58.8%) who reported that people providing relief services seem to understand the reality in Haiti, an important aid worker competency.

Targeting refers to the equitable distribution of aid to individuals or groups. In all service areas — food, water, health, sanitation, and shelter — the physically disabled were most frequently identified as a vulnerable group with difficulty accessing services. With regard to access to food, of the 395 (81.3%) that reported there were groups having difficulty accessing food, 191 (48.3%) identified disabled individuals as a vulnerable group, and 153 (38.7%) identified single men as the second most vulnerable group.

The elderly were identified as the second most vulnerable group (after the disabled) with regard to difficulty accessing health, water, and shelter-related services, at 81 (38.9%), 90 (38.5%), and 100 (34.7%), respectively. With regard to sanitation services, 120 (36.7%) identified children as the second most vulnerable group, after disabled individuals.

Overall camp security and personal security can have a large impact on the ability to provide services as well as the population’s ability to access services. Although there is not a Sphere Project minimum standard with regard to security, early consultation with the camp committee highlighted their concerns as being focused on security, and therefore several questions regarding this issue were asked of partici-

Table 1. Key indicators related to participation, response, and aid worker competencies		
	Agree/strongly agree n (%)	Disagree/strongly disagree n (%)
Participation		
Groups and organizations providing relief services gave me the opportunity to discuss my needs and the needs of my family with them before they started projects	164 (33.7%)	255 (52.5%)
Groups and organizations providing relief services offered me a chance to say what I think of services that they provided	149 (30.7%)	239 (49.2%)
I or someone in my family or home benefited from work with organizations providing relief services	89 (18.3%)	316 (65.0%)
Groups and organizations providing relief services are looking to hire people in the camps to work before they look for people outside the camp	154 (31.7%)	210 (43.2%)
Emergency and early reconstruction response		
Streets are cleaned and can be used again	358 (73.7%)	92 (18.9%)
Gutters are clear and ready for the rainy season	280 (57.6%)	174 (35.8%)
Food is distributed to families in need	149 (30.6%)	280 (57.6%)
Systems of distributing water are working	415 (85.4%)	40 (8.2%)
Families that had to move have shelter	208 (42.8%)	161 (33.1%)
Construction and demolition of damaged homes will be done	113 (23.2%)	165 (33.9%)
Aid worker competencies		
Most of the people who provide relief services seem to understand the reality in Haiti	286 (58.8%)	118 (24.3%)
Most of the people in groups and organizations that provide relief services speak the local language	255 (52.5%)	149 (30.6%)

Table 2. Groups of people with difficulty accessing relief services					
Services:	Food	Health	Water	Sanitation	Shelter
Survey respondents who agreed with the statement that there are groups of people that have more difficulty finding this service:	395 (81.3%)	208 (42.8%)	234 (48.1%)	327 (67.3%)	288 (59.2%)
Which groups of people are having trouble accessing this service?					
Women	114 (28.9%)	36 (17.3%)	43 (18.4%)	69 (21.1%)	87 (30.2%)
Children	101 (25.6%)	47 (22.6%)	62 (26.5%)	120 (36.7%)	57 (19.8%)
Physically disabled	191 (48.3%)	113 (54.3%)	140 (59.8%)	199 (60.9%)	152 (52.8%)
Single men	153 (38.7%)	28 (13.5%)	25 (10.7%)	32 (9.8%)	54 (18.7%)
Female head of household	68 (17.2%)	46 (22.1%)	49 (20.9%)	43 (13.1%)	92 (31.9%)
Elderly	144 (36.4%)	81 (38.9%)	90 (38.5%)	111 (33.9%)	100 (34.7%)
I don't know	19 (4.8%)	27 (13.0%)	24 (10.3%)	29 (8.9%)	8 (2.8%)

pants. A total of 332 (68.3%) reported they did not feel safe living in Parc Jean Marie Vincent. However, 247 (50.8%) indicated that living in the camp was as safe as, or safer than, other areas in the country. There were 245 (50.4%) and 292 (60.0%) who reported seeing patrols several times a day (within the previous two weeks) by the Haitian National Police and the United Nations forces, respectively; 246 (50.6%) reported that there was tension or conflict within the camp, with 138 (56.1%) of these respondents indicating this existed between different groups of IDPs.

Respondents reported a perceived risk to their personal security when accessing water at night. Incidents of physical and sexual assault were also reported (Table 3). Thirty-six (7.4%) reported that, since the earthquake, they or someone in their household had been attacked physically. Twenty (4.1%) of the survey respondents reported that either they had personally been forced to have sex against their will, or knew someone in their home who had been forced.

DISCUSSION

More than eight months after the earthquake, there were 1,354 IDP camps in Port-au-Prince, home to an estimated 1.3 million people.⁸ At the time of the assessment all of these camps were spontaneous settlements, that is, settlements that were not planned by either the government or aid organizations to facilitate access to relief services. After the earthquake, essentially all open spaces were quickly settled by those who had been rendered homeless, as well as by masses of people too frightened to enter structures left standing. Settlements took shape within days,

although they had not yet been evaluated for additional vulnerabilities, such as flooding and landslides.

On March 17, 2010, the Representative of the Secretary-General of the Office of the United Nations High Commissioner for Human Rights issued a mandate on the human rights of internally displaced persons in Haiti that stressed “an integrated human rights approach in the assistance and reconstruction efforts...must be an essential component of Haiti’s recovery process.”⁹ This mandate is based on the *Guiding principles on internal displacement* which, although not legally binding, take into account international human rights and humanitarian law and outline the rights and protections that must be afforded to IDPs.¹⁰ Human rights principles that apply to displaced and non-displaced populations are of critical importance in the aftermath of natural disasters, and therefore those on which this assessment focused include rights to all basic necessities of life — food, water, sanitation, shelter, and health services.

The results of the present survey represent the particular camp that we studied and are not intended to be representative of all IDPs in Haiti. However, the camp in which this assessment took place was, at the time of both assessment and writing, the second largest settlement camp in the Port-au-Prince area.

Participation

Participation of disaster-affected populations can help ensure the appropriateness of the response.

	Yes n (%)	No n (%)	Don't know/don't want to respond n (%)
Do you think it is dangerous for women to get water at night?	202 (41.6%)	218 (44.8%)	66 (13.6%)
Do you think it is dangerous for children to get water at night?	222 (45.7)	212 (43.6%)	52 (10.7%)
Since the earthquake, have you or someone in your household ever been attacked personally?	36 (7.4%)	445 (91.6%)	5 (1%)
Since the earthquake, has anyone threatened you for sex?	16 (3.3%)	454 (93.4%)	16 (3.3%)
Since the earthquake, is there someone who forced you or someone else in your home to have sex despite your refusal?	20 (4.1%)	425 (87.4%)	41 (8.4%)

The right to participation is found in international declarations and treaties that reflect the rights everyone is afforded as a human being, including the Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, and International Covenant on Economic, Social and Cultural Rights.¹¹ A person's ability to affect their own situation — in this case to have a say in the direction of relief and recovery efforts in their communities — is an important component of success.

Participation or lack thereof has played an important role in Haitian history. Although the nation's founding was in the interest of self-determination as a result of a slave revolution in 1804, Haitian participation in governance has often been prevented by oppressive dictatorships or occupying forces. Development aid has no less often been taken out of the hands of Haitian decision makers by virtue of the routing of funds through international nongovernmental organizations or conditions attached to international loans; this trend has continued since the earthquake.

Aid organizations often do well in soliciting community involvement in assessment and planning programs, but participation is less of a focus in implementation and monitoring and evaluation.¹² Survey respondents in Parc Jean Marie Vincent indicated that in large part they had been given neither the opportunity to provide input about individual needs, nor the opportunity to give feedback on services provided. Furthermore, only a small number had personally benefited from employment in relief efforts.

Participation can encompass many aspects of relief and reconstruction. The Sphere Project defines participation as the engagement of disaster-affected populations in the assessment, design, implementation, and monitoring and evaluation of relief assistance. For example, in Parc Jean Marie Vincent there is a camp committee, consisting of 25 men and 25 women, that was established by the community. Those providing relief services could use this committee as a resource to guide their future projects to the expressed needs of the community. In addition to benefiting the overall community by creating employment opportunities and efficient programs, such a committee can also generate a feeling of hope and empowerment within a population that has survived a traumatic event, which can have a positive psychological benefit.¹³ Delegations at a recent Human Rights Council meeting in Geneva cited the need

for more protection of vulnerable populations and to increase the participation of women in the reconstruction of Haiti.¹⁴

Vulnerable populations require special attention in order to facilitate participation and ensure equitable access to services. Disaster-affected populations are, in and of themselves, vulnerable. For the purposes of this article, "vulnerable populations" refers to groups within the larger disaster-affected population. The Sphere Project identifies the following key vulnerable groups: women, children, older people, disabled people, HIV-infected people, and ethnic minorities. These groups often face additional physical, cultural, and social barriers with regard to accessing services. It follows that those unable to fully access services have a limited forum (if they have one at all) to participate, communicate their specific needs, or provide feedback on the quality of services. The survey in Parc Jean Marie Vincent frequently identified disabled individuals and the elderly as groups that had difficulty accessing a variety of services.

The modalities by which services are provided to vulnerable groups may require adjustments that take into account special needs and limitations of these groups, such as limited mobility.¹⁵ This is of particular importance in this disaster, given that one of the direct impacts of the disaster on the community was to create a new group of people with physical and mental health disabilities. The importance of participation goes further; building trust with the local population through their active participation can also benefit the overall security situation, including that of aid workers and their ability to continue to provide services.¹⁶

Protection against violence

Security in Parc Jean Marie Vincent is a major concern. Displaced populations have vulnerabilities that may be distinct or more severe than non-displaced populations and therefore require specific protections to ensure their rights are respected; protection against violence is one of these rights.¹⁷ Although, according to some survey participants, both the Haitian National Police and United Nations were seen patrolling several times a day in this camp, the majority of respondents still reported feeling unsafe. As described by camp residents, one reason may be poor integration of these security forces within the community. Often patrols were at the perimeter of

the camp rather than amidst those living there. A lack of sufficient lighting can also contribute to security issues.¹⁸ There were no lights inside the camp at the time of this assessment. For both women and children, there was a perceived risk associated with fetching water at night, and sexual violence was reported. As the risk of gender-based violence can increase over time in camps due to disrupted family units and lost livelihoods, this is of growing concern.¹⁹ Additionally, there were not separate latrines for men and women, severely limiting privacy, which is also a risk to personal security, particularly for women.²⁰

A thorough assessment of gender-based violence in the camp was beyond the scope of this assessment, however sexual violence in Haiti, particularly against women and girls, is known to be pervasive and in the past has been used as a political weapon.²¹ Though limited data are available, a study in the *Lancet* estimated that 35,000 females were sexually assaulted in the greater Port-au-Prince area between February 2004 and December 2005, with over half of the victims under 18 years of age.²² Cases of rape go largely unreported due to fear of retaliation, shame, and an extremely low prosecution rate despite the amendment to the Haitian Penal Code in 2005 that redefined rape as a criminal offense rather than a “moral assault.”²³ These issues in addition to the nature of our survey suggest that sexual violence may have also been underreported in this survey. Other post-earthquake reports confirm frequent cases of sexual violence and note this chronic underreporting.²⁴

Water and sanitation

The human right to water in Haiti has a complicated and political history. Haiti’s national budget has, until recently, primarily gone to debt repayment with little remaining for investment in basic infrastructure such as public water systems.²⁵ Infrastructure projects were further undermined by the blocked disbursement of social sector loans by the international community. The blockade of these social sector loans affected a wide variety of projects aimed to build basic infrastructure, such as public water systems, and to provide basic services to the Haitian people. In both the privatization of water services due to loan conditions, and lack of investment in a public system resulting from a burden of debt, the people of Haiti have long been denied their fundamental right to water.²⁶

A 2007 study in Port-de-Paix, Haiti, explored the issues of water quantity, quality, access, and affordability in the context of a community that had their planned water system improvements stopped as a result of blockage of loans from the Inter-American Development Bank.²⁷ The study found the public water system to be essentially non-functional, with 80% of the city relying on purchased water from private sources.²⁸ Though more rural areas like Port-de-Paix generally have poorer access to water than urban areas, only 58% of all Haitians have access to an improved water source; a 2002 report found Haiti to have the worst water situation, ranked 147 out of 147 countries graded, using the international Water Poverty Index.²⁹

In Parc Jean Marie Vincent, access to and quantity of water per person at the time of our survey met the Sphere Project minimum standard of 15 liters per person per day for drinking, cooking, and personal hygiene. Questions regarding the quality of the water were beyond the scope of this assessment. The average amount of time to fetch water fell just short of the minimum standard of queuing (not longer than 15 minutes). Notably over half of respondents stated their access to water was better than before the earthquake, demonstrating both a relative success in delivery of water in the post-disaster phase and also the severe lack of access to water in this community prior to the disaster. Informants explained that their previous lack of access to water was largely a result of having to pay for the service prior to the earthquake.

Sanitation in the camp was inadequate and well below humanitarian standards for post-disaster settings. Sanitation coverage in Haiti was poor before the earthquake. Little maintenance of existing infrastructure resulted in few families having “improved” sanitation facilities, with coverage falling from 29% in 1990 to 19% in 2006; “improved” facilities are “facilities that ensure hygienic separation of human excreta from human contact.”³⁰ The Sphere Project minimum standard for latrines, also referred to as communal toilets, is a maximum of 50 people per toilet. In this camp of roughly 48,000 people, there were a total of 115 latrines, that is, over 400 people per toilet. Poor sanitation can result in outbreaks of communicable diseases such as diarrheal illnesses and typhoid, which can quickly sweep through densely populated camps.

Health services and shelter

The devastating earthquake in Port-au-Prince falls into the category of a “complex emergency” as outlined by the Pan American Health Organization. A complex emergency signifies the worst of all disaster types in terms of public health impact.³¹ Generally earthquakes are not classified in this way as they typically have many deaths and severe injuries but are often of minimal impact in terms of increased risk of communicable diseases, food scarcity, and major population displacement. A complex emergency is a high impact in all of these areas, which significantly complicates all relief and recovery efforts.

Our assessment in Parc Jean Marie Vincent took place during the acute emergency response phase of this complex disaster. At that time, access was the primary focus with regard to both health services and shelter. While a detailed assessment of the structures available for shelter and the specific health services provided is beyond the scope of this assessment, it is nonetheless important to recognize that the right to health and shelter are fundamental human rights as recognized in international human rights law.³²

At the time of assessment, access to health care in this camp was better than in other technical sectors; fewer than half of respondents responded affirmatively that there were groups having difficulty accessing health services. This was, of course, a relative achievement. A complex disaster can have direct and indirect public health impacts. The direct are those of physical injuries and psychological trauma, while indirect impacts such as increased rates of disease, malnutrition, and complications of chronic disease conditions. With health resources and capacity in Haiti inadequate before the earthquake, and 30 out of 49 hospitals in the earthquake zone that have been damaged or destroyed, these indirect impacts will be long-lasting.³³

Nearly 60% of survey respondents answered affirmatively that there were groups having difficulty accessing shelter services. The short-term shelter strategy of tarpaulins (or better) achieved coverage of nearly 75% in this camp at the time of the assessment. Recent rains, however, revealed that a significant number of tents and tarpaulins were unable to withstand heavy rain.³⁴ The focus at the time of writing is on transitional shelter, as well as on a larger strategy supported by the Government of Haiti for people to return to their homes if deemed structurally safe

(so called “green” houses), or to return to the land on which their destroyed homes sit (so called “red” houses).³⁵ With the majority in our survey responding that their homes were severely damaged or completely destroyed, it will be a challenge to decompress this camp without an acceleration in the rate of rubble removal that would allow people to return to plots of land. Currently it is estimated that only 2% of the rubble in Port-au-Prince has been cleared.³⁶

Food security

Food security is defined as a state in which “all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.”³⁷ Haiti is extremely vulnerable to food insecurity as a result of political instability, environmental degradation, poverty, and recurrent natural disasters. Although food security and the human right to food are different concepts, they correlate closely because the lack of food security is currently the largest threat to the right to food of individuals living in Parc Jean Marie Vincent.

The right to food, among other basic human rights, is addressed directly in the 1987 Haitian Constitution (Article 22), which reads “The state recognizes every citizen’s right to adequate shelter, education, food and social security.”³⁸ That the right to food in Haiti has yet to be realized can, in part, be attributed to Haiti’s dependency on food imports, particularly rice. This issue, similar to water, has deep political roots. In 1995, Haiti was forced to reduce its rice tariff from 35% to 3% as a condition of a loan from the International Monetary Fund, under pressure from the United States.³⁹ Shortly thereafter, subsidized rice from the United States flooded the market, effectively putting small farmers in Haiti out of business. Former President Bill Clinton, now the UN Special Envoy to Haiti, recently recognized and apologized for the devastating consequences of Haiti’s lost capacity to produce a rice crop due to these decisions by his administration. With the recent global economic crisis, Haiti, which depends primarily on imports for its food supply, was heavily impacted by rising food prices. In April 2008, even the most basic staples became beyond financial reach for the masses, resulting in protests around the country and ultimately the resignation of the prime minister.⁴⁰

The January 12 earthquake was centered in Port-au-Prince, a densely populated urban area where food

availability, though often expensive, was relatively good. Staple food prices spiked after the earthquake, and although some food items were back to pre-earthquake prices by September 2010 (including imported rice), prices for local corn, sorghum, and wheat flour were 25%, 29%, and 25% higher, respectively, than before.⁴¹ Given the reported availability of these staple items, and the repair of the primary south pier, improving the seaport capacity, food access in Port-au-Prince seems to be more an issue of cost than of availability.⁴² Loss of assets in the earthquake, loss of family wage-earners, coupled with the reported few personal gains from employment in the relief efforts, leaves most IDPs in Parc Jean Marie Vincent with little income with which to purchase food.

Food insecurity in the camp was assessed by previously adapted Household Food Insecurity Access Scale (HFIAS). HFIAS evaluates access to food from several different perspectives and results in a HFIAS score (ranging from zero for best food security to 27 for worst).⁴³ In this assessment, we found food insecurity in Parc Jean Marie Vincent to be alarmingly high. At the time of the assessment, most households had still not received any emergency food aid. The first distribution in this area was on January 19, 2010; local camp residents described the distribution as rice being handed out from the back of a United Nations truck for recipients to carry home folded into the shirts that they were wearing. A second distribution on February 15 took place through an international NGO that had insufficient rations for the known number of camp residents, with the result that approximately 1,600 families did not receive food assistance.

Food insecurity has consequences that go beyond undernutrition. Lack of access to food can result in high-risk coping strategies, including sale of assets, risky sexual behavior (including transactional sex), and further migration and displacement, as well as increased risk of HIV infection, which can further stress an individual's resources.⁴⁴ As seen in April 2008, there is also risk of social unrest in times of widespread severe food insecurity.

Since this assessment, work to improve the conditions in Parc Jean Marie Vincent has continued. Shortly after our survey was completed, a successful World Food Programme food distribution reached all households in this camp in late March. The Government of Haiti had no plans for further mass

distributions, but targeted distributions have continued to the most vulnerable.⁴⁵ Solar lights have been installed that provide improved lighting coverage for much of the camp. A census of disabled individuals in the camp has been completed in order to appropriately target relief services to this vulnerable population, and these individuals received a targeted distribution of tents. A United Nations Police substation was constructed inside the camp in September 2010, providing improved police visibility and patrols.

CONCLUSION

At its core, the Sphere Project is based on the right to life with dignity and on taking steps to alleviate human suffering. As it is not prescriptive in nature, it can be applied with flexibility to both situation and organizational capacity; it is useful both as an initial assessment tool and in the transition from disaster relief to recovery. Utilizing this tool, and informed by extensive experience in Haiti, we conducted a human rights assessment of living conditions in the second largest IDP camp in Port-au-Prince three months after the earthquake. Key lapses identified in this camp were participation of the community, protection against violence, and access to food. In this camp, home to nearly 50,000 people, relative achievements that were identified included access to water and health services.

As reconstruction work continues and billions of dollars in aid flow in to Haiti, agencies and governments, including the Government of Haiti, should heed the mandate to use an integrated human rights approach in providing assistance to affected communities. In this way fairness, equity, and dignity become an integral part of relief and recovery efforts.

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