



Humanitarian aid after the 2010 Haitian earthquake: the case of accompaniment

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HUMANITARIAN AID AFTER THE 2010 HAITIAN EARTHQUAKE:
THE CASE OF ACCOMPANIMENT

by
Kobel Dubique, MD

Submitted in Partial Fulfillment of the Requirements
for the Master of Medical Sciences in Global Health Delivery

April 22, 2014

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Abstract

Background

After the 2010 earthquake in Haiti, there was a significant need for basic services such as health, water, food, sanitation, school, protection and security in the largest camp in Port-au-Prince, Park Jean Marie Vincent (PJMV). PJMV IDP camp was located in the commune of Cité Soleil; a slum in Haiti labeled as a red zone and widely regarded as the most insecure place on earth. As a result, the camp residents were left to live on their own contradicting the humanitarian principle of humanity and impartiality. Strong solidarity developed amongst camp residents leading them to organize themselves in order to decrease structural violence. Zanmi Lasante (ZL), a healthcare and human rights organization that works with poorest and most vulnerable communities in Central Plateau, would cross the red zone to accompany the camp residents by providing training, materials, and resources to set up aid activities. Using a qualitative methodology, this study will describe the activities ZL completed and present the outcomes of those activities. This study will argue that the ZL accompaniment helped to decrease structural violence and chaos and allowed the camp residents to persevere.

Methods

This study is based on a personal story and experience of the researcher in PJMV IDP camp after the 2010 Haitian earthquake. We collected data from semi-structured interviews with 5 ZL staff, 7 camp leaders, and 5 camp residents. The researcher conducted a narrative analysis to recreate a collective memory from four viewpoints: 1) Zanmi Lasante staff; 2) camp leaders; 3) IDP camp residents and 4) the researcher. The researcher used processual methods of qualitative research to identify themes and exemplar narratives to compare and contrast these multiple viewpoints.

Results

The interviews offered multiple viewpoints on the activities in the camp both before and during the time ZL was active. Activities included creating and staffing a health clinic, training community health workers, establishing a nutrition center, ensuring HIV-AIDS care, and launching a response to the cholera outbreak. In addition, ZL conducted other kinds of activities that put health in the social context, including building a water purification system, establishing a tent village, creating a school program, launching an initiative to protect women from sexual violence, and advocating for food and sanitation. The researcher finds that those additional activities generated good outcomes such as health, security, job creation, capacity building, community engagement and participation, and community empowerment. ZL used a collaborative approach, integrating accompaniment into all activities by working with local residents, leaders and other organizations. This accompaniment decreased structural violence and helped camp residents to be more self-sufficient. The study also explores the challenges of accompaniment as responsibilities for these activities were shifted from ZL to the camp residents and local leaders.

Conclusions

The goal of this study is to describe the activities conducted by ZL in PJMV from January 2010 to January 2012 and how the approach of offering aid using the accompaniment model impacted the social context in the camp. The researcher recommends that humanitarian aid from within and beyond a disaster affected community be geared toward supporting and partnering with local communities and local organizations. In this way, humanitarian aid will strengthen local communities in a way that may be sustained once these organizations leave.

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“It is a zone limited to people who are living in it. And also they gave some limits to important persons to visit us. ‘Wow, Oh My God!’ they say, ‘Those people are lions...tigers if you don’t look like them and you walk out with them they can devour you’... It is like that they think that we are as a zone of lawless.”

(Camp resident 1)

“In the context that Zanmi Lasante entered into the camp, it came to train people, to distribute medicine, and to do health because it names Partners In Health and it is a good friend of health. It stayed in the setting of health. Zanmi Lasante did not come in the camp with its own agenda to make problems, and to revolt people against people. In the opposite if you were available and wanted to be trained, it trained you to be a community health worker for the rest of your life.”

(Camp leader 5)

“Park Jean Marie Vincent is located nearby Cité Soleil. They named it a ‘red zone’ because of bandits and security concern. Even this bad reputation of this area, it was an obligation for ZL to go delivering healthcare in this camp after this earthquake.”

(ZL staff member 2)

“Before January 12, I would never go in this area. My major satisfaction was during my labor of supervising each day the activities in the camp. I understood the reality and perceived them in other way. Before January 12, what I understood, what I heard was different from what is the reality. My second satisfaction was because I used my knowledge to serve persons who needed my service.”

(ZL staff member 3)

1. Introduction

After the Haitian earthquake in 2010, many of the residents from poor marginalized and excluded communities such as Pont-Rouge, Lasaline, Wharf Jeremie, and Cité Soleil took refuge in Park Jean Marie Vincent (PJMV) to keep themselves safe from collapsed homes, blocks of concrete and cables. Immediately after the quake 10,000 people were displaced in PJMV without access to health, water, food, toilets, or tents (Wells, February 11, 2010). Six months later, PJMV had become the largest camp of internally displaced persons (IDP) in Port-au-Prince (Unaid, July 2010). More than 50,000 people needed services such as school programs and public safety. This research focuses on how people worked together to improve the squalid conditions in PJMV IDP camp.

1.1 Historical Review

Haiti shares the island of Hispaniola with the Dominican Republic. Haiti was one of the most prosperous French Colonies, producing Coffee, Indigo, Cotton, Sugar cane, and Campeche. In 1804, Haiti declared independence from France and became the first black republic in the world (Bellegarde and Lherisson, 1906). In 1825, Haiti became impoverished when France demanded that Haiti pay 150 million francs (\$21 billion in today’s dollars) as indemnity, a debt that the Haitian government would not

complete paying until 1922 (Kleinman, Farmer, Becker, and Keshavjee, 2012). In addition, long decades of foreign occupancy, dictatorship, instability, violence, and environmental degradation transformed Haiti into the poorest nation in the Americas (European Commission, 2010).

Prior to the earthquake UN Human Development Index ranked Haiti as 145 out of all 169 countries worldwide. This position demonstrates the poor conditions in Haiti, where most have no access to basic services such as health care, water, toilets, and school. Most of the Haitians live on less than \$2 dollars per day (Disaster Emergency Committee, 2014). Poorly built concrete structures in the capital city increase the residents' vulnerability to earthquakes.

On Tuesday, January 12, 2010 at 4:53pm a magnitude 7.0 earthquake on the Richter scale struck Haiti (Farfel et al., 2011). The epicenter of the earthquake was in Leogane, 25 km west of Port-au-Prince, Haiti's major urban capital (Lau, 2010). Hospitals, schools, churches, stores, private buildings, state buildings, and even the presidential national palace collapsed (Helping Haiti, 2010). The earthquake destroyed infrastructure such as roads and communications systems and added to the suffering of Haiti's population that has lived through the hardships of the country's long history of social and political upheaval and poorly functioning state institutions. The earthquake further disabled social services systems including law enforcement, justice, health, and education. It is estimated that around 300,000 people died, 300,000 were injured and more than 1.5 million were internally displaced (United States Geological Survey, 2011). Internally displaced persons (IDPs) were grouped into 1,500 camps across the country and had very limited access to humanitarian aid (Sherwood et al, 2014). This situation contradicted the humanitarian charter that stipulates that once people have been displaced in camps, they have the right to life with dignity, the right to secure protection, and the right to humanitarian assistance to obtain basic human needs such as water, food, shelter and health care (The Sphere Project, 2011). In the immediate aftermath of the earthquake, national and international aid agencies and non-governmental organizations established field hospitals and clinics to provide emergency treatment and surgery for injured survivors, and also delivered water, food, shelter, and protection to the IDPs. This international response worked in coordination with the Haitian government to provide supplies and equipment as well as to train and supervise local workers to help rebuild Haiti's infrastructure.

PJMV IDP camp, also known as Lapiste or the Old Military Airport was located nearest Pont-Rouge neighborhood in City of the Sun's commune (Commune de Cité Soleil) (Cullen and Ivers, 2010). Cité Soleil is the poorest slum in Port-au-Prince, is reputed to be a "red zone" and is categorized as the "most dangerous place on the Earth" (Future.Org and SoleyLeve.org, 2012), (The Love and Haiti Project, 2012), (Willman, 2010). A red zone is an area that is characterized to have serious security concerns and inhabitants that are living in extreme poverty with scarce basic services and few opportunities for employment (Future.Org and SoleyLeve.org, 2012). The classification of an area as a red zone makes it

difficult for aid groups to establish activities within that area. Based on the long history of violence in Cité Soleil and its categorization as a red zone, people from PJMV IDP camp were left to survive on their own after the earthquake. Strong solidarity developed amongst camp residents leading them to organize themselves in order to decrease structural violence.

Two weeks after the earthquake, Zanmi Lasante (ZL) came to Port-au-Prince in order to provide aid. ZL is a local organization that has worked primarily in Central Plateau, Haiti for the last 3 decades. Driven by the mission to serve the poorest and the most vulnerable people first, ZL would cross the red zone area in order to accompany camp committee, and local organizations to provide aid to PJMV. ZL accompanied the camp committee and local organizations that were already sharing solidarity with displaced persons in the aftermath of the earthquake in PJMV. This accompaniment helped the residents to be more resilient, self-dependent, empowered, and engaged in order to continue serving their community when ZL was no longer able to provide humanitarian aid. This study will describe the activities ZL completed and present the outcomes of those activities. We will argue that the accompaniment ZL provided assisted the PJMV residents to decrease structural violence and chaos and allowed the camp residents to persevere during their journey.

1.2 Conceptual Frameworks

In this study, the researcher uses three conceptual frameworks to support his argument. This paper will conceptualize and contextualize structural violence, humanitarianism, and accompaniment after the 2010 Haitian earthquake in PJMV IDP camp.

The term “structural violence” was introduced first by Johan Galtung in 1969 in “Violence, Peace, and Peace Research” (Galtung, 1969). He defines structural violence as a form of violence that is built into the structure and shows up as unequal power and consequently as unequal life chances. There may not any person who directly harms another person in the structure. He understands that some social institution harms people by impeding them to have access to their basic needs. He believes that structural violence is a social injustice that constrains positive peace and that only structural change can decrease (Galtung, 1969). Medical anthropologist Paul Farmer argues that structural violence is one form that defines social dispositions that spread disease, disability, premature death, and suffering in the community. The dispositions are structural because they are deep-rooted in the political and economic organization of our social world; they are violent because they cause social suffering to people (typically, not those responsible for perpetuating such inequalities) (Farmer, 1996), (Farmer, 2004), (Farmer, Nizeye, Stulac, & Keshavjee, 2006). Farmer wanted health professionals to understand how social forces get into the body. Farmer believes only structural intervention can eliminate structural violence. In this study

structural violence is the lens used to examine how thousands of people displaced in the red zone of PJMV did not have access to humanitarian aid.

The Humanitarian Charter stipulates that once people are displaced in camps they have the right to life with dignity, the right to humanitarian assistance, and the right to protection and security (The Sphere Project, 2011). The right to life with dignity implies the responsibility to protect lives threatened, respecting values, beliefs, and freedom of the affected community. The right to receive humanitarian assistance comprises the right to health, food, water, tents, and sanitation (The Sphere Project, 2011). Humanitarian assistance should respect the principle of impartiality or non-discrimination amongst the seven principles of humanitarianism defined by Jean Pictet of the International Committee of the Red Cross: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality. Impartiality means that humanitarian assistance should be based on need not on the basis of nationality, race, religion, ethnicity, political opinion, and social origin (Barnett and Weiss, 2008). The right to protection and security requires security and safety for people in situations of disaster or conflict, including protection for refugees and internally displaced persons (The Sphere Project, 2011). In addition, humanitarian assistance should observe the principle of humanity that requires attention to the rights of all people with dignity. This principle of humanity reflects the humanitarian imperative that commands that action must be taken to prevent or alleviate human suffering in disaster or conflict (The Sphere Project, 2011). The principles of humanity and impartiality were violated in relation to PJMV. PJMV was located in the red zone of Cité Soleil, an area most NGOs felt was too dangerous to enter. Therefore, all of PJMV's residents were initially left without aid after the earthquake.

Accompaniment is a model used by Paul Farmer during his long work in Haiti through *accompagnateurs*. *Accompagnateurs* are people from the community trained as community health workers to perform health education, and to ensure Direct Observation Therapy (DOT) of treatment for tuberculosis and AIDS during home visits. Farmer mentioned that accompaniment is an elastic term meaning to help someone “doing labor in a journey until it is completely achieved, not by the *accompagnateur*, but by the *accompagnée*” (Farmer and Gutierrez, 2013). In this study, accompaniment is used to refer to the way that ZL that supported the residents in PJMV IDP camp to conduct activities in a post-earthquake journey until they were relocated. This study will explore how the accompaniment model used by ZL when it delivered humanitarian aid allowed the PJMV residents to overcome structural violence.

2. Methods

2.1 Data Collection

This study is based on the personal story and experience of the researcher in PJMV IDP camp after the 2010 Haitian earthquake. The researcher is a native Haitian and medical practitioner who grew up in Pont-Rouge, Cité Soleil near Park Jean Marie Vincent (PJMV). On January 12, 2010, the researcher was displaced to PJMV along with thousands of other Haitians from Cité Soleil, a marginalized community in Port-au-Prince. The researcher participated in PJMV in multiple roles: as a camp community participant, a camp leader, and also as a ZL staff member. (The researcher participated in interviews in only one role: that of ZL staff member.)

For this study, the researcher used a qualitative approach to recreate the narratives and understand the experiences of the people who lived and worked in PJMV IDP camp. The researcher gathered data from the collective memory of ZL staff, the camp leaders, and the camp residents about the activities conducted by ZL in PJMV from January 2010 to January 2012. For this study qualitative data was collected through semi-structured interviews from October 2013 to December 2013.

The researcher invited ZL 5 staff members (one of whom is the researcher), 7 camp leaders, and 5 IDP camp residents to participate in individual interviews. Potential participants were selected using the following inclusion criteria: 1) ZL staff members who played a key role in organizing activities in the camp; 2) camp leaders who played key roles helping organize activities in the camp; 3) IDP camp residents who lived and worked in the camp from January 2010 to January 2012; 4) the researcher's knowledge of the PJMV IDP camp context and community. The semi-structured interviews lasted around one hour and half and were conducted in a private room. The researcher used an interview guide containing probes and open-ended questions. Interview data was collected through audio recording and written field notes in Haitian Creole and were transcribed and translated into English by the researcher. The English translation was reviewed by a native English speaker. In addition to interviews, data was collected through field notes and archival data.

The researcher asked the participants for oral informed consent before participating in semi-structured interviews. The study was approved by the Harvard Medical School Committee specifically the Office on Human Research Administration (OHRA), Boston, Massachusetts; and the local IRB in Haiti: the Zanmi Lasante IRB committee for research, Central Plateau, Haiti.

2.2 Data analysis

Data analysis used an inductive approach, seeking to generate narratives that were reviewed for broader general themes to specific themes in order to construct descriptive categories on the impact of ZL aid activities. The researcher created preliminary codes describing the activities. Participant reflections were included at the start of each section in this thesis. The researcher reviewed the data and created secondary codes and descriptive categories of activities to generate a manual codebook of activity descriptions. The codebook was refined, specified, and elaborated through successive analytic returns to the initial data set.

The researcher used triangulation methods to interpret the study findings from four viewpoints: 1) ZL staff; 2) camp leaders; 3) IDP camp residents and 4) the researcher. Comparison across the four (4) perspectives determined areas of similarities as well as areas of differences amongst categories of activities described. The integration process grouped all the data sources from key informants to determine multiple themes. These findings were juxtaposed to compare and contrast how each group described the activities.

The researcher used processual methods (Dawson, 1997) of qualitative research to identify themes and exemplar narratives to compare and contrast multiple viewpoints. Whenever the multiple viewpoints represented large agreement among the study participants, a single third voice narrative was produced and specific quotes were included to highlight the participant's way of talking about the different activities. In cases where participants offered different perspectives or in cases where participants voiced different conflicts, challenges, problems or unintended consequences, several contrasting quotes were included along with an explanation of the differences in perspectives. Thus, the descriptive tone of the results move from a third voice ethnographic narrative to multiple first person quotes along with the researcher's voice in the explanatory sections. The results section was reviewed several times to offer consistency among the different narrative styles. The researcher included a timeline of events (appendix 1) as many events are referred to in several sections of the thesis.

3. Results

3.1. Descriptions / Issues & Activities 2010-2012

“We went to Park Jean Marie Vincent because the people who were displaced in this camp were among the most vulnerable and the neediest. It was difficult after the quake to compare and decide which camps were the most needy. But, I think that comparing PJMV to other camps, the needs in PJMV were tremendous.”

(ZL staff member 1)

After the earthquake, health care was one among many priorities in PJMV including water, food, tents, toilets, sanitation, school, and security. Protests to claim for aid went from PJMV IDP camp residents up to the national and international offices through the media. The Ministry of Health invited ZL and many NGOs in a cluster meeting to ask for medical assistance in the camps. ZL worked from a list of possible sites that were in need. PJMV was the last camp left for presentation and debate because of its complexity to be located nearby a “red zone” and also for having a huge population in needs. ZL was the first NGO who agreed to provide aid in PJMV. ZL agreed to provide aid at PJMV because of the MOH mandate and because of ZL’s mission to help the most vulnerable and poorest people that were displaced this camp after the earthquake where any other organizations did not want to go. Other NGOs would join ZL in this initiative after ZL was established in the camp.

3.1.1. A Physician’s/Societal Response to the Earthquake at Park Jean Marie Vincent

“After the quake I remember that Dr. Kobel with the young brigadiers¹ started seeing injured persons in the camp and Mr. Haiti Belizaire who lend wheelbarrow and shovel from my organization to begin digging holes for defecating.”

(Camp leader 4)

This section explores the early actions that were undertaken by camp residents in an attempt to organize aid before ZL arrived in the camp. In addition, this part of the story addresses the living experiences of one of authors, Dr. Dubique. Dr. Dubique started medical school at the University of Dr. Aristide Foundation and obtained a medical degree from Latin American School (ELAM). At the time of the earthquake he had recently finished his social service for the Haitian Ministry of Health at Foyer St. Camille Hospital in the West Department. He was displaced with his wife Dr. Nadege Belizaire (his Haitian medical colleague) and their one-month-old daughter Anabel in PJMV. After the earthquake, Dr. Dubique informed injured and non-injured persons to leave the community and to go to the PJMV. Health is always a priority after an earthquake. The day after the earthquake, the camp was full of a lot of people who were traumatized mentally and physically. Medical conditions that needed care include

¹ Brigadiers are young people who were trained in first aid by the Haitian government.

included contusions, lacerations, general pain, open fracture, pregnant women who needed to deliver, and newborn babies. Dr. Dubique mobilized human capital within the camp and from the Pont-Rouge community to help as volunteers. Dr. Dubique and Dr. Belizaire orchestrated more than twenty young adult volunteers known as brigadiers who were already trained in first aid by the government before the disaster.

Dr. Dubique and Dr. Belizaire set up their own tent as a clinic to start seeing patients in the morning with first aid materials including a small amount of supplies given to him by the Cuban Brigade and medicines that a private pharmacy sold him on credit. With limited resources, this camp medical team started to clean infected wounds, suture wounds, make bandages, deliver pregnant women, and refer complicated patients to Saint Catherine Hospital. Dr. Dubique identified key people trained in a particular domain within the camp to create a camp committee. This camp committee of internally displaced people from PJMV further organized themselves into subcommittees, called commissions, to participate in the disaster response. The camp committee had a central committee composed of 27 men as well as commissions in health, education, water, food, security, logistics, and sanitation (as shown in appendix 3). Dr. Dubique's daily schedule involved running the small health clinic in the morning, and then in the afternoon mobilizing the camp committee to go out and find help from aid organizations in domains such as health, water, food, and shelter.

At the beginning, the camp committee's role was to identify the NGO's base of operations and then contact them for help. Camp committee responsibilities included anything that would benefit the camp community, even if it meant digging holes for camp residents to defecate in. Lack of sanitation facilities in the camp made it a breeding ground for diseases. People began to get typhoid fever, diarrheal disease, skin infections, and other fevers. Two weeks after the earthquake, the camp had depleted what little resources the camp committee had found. The ZL team arrived to help at a moment when the camp circumstances were extremely worrisome.

3.1.2. Interaction Between the Camp Committee and ZL

“ZL helped us to be more structured in the camp. Sincerely, the activities that they conducted in the camp were extraordinary.”

(Camp leader 7)

“The women camp committee adores Dr. Louise; she represents a mother for us. The idea of women committee came from her. Because you know how dominant are the men in Haiti. We had our committee to resolve women's problem in the camp and also to not be influenced by the committee of men.”

(Camp leader 2)

This section summarizes the way that ZL helped the camp committee to be more structured. In the immediate aftermath of the earthquake ZL staff members were some of the first to provide emergency care to the quake victims (Kidder, 2010). They did not wait for consent and approval from their sister organization PIH in Boston in order to assist injured and traumatized persons. For example Dr. Almazor, ZL staffs used his home's backyard as a clinic to suture and stabilize many patients as he could (Kidder, 2010). In addition, Dr. Ivers, in the same moment she survived the quake from a meeting at the UN headquarters in Haiti with the World Food Program representatives, established a first aid clinic in the street to treat and refer patients (personal communication, April 5, 2014).

Partners In Health is an international non-governmental organization based in Boston, MA. After the earthquake, PIH leaders Dr. Paul Farmer, Dr. Joia Mukherjee, and other PIH staff were sensitive to the suffering of the earthquake victims and decided to intervene. PIH was able to offer aid through their Haitian sister organization, Zanmi Lasante (ZL), in collaboration with the Haitian Ministry of Health. ZL staff launched a meeting at the Dr. Aristide Foundation to recruit Haitian doctors to volunteer for the emergency medical response in the camps. With hope, Dr. Dubique participated in this meeting and invited ZL staff to come to PJMV. After this meeting, in the afternoon Dr. Lambert, Dr. Pierre Paul, and Dr. Maxo Luma would meet Dr. Belizaire for a situation assessment to discuss with Dr. Louise Ivers, the Chief of Mission of PIH in Haiti. The next day, Dr. Ivers and Dr. Pierre Paul would sit with the camp committee for need assessment for PJMV. At that moment, only men comprised the camp committee and Dr. Ivers was the only woman in this meeting. She would propose that the camp committee have the same number of men and women and also that there be a separate women's camp committee to avoid being dominated by the men's committee. Dr. Ivers suggested that the camp hold a vote to allow camp residents to select the camp committee and ensure the committee had transparency and legitimacy. Mrs. Humane Desarmes Francois and Dr. Dubique were elected camp coordinators for the committee of women and men respectively. From this day on the camp committee had 27 women and 27 men, each of whom also served in the commissions. The camp committee would communicate the camps needs for health, water, food, sanitation, and tents to the head of ZL. Health was one of the major priorities in the camp. ZL would use its expertise in health to expand on the work of the PJMV health commission that Dr. Dubique, Dr. Belizaire, and the 20 young brigadiers established. ZL worked with each commission separately to support, strengthen, and expand their labor in order to alleviate social suffering in PJMV. The collaboration is shown in appendix 4.

3.1.3. Description of Activities/Accompagnateurs

3.1.3.1. Health Activities

“Our first need was health. Because where there is no health there is no life.”
(Camp resident 2)

After the earthquake, ZL worked side by side with the camp committee to provide comprehensive and integrated health care to displaced persons in PJMV. The health care delivery system that ZL established in the camp included the clinic, the support staff, the community health workers, nutrition center, HIV/AIDS care, psychosocial services, and the response for the cholera outbreak. See appendix 5 for a structure of health activities.

3.1.3.1.1. Clinic or Hospital

“I remember one day, the community health workers brought a pregnant women that was ready to gave birth. ZL staff had to deliver her to save the baby. Since this day I did not call it a clinic anymore, I named it a hospital.”
(Camp resident 3)

“The weaknesses of those activities were ZL did not use any modern materials, and technology because they could not give birth, and made surgery. The doctors were limited at some point. I understood it because it was not a hospital, it was just a clinic.”
(Camp resident 1)

“ZL respects the dignity of the patients. I remember in the first time that ZL started the clinic in PJMV, the patients were waiting in the line and the sun was very hot. Days after ZL brought a tent and and many benches to build a waiting room for the patients. It think this is one of the good things that I have in my mind.”
(Camp leader 4)

In February 2010, the ZL mobile clinic was transformed into a permanent clinic in order to serve more patients and deliver a better quality of care. The clinic operated five days per week Monday through Friday from 8 AM to 4 PM. The ZL clinic contained more than nine departments as shown in appendix 5 with more than four hundred national employees. The clinic was organized into several departments: one for general consultation composed by 10 general practitioners, a lab, a pharmacy, and a specialties department, with a rotating system that included orthopedists, internal medicine doctors, dermatologists, psychiatrists, surgeons, dentists, nurses, nutritionists, family planning doctors, baby tents, community health workers, hygiene agents, mental health professionals, and a system of transportation to transfer and refer patients to the general hospital. Most of the clinic’s ZL employees came from the PJMV camp. HIV patients were referred to GHESKIO, a center that specialized in urban HIV care. Patients came from all around the country to the ZL clinic in PJMV, indicating a high need and also that the clinic offered a high

quality of care. At the medical consultation, patients presented with all kind of diseases including hypertension, stress, cough, urinary infection, asthma, diabetes, and malnutrition.

As seen in the quote from camp leader 4 above, the providers worked as a team with passion and humility, and treated the patients with respect and dignity. All services were free, including medical consultations, lab tests, medications, specialty services, mental health consultations, family planning, and surgical intervention. The morbidity and mortality were recorded and sent to a data clerk to be entered into an electronic system. The data was then analyzed by a statistician and transferred for analysis to the Ministry of Health of Haiti each month. ZL staff saw approximately 1,000 patients each day, including 150 children screened for malnutrition. The patients were able to navigate the complex system due to the diligent work of the support staff.

3.1.3.1.2. Support Staff

“On the first day, the hospital was full of patients, and we as volunteers started to organize and arrange the patients’ queues by making three different lines: a line for the men, a line for the children, and a line for the pregnant women. The ZL staff was aware of our importance in the hospital, and supported us.”

(Camp leader 7)

“The support staff was created alongside the mobile clinic. The support staff was present before the nutrition program, and the psychosocial department. Their role was to secure the materials, to help patients navigate in the system, and to support the providers. They were the motor of the clinic.”

(Camp resident 3)

The support staff were the very first foundation upon which ZL was able to build an effective clinic. The support staff included the brigadiers and 60 additional young camp residents recruited and trained to assist with the tremendous health care needs in the ZL clinic. The support staff were identifiable by their orange and black T-shirts. One of the main roles that the supporting staff played was to help move and secure materials, staff, and patients around the clinic. They served on the frontline of the clinic accompanying injured, elderly, and disabled patients to receive medical care. Additionally, they helped arrange patients based by distributing appointment numbers. They also provided patients with health passports for medical consultation, and directed them to the appropriate department based on their health conditions and information from the community health workers.

3.1.3.1.3. Community Health Workers

“After the earthquake, they [camp residents] were like kids and my role was to remind them about hygiene in order to avoid that they became sick.”

(Camp leader 2)

“Thanks to the training that I received in the camp I was able to prepare oral rehydration salt to save the life of my neighbors who were infected by cholera.”

(Camp leader 3)

The community health workers were camp residents trained to do health education and also to distribute health products at home visits. ZL engaged and integrated the community through the community health workers (CHW) to deliver health care. The camp committee assigned the leaders of each zone to identify and select 10 people per zones and blocks (see appendix 6 for a map) to be trained by ZL as community health workers following criteria that the persons had to be a camp residents and also completed up to 7th grade in school. More than 70 camp residents were selected to become CHWs. The selected camp residents participated in a seminar based on ZL/PIH’s community health workers model to acquire skills and knowledge (Partners In Health, 2009-2014b), (Partners In Health, 2009-2014a). A head nurse from ZL mentored and supervised the community health workers. The CHWs played a key role in promoting health, mobilizing the camp, and distributing chlorine, bed nets, and hygiene kits. Their role also included giving injections, administering family planning and vaccinations, and screening the children for malnutrition during home visits. Other CHWs educated the camp residents about hygiene, malaria, HIV/AIDS and tuberculosis. Monthly reports were required for epidemiologic surveillance. The CHWs were rotated among all the ZL health departments in order to gain more skills and knowledge.

3.1.3.1.4. Nutrition Center

“When we came to the clinic with the children they would measure their weight and they would register them. They would give us milk, Nouri-Mamba, Plumpy Nuts, and AK-milk.”
(Camp resident 2)

“We ensured that UNICEF gave us enough materials, and Plumpy Nuts. I think it was one of the activities that were followed well, and it gave good result.”
(ZL staff member 1)

The ZL nutrition center screened children in order to identify the malnourished and administer supplementary food to them. Malnutrition is one of the biggest health problems in Haiti. The nutrition center treated many children suffering from Kwashiorkor, a severe protein-energy malnutrition characterized by edema, irritability, anorexia, and ulcerating dermatosis. ZL’s nutrition center screened approximately 150 kids for malnutrition every day. ZL was able to easily follow up on all cases because the children were living in the camp, and no losses due to follow up were reported. The department employed a head nurse as well as support staff to help record the children’s weights. The children were assigned a visit card that contained monthly medical appointments until they gained a normal weight, and afterwards they were discharged from the program.

3.1.3.1.5. HIV/AIDS Care

“Well, the most important activity that ZL did in the camp was the HIV/AIDS program. They provided HIV testing for the residents of the camp in order to know their status. They distributed many condoms to protect them from HIV/AIDS.”
(Camp leader 5)

“Those community health workers were educating the population of the camp and were also distributing condoms. Condoms were needed in order to protect the population from sexually transmissible disease, and also from having unwanted children.”
(Camp leader 2)

“HIV/AIDS. HIV/AIDS is one of the ZL activity model. I think that this activity gave good result in PJMV.”
(ZL staff member 1)

HIV care in a camp like PJMV was important to a broader public health framework. HIV/AIDS care included all efforts and actions undertaken by ZL designed to prevent people getting infected with HIV/AIDS while also ensuring that those patients infected with the virus had access to anti-retroviral drugs after the earthquake. Nationally, ZL is well known as the most powerful leader supporting and treating HIV/AIDS and TB patients, with more than 26 years of experience. Across Haiti, ZL became one of the first NGOs to introduce HIV/AIDS care in poor communities using the model of accompaniment. This model of accompaniment trained people from the local community as CHWs to deliver and ensure

adherence to antiretroviral therapy to HIV/AIDS patients during home visit. In PJMV IDP camp, ZL recruited and trained young camp residents to create a special group called NEC (Care Educative Nucleus). These young residents wore blue T-shirts marked NEC and specialized in HIV prevention. Their goal was to educate the residents of the camp on condom use, and also to provide condoms. The young NEC educators encouraged the residents of the camp to visit the clinic for medical consultation and HIV testing. Those residents who tested HIV positive were referred to GHESKIO for re-evaluation and registration in GHESKIO's system. Antiretroviral therapy and follow up were provided to all confirmed cases. ZL would provide psychosocial assistance to the HIV/AIDS patients who often were very depressed due to stigma, and socio-economic problems.

3.1.3.1.6. Psychosocial Services

“My house collapsed in front of me, and I felt the sensation that I was reliving the earthquake each time I would enter a concrete house (beton). When I was walking in the streets, I had tremors and palpitations. I went to the ZL psychosocial department and benefited from four psychosocial consultations. The ZL psychosocial team treated my mind, and afterwards I felt better. If the ZL team did not help me, I would be crazy. Psychosocial consultations are not for [available to] poor people like me.” (Camp leader 3)

The 2010 earthquake left many people throughout the camps in a depressed and disturbed state. In addition to difficult living conditions in PJMV, lack of privacy, loss of relatives, and goods, and lack of jobs increased the probability of mental illness. Many children experienced isolation, depression, violence, and agitation after the disaster due the death of relatives. Many elderly people in camps or tents fell into a neurotic or depressive state, or showed behavioral disorders and dementia. Months after the quake various emotional disturbances, especially post-traumatic stress disorder (PTSD) and depressive disorder, were also increasingly reported. Some people felt that the earth was still shaking, and others were constantly afraid. They all needed treatment. Adding to this situation, even before the earthquake Haiti confronted a serious lack of health professionals, with an especially large shortage of mental health professionals that caused disparities in access in the Haitian community. Psychosocial attention was needed not only by the camp residents, but also by all who were affected in Haiti.

ZL established a psychosocial department to identify people who were in distress and who were suffering psychologically in the aftermath of the earthquake. Although psychosocial consultations are usually expensive in Haiti, the ZL clinic provided these services free of charge to more than 20 patients each day. The psychological team consisted of ten mental health professionals in PJMV including social workers, psychologists and social animators. The social animators were 5 highly educated residents who

were responsible for visiting and screening residents in the community for mental health disorders and referring those in need of care to the ZL psychosocial department.

The ZL psychosocial team and the camp committee organized a memorial for missing relatives. Dedicated to the missing relatives that were lost in the 2010 earthquake, the memorial followed the structure of a Catholic Mass and helped camp residents mourn. During the memorial, gifts, food, drinks, and hygiene kits were distributed to the more 100 affected relatives and handicapped persons. One ZL staff member describes the impact of the memorial:

“After this memorial, from the psychological point of view I think that people were ready to continue living and affronting life without their missing relatives.”

(ZL staff member 2)

The ZL mental health team provided counseling to victims of rape, who felt humiliated and depressed. The victims would be referred to a specialized hospital for 72-hour observations. The psychosocial department was also involved in counseling patients before and after HIV testing, as well as meeting 2 to 3 times per week with handicapped people. During these meetings, they would provide therapy to the affected people in order for them to avoid depression and suicide. The ZL psychosocial department was particularly attentive to children, and would usually have social activities in the camp for young people from 8 to 12 years old. They taught the children dance, singing, and offered socio-cultural atelier². ZL would also take children on field trips outside of the camp to visit cultural sites, such as Source Zabeth, in order to change the atmosphere. Psychosocial experts also met with adults and elderly to create discussions in order to help them manage family problems. Participants spent 3 to 4 hours in discussion, and during this time, refreshments and food were provided to all. The ZL psychosocial team included orphaned children in social activities and even paid for their education. Physical activities like basketball and soccer games were also organized between the children of different camp zones and blocks. ZL also involved handicapped and disabled people physical activities like soccer and races. The winners of these activities would receive trophies. During the competitions, ZL would hire DJs to play music and welcomed residents to recite poems and tell jokes. The ZL socio-cultural activities were also driven to educate the camp residents in order to promote behavioral change. Behavioral change was an important aspect of health education when the cholera outbreak spread in Haiti and the PJMV.

² Socio-cultural atelier is a place where children could meet to learn music, dance, arts and crafts tasks.

3.1.3.1.7. Cholera Response

“Until the CTC closed, no one died in the CTC. I think that the CTC was beneficial for all Haitians.”

(Camp resident 4)

“It was one of the most successful CTCs because we provided care to the largest population. It was also visited and supported by Mrs. Hilary Clinton.”

(ZL staff member 1)

On November 8, 2010, just 2 days after Hurricane Tomas affected and further worsened the sanitary condition in PJMV, ZL diagnosed and reported seven clinical cases of cholera within the camp (Walton and Ivers, 2011). The vibriion cholerae that caused the cholera outbreak in Haiti is similar to the seventh-pandemic El Tor O1 strains that devastated many countries of South Asia, particularly Bangladesh, and Nepal (Chin and Sorenson, 2011). Research traced the source of the South Asia strain to the Meye River, a branch of the Artibonite River, a result of human activity (Cravioto, Lanata, Lantagne, and Nair, 2010). ZL created a community based mobilization team named “Fighting against the Cholera.” As part of this initiative, more than 250 camp residents were recruited as “hygiene agents” to aid the CHWs in educating the camp on cholera transmission and prevention. The hygiene agents also helped to deliver hygiene kits, and plastic garbage disposal bags. In addition, to attend the cholera patients a partnership was built between ZL and the British Red Cross. The British Red Cross would construct the physical structure of the CTC and ZL would provide staff, materials, and resources.

The CTC employed approximately 89 people with half of those coming from the camp. Some worked as nurses and auxiliaries, but others worked as security agents, cleaners, sanitation agents, chlorine preparation agents, and brancardiers³. The CTC was located near the administration office in the camp, and it contained two rooms (one for men and one for women), each containing 25 beds. There were two additional tents that would serve as extra rooms if cholera cases were to increase. There were about 20-30 patients per day on normal days, but this number would increase to between 30-50 patients per day during the rainy season. The CTC provided treatments free of charge to the infected patients and saved many lives. The CTC had an emergency phone number and an ambulance that was available 24 hours a day to pick up patients and bring them to the center for treatment. The center was also equipped with a generator of 6 kilowatts capacity to give electricity to the CTC at all times. The CTC included a records department to register the cholera patients, as well as their closest family member before admission. Family members and friends were required to wash their shoes and hands in chlorinated water at each entrance and exit point. T-shirts spreading the message “no discrimination against cholera patients, and hands together against cholera” were worn by all ZL staff working in cholera prevention and treatment.

³ Brancardiers are people who transport patients.

3.1.3.2. Health activities in social context

“I didn’t see any disadvantages. ZL came to deliver care and in addition they provided water, mobile toilets, hygiene kits, and even tents for the handicapped people. Really I didn’t see any disadvantages.”

(Camp resident 1)

“My advice: ‘It will be important for ZL if it works in the domain of health to stay in the domain of health and to do not mix health with other things. And also ensure that each people stayed in their limits and knew their roles.’”

(Camp leader 5)

ZL is primarily an organization that provides health care. However, ZL also assists Haitian communities in Central Plateau by providing them with water, education, nutrition support, protection, and micro-credit. In providing these services, ZL addresses social determinants and decreases structural violence. In PJMV IDP camp, ZL collaborated with the camp committee and other NGOs to address the priorities identified by the camp committee. The activities offered by ZL also evolved to address the changing needs of the camp and included water purification, school programs, offering tents to vulnerable populations, offering protection to prevent sexual abuse of women, and advocacy for food, and sanitation (appendix 4).

3.1.3.2.1. Water Purification

“It was a great experience for me and one of the first jobs created in the camp. Wow! After an earthquake I was trained to deliver safe water drinking to thousands of people and no one got sick from it.”

(Camp resident 1)

I think that it produced a big change in the camp. Now they had water to drink and to use. I think it was a good thing the camp appreciated so much.”

(ZL staff member 1)

The rapid needs assessment held on January 22, 2010 by ZL staff in PJMV revealed that health and safe drinking water were two key priorities at PJMV. The water in the existing reservoir at PJMV was not potable. Operation Blessing had worked with ZL previously to dig wells for water distribution in Central Plateau and Artibonite Department. ZL and Operation Blessing partnered to undertake a water purification activity to provide water to PJMV. The partners agreed that Operation Blessing would teach the water camp commission members how to treat water and make the central reservoir functional. Then ZL would pay the water camp commission to deliver water to the entire camp and also to supervise the materials.

Operation Blessing provided a filtration system a generator and gas that would allow the water camp commission to deliver water to thousands of people. This joint ZL/Operation Blessing project

distributed water free of charge in the camp. Even after the cholera outbreak spread in the camp, the reservoir was not infected and served to provide water for the CTC in the camp to save cholera patients lives.

3.1.3.2.2. Tent Village and Cash flow

“I asked Dr. Louise, Dr. Kobel, and Dr. Maxo for those tents on behalf of the handicapped community who could not afford them and who did not have a place to live. I did not sell them, and everyone was happy thanks to ZL.”

(Camp resident 5)

The tents were splendid in the village for the disabled. ZL gave those tents to the handicapped and their families to live safely and with dignity. I think that it was a good project. It was a satisfaction for the disabled people, for the camp committee, and for us.”

(ZL staff member 2)

“We could have food but we did not have the money to purchase the other ingredients such as the cooking oils. What they [ZL] gave us was help in purchasing things that we needed.”

(Camp resident 5)

In the days that followed the earthquake, many disabled people were displaced to PJMV. The place where the disabled community was living had flooded several times during the rainy season, and the roads were full of mud. This community was neglected because of their disabilities. Whenever food and water were distributed in the camp they would miss it because they were the last to arrive. Theoma Otilus, who is the representative of the handicapped organization called ASHANTOM (Association des Handicapes Nou Tout se Moun⁴) wrote to ZL staff to inform them about their needs and asked for their support. The ZL staff met with the handicapped/disabled community to learn more about their needs in order to better assist them. The main priority that came up was a shortage of sleeping tents. The second priority was a need for the disabled to have wheelchairs and prostheses to be independent, and the need for social support. ZL was able to find tents through its many connections and with the help of the NGO Shelter Box via the Zen Foundation. ZL in collaboration with the central committee of the camp selected a space that was the closest to the entrance of the camp to build a tent village for the disabled/handicapped community. ZL also assisted with providing materials, sanitation, and infrastructure to the site. The camp security commission monitored the tents to prevent theft until the community moved in. The ZL’s tent village program was created to closely monitor the disabled community in order to better serve them, and in order to integrate them in the programs of ZL and the other NGOs. The new tent village provided stability for the disabled/handicapped community within the camp. Within the same partnership, the handicapped persons were given prostheses and wheelchairs that

⁴ In English: Handicapped Persons Association All of Us are Human Beings

allowed them more independence. Other vulnerable groups would also benefit from this program. These groups included pregnant women, elderly, and women with newborn babies. Under the same program ZL would also distribute soaps, chlorine, and hygiene kits to these groups of people. In addition, small stipends were given to the disabled/handicapped people and elderly in order to support them because they were unable to work. ZL's social support for the vulnerable populations within the camp helped improve their lives.

3.1.3.2.3. School Program

“ZL helped construct this school in order to prevent the kids from becoming bandits with fire guns in the camp. That is why ZL constructed the school.”

(Camp leader 3)

“Thanks to the ZL and PRODEV School, they did not lose the entire school-year, and for most of these kids, this was the first time that they went to school.”

(ZL staff member 4)

“I'm very surprised to see the progress of my daughter in the program. I saw that they teach them economy in order to help them save their little money. Now she is also very open to discussions on topics related to sex, because they teach them sexual education. I'm glad that my daughter is benefiting from this program.”

(Camp leader 6)

The earthquake destroyed many schools. ZL supported local organizations, the camp committee, and also partnered with other NGOs to build schools for children in PJMV. In February 2010, Combite Pour La Paix et Le Development (CPD), a local human rights organization, initiated a social atelier activity to educate a small sample of children at PJMV. In this social activity, kids learned children rights, civics, and artisanal activities. At the closure of this education project, Dr. Ivers supported the initiative through ZL administration office allowing the children to go to a swimming pool for a celebration. This particular activity allowed the kids to forget the hardships of the camp and to move forward. After two months, the CPD social education project closed.

In order to get children back to school, ZL partnered with a local NGO named PRODEV. Together they set up an education committee, which set up a school project. The partnership school, Zanmi Lasante and PRODEV recruited camp residents with experience as educators and also trained additional camp residents to teach at the school. From April 2010 to August 2010, the program provided education as well as books, t-shirts for the children, and payment for the teachers. The ZL and PRODEV school taught subjects such as mathematics, grammar, and history alongside with sports and music to more than 200 children from kindergarten to 5th grade.

After the head of PRODEV was threatened by an attempted kidnapping, PRODEV ended its intervention in PJMV. This event increased the insecurity in the camp, and there was a desperate need for a new schooling program.

After 3 months without school activity in PJMV, the education committee began assessing the different options in order to continue educating the children of the camp. An active group of camp leaders were persistent in trying to get the school back to the camp. Dr. Ivers used her network and found a group of Canadian journalists and some Canadian students who wanted to help educate the children of the camp. Along with the journalists, the Canadian students also contributed \$5 each to the cause, and together raised \$3,000. This was enough to pay the teachers and support the school for 6 months. Dr. Ivers delivered the funds to ZL, allowing another school year to take place.

ZL/camp committee partnership school started in January 2011. The new school was constructed with plastic sheets donated by the Red Cross. Very soon, ZL through its partners brought in three big tents, benches, chairs, and boards for the new school. Many children in need went to the ZL school; the school accepted even those who were well off. The school served 5 grades (kindergarten-5th grade) and was led by people who were living in the camp. The children were given T-shirts, books, notebooks, pens and pencils. ZL also paid the school's personnel and professors. The financial support allowed the school to run for 6 months from January 2011 to June 2011. In June 2011, the school year ended and the ZL/camp committee school project closed.

In October 2011, even though many schools in local area started to re-open and life began to seem normal again, ZL did not stop its support for education at the camp. ZL launched another educational project with another local NGO called PAGEDEV. Dr. Didi Farmer and Dr. Rejouis directed this program. The ZL/PAGEDEV Project was set up to identify adolescents that had a difficult time supporting their education. When the PAGEDEV program started, it was agreed that the selected children would go to study in Africa. Only one student from PJMV passed the exam and was qualified to go to Africa; however, the parents did not want to be separated from their child. To address this situation, ZL and PAGEDEV modified the program. They once again met with the camp's education commission to modify the criteria to better meet the demands of the children and their parents. The committee was responsible for identifying and selecting the candidates for the program. The new inclusion criteria included:

- 1) Children who were between 4th and 7th grade.
- 2) The children's age should correspond to their grade.
- 3) The children must have an average GPA of 7.
- 4) The school must be finished by age 18.

Based on the inclusion criteria, a number of candidates were identified from applicants from PJMV. Out of all who applied, only one of the applicants was not admitted. The program began with 30 children from PJMV. The program would sponsor these children's education until they would begin university. Upon completion, the program would send them to study abroad. In order for the program to be successful, ZL/PAGEDEV received financial support from donors. The program also held monthly meetings with parents. During these meetings, they informed the parents of their children's performance. The program supervised the transcripts of each child for each of the trimesters. Failure at school ensured exclusion from the program. The program sought to motivate the students each trimester by giving out small stipends that allowed the children to buy what they needed. The program took the children on excursions, where they visited historical places. This program offered valuable experience to the participants.

3.1.3.2.4. Security and Protection

“Through ZL, we were able to communicate with General Keen and General Fraser, who helped us implant a security system. This gave us a break from insecurity and violence.”
(Camp leader 5)

“ZL worked alongside the US military to relocate this kid and her family at Corail Cesselesse, a permanent more structured site. I think that it was the first family to be relocated in Park Jean Marie Vincent.”
(Camp leader 4)

“This project has been a reality thanks to the leadership of Dr. Louise.”
(Camp leader 4)

After the disaster, one of the major challenges in the Haitian communities, but especially in PJMV, was security and protection of people. Haiti's national prison collapsed allowing many prisoners to escape and take refuge in PJMV. There were times that the camp's residents would find dead bodies around the camp without knowing the cause, creating a very difficult situation in PJMV. The organized security that the camp residents had created could not respond to this level of crime, because it was mostly made up of young volunteers who had no formal training or resources. PJMV was one of the largest IDP camps; it also included marginalized communities. As such, it was the ideal place for prisoners and criminals to thrive. This understanding spread insecurity and increased violence in the camp. The post-earthquake period also saw an increase in sexual assaults. Women, adolescent girls, and sometimes even infant girls were raped in PJMV. A local human rights organization, Combite Pour La Paix et le Development (CPD), founded in 2005 to promote peace in Cité Soleil identified a number of rape victims which included a 17 years old girl who was raped at night when she went to carry water, a 21

years old young mother who was raped at night in the camp when going to the toilets, and also a ten year old girl who was raped by her tent neighbor.

CPD members met with Dr. Ivers to propose that they conduct a 3-month assessment study in Park Marie Vincent. CPD and Dr. Ivers published a study entitled “Human rights assessment in Park Jean Marie Vincent to evaluate the humanitarian aid in the camp 3 months after the earthquake.” The study was funded by Dr. Ivers’ project at Harvard Medical School. Dr. Ivers supported CPD financially and technically by recruiting and training 28 investigators. The investigators’ role was to collect data, and as results 14 women and 14 men went from tent to tent to talk to the camp residents and to ask questions about their living conditions. The data collection process lasted 5 days, and reached 5% of the total PJMV population. Dr. Ivers analyzed the data, obtained results, and published the study (Cullen and Ivers, 2010). In addition to this study, CPD and Dr. Ivers collected signatures for a petition about security and presented it to the US general who oversaw the military response.

CPD reopened the women’s protection program that was terminated earlier by the American Refugee Committee in PJMV. Dr. Ivers used funding she secured to support CPDs’ work. CPD trained 36 women protection agents, from which 6 were selected via examination by the CPD as team supervisors (Abundance Foundation, 2014). Each supervisor worked alongside 5 other women. Together they visited tents in all the different zones and blocks of the camp to educate husbands and spouses about sexual violence and other related topics. The agents were to report on the topics they covered, and the lessons that they had learned on their journey through the camp. CPD’s women protection agents heard approximately 1,935 cases. Based on this data, Dr. Ivers and CPD published a report on the violence in PJMV, showing that PJMV block 7 had the highest rate of violence during the study period. This report was shared with the protection cluster of human rights within the United Nations, ensuring the installation of yet another permanent police station in Block 7.

Dr. Ivers also supported CPD to launch a support/complaint office in PJMV. This office supported victims of sexual assaults, and also provided the residents of the camp with a place where they could go to report crime. The support/complaint office was located in the nearby Pont Rouge community, and ensured confidentiality and privacy. Upon the report of a crime, the CPD members accompanied the victims of rape to the hospital. There, the victims received medical attention and testing, which ensured that they were given the necessary medications within 72 hours in order to prevent HIV infection and/or avoid unwanted pregnancies. Afterwards, the victims were at liberty to press charges, and if they chose to, the CPD would assist them.

Poor infrastructure encouraged violence and insecurity in the camp. The wall surrounding camp PJMV had collapsed, and the lighting at night was not sufficient. The facilities director at PJMV⁵ addressed these issues in a meeting with Dr. Ivers PIH's chief of mission, as well as with General Keen of the US Army. The facilities director wanted to reinforce the security system by rebuilding the surrounding wall with metal beams, and to reinforce the security in the entrance and the exit points. Dr. Ivers approved his requests, and via ZL's contribution the surrounding walls were rebuilt. ZL also collaborated with the United Nations Population Fund (UNFP) and the Clinton Foundation to install a solar panel powered lighting system. The construction of the wall combined with better lighting improved security for that the habitants of PJMV. The support and the collaboration that Dr. Ivers provided to this local organization were decisive and powerful to mitigate violence and insecurity at PJMV.

3.1.3.2.5. Advocacy for Food

“I called Dr. Louise and told her that we had a food problem. You know, she is very compassionate person. She brought us to the UN Log base to discuss our problems with the WFP [World Food Programme] head.”
(Camp leader 7)

After the earthquake, food was one of the biggest priorities following health, water, and tents. One of the strategies used by ZL to solve this problem was advocacy. ZL held cluster meetings to bring together agencies, NGOs, and camp leaders in order to secure food for the inhabitants of PJMV. The lack of provisions in PJMV increased the risk for malnutrition. In addition, increased food insecurity lead to an increase in, prostitution, HIV transmission, and violence (Cullen and Ivers, 2010). One week after the earthquake, the United Nations Stabilization Mission in Haiti (MINUSTAH) left a small quantity of baked food packed in boxes on the street Boulevard Jean-Jacques Dessalines while most of the residents slept. Two days later, the UN sent boxes of rice and oil via helicopters. Because these provisions were dropped at the center of the camp without supervision, many people were injured. The camp residents and the camp leaders felt these food drops did not respect the dignity of the residents. In the days that followed, another group from MINUSTAH was assigned to hand out to people a shirt and one small can of rice per person. During the rapid needs assessment meeting conducted by Dr. Louise Ivers the PJMV central committee explained the difficulties that they were facing, particularly the shortage of food, and how the food distribution methods were affecting the dignity of the inhabitants. Following this meeting, ZL was able to obtain two distributions of food from World Vision. These were disbursed with the support of the US Army. The first distribution reached 1,600 people, and the second one reached 1,500 people. Still, many of the PJMV inhabitants went hungry. The camp leaders were concerned that some

⁵ PJMV served as a sports field prior to the earthquake.

people could have received double amounts because the camp residents were not registered. Months later, through the help of the Red Cross and IOM, the camp leaders were able to register PJMV residents. They found that PJMV contained approximately 50,000 inhabitants, including 9,369 families.

Following the two initial food distributions, the camp spent two months without any other aid, and food remained one of the major needs throughout the camp. Through the human rights assessment and research advocacy, Dr. Ivers was able to invite three camp leaders from the central committee to the UN base for a meeting to discuss the provisions needed at PJMV. World Food Program (WFP), Samaritan Purse, the US Army, and the UN police attended this meeting. Following this meeting, the camp received one of the biggest distributions of food. This distribution took place between the hours of 7am - 4pm, reached the entire camp and was handed out appropriately and respectfully. Each ration included a big sack of rice, a sack of beans, a sack of flour, and a gallon of oil, enough food to last for one month. Despite the hot sun, the long lines did not annoy the camp residents because the camp committee played music, and the people were laughing, conversing, and singing as they waited. Unfortunately, this was also the last distribution of food that the camp would receive. For the next 2 years, the camp residents would need to find their own food.

3.1.3.2.6. Advocacy and Support for the Sanitation Activity

“The activities helped the leaders to be useful in their zones and blocks. Zanmi Lasante used to give them materials and resources to drain the canals, to clean their blocks and their zones. It was satisfying for me to see that they [ZL] were not using them, instead, it was collaborative work [between ZL and the residents].”

(Camp resident 4)

“I think it was for a good cause that she [Dr. Ivers] decided to walk in the camp with the US military putting away all the principles of her organization. If not we would not get gravel to abolish mud and generators that supported the lighting system to avoid sexual violence at night.”

(Camp leader 4)

Advocacy was one of the means used by ZL staff to bring in the US army and the IOM in order to provide help to the camp residents of PJMV. ZL’s support included resources and materials to clean the canals and the camp. In the first few days following the earthquake, the situation in the camp was unimaginable and unlivable. Residents faced an urgent need for latrines as people defecating in open air and the entire camp was full of human waste. Initially some of the camp leaders dug holes in the ground to serve as latrines. The lack of sanitation, safe drinking water, and health care contributed to the severity the cholera outbreak (Cravioto, Lanata, Lantagne, and Nair, 2010). Following the arrival of ZL in the camp, the British Red Cross recruited camp residents to built toilets in the park, but an insufficient

number of toilets were built for a camp of 50,000 people (Cullen and Ivers, 2010). Through a human rights assessment research combined with cluster meetings and partners (British Red Cross, MSF, and World Vision), ZL staff was able to advocate for an increase in the total number of toilets. This helped lower the incidence of diarrhea and typhoid in the camp. The British Red Cross would build more toilets, the MSF and ZL would provide more mobile toilets, and the World Vision would contribute showers. Some of the other challenges in the camp consisted of removing mud and cleaning stagnant dirty water. When the rainy season began, the stagnant water became breeding grounds for mosquitoes which spread malaria.

Two camp leaders from the sanitation and hygiene commission of the camp worked closely with ZL to improve the sanitation conditions. A meeting was held between the US Army, IOM team leaders, ZL staff, and the sanitation commission in order to replace the mud in the camp with gravel. The meeting resulted in materials such as wheelbarrows, heavy machinery, and gravel. Camp residents were paid for one month to lay the gravel through the Cash for Work program. The camp residents were compensated financially to improve their camp. More than 200 camp residents participated in this initiative which included laying gravel over mud and removing stagnant water.

Later, the sanitation committee built a route to improve camp residents' ability to reach the health clinic. ZL paid the camp residents to work on this route. In addition, teams of daily sanitation workers cleaned tent village for the handicapped and the clinic. ZL in collaboration with the sanitation commission also created a hygiene campaign. The message of this campaign was "Zanmi is a friend of health, while garbage is the enemy of health, together these two don't match!" The sanitation commission received resources and sanitation materials from ZL to clean the camp. ZL also distributed bags to all the camp residents in order to collect the trash, and get rid of it appropriately. Each zone and block had assigned trash disposal bins that allowed the state to come and collect the garbage each day. The support that ZL provided to the sanitation commission helped them fight the unsanitary conditions; it also provided them with enough sanitation materials to continue cleaning the camp in order to improve the living conditions.

3.2.Outcomes/Analytical Results

3.2.1. Health Security

After the earthquake, one of the first needs in PJMV was health. ZL went to the camp provide free health care services to the disaster affected population. In addition, when the cholera outbreak spread in PJMV, ZL responded to avoid a mass of casualties. This accompaniment allowed the camp residents to access to free health care services that they had did not have access to before the earthquake. In this sense this accompaniment repaired the structural violence that these Haitians had experienced.

Because many of the existing clinics were destroyed in the earthquake, even Haitians in Port-au-Prince who did have access to health insurance needed to seek care at the ZL clinic. One camp leader demonstrated the importance of the clinic to residents, stating:

“When I was sick I used to go to ZL clinic because all the hospitals were collapsed even had a health insurance I could not go to any health center. I had a pain because I suffered from an ulcer in my stomach. When I went to ZL clinic a doctor talked to me about preventive measures, and gave me ranitidine and metronidazole. After taking those drugs I felt better and my stomach did not hurt me as before.”

(Camp leader 5)

A ZL staff member explained how ZL staff members diagnosed and helped successfully treat a leg ulcer case. He said:

“Well, anyway during my passage in PJMV I think that I had found a successful case of leg ulcer. All the clinic staff was present to share their diagnosis. We did what we had to do for the patient and he progressed well. Before ZL left the camp the lesion was completely cicatrized [healed]. I think it was something that we all remembered.”

(ZL staff member 3)

3.2.2. Job creation and income

ZL not only provided health care, but also employed residents from the camp to provide that care as well. ZL employed residents who already had training in health care and also provided other residents with training as CHWs, as hygiene agents. ZL accompanied the camp residents both by offering care and by involving the residents in that care. In PJMV, this accompaniment of job creation helped to decrease structural violence because for many camp residents this represented the first paid job they had in their life. Having a job after a natural disaster would ensure that people had money to buy food, start small businesses, send their children to school, and support the local economy. ZL’s work in creating this employment was another example of accompaniment to decrease structural unemployment and violence in PJMV.

A ZL staff member explained how the accompaniment approach involved the community and was a good way to help the camp residents. He affirmed:

“The Bible says ‘don’t give a fish to a person everyday but show him how to fish.’ I think jobs were an extremely important aspect that we focused on. I think also it was a good lesson that we took from our labor in the camp. It is not simply going out to work with your own staff, but use people from the community to work for the community and for themselves.”

(ZL staff member 1)

Camp residents employed by ZL benefitted both economically and psychologically. These residents were able to save money and start their own small business that allowed sustainable income. A ZL staff member described this:

“For many of them it was their first job in their lives. Because after an earthquake that destroyed the country and someone got a job it was a great satisfaction. Someone could have a budget to economize some money. Many of them I know people who worked for ZL that has their little business to feed their children and send them to school”

(ZL staff member 4)

A camp resident explained how even people who did not work would benefit from money shared by the community. She said:

“When ZL was there all of us had some money in a certain way because when they paid you would share with others who did not a chance to work. Perhaps in this moment you shared with this person he was thinking in stealing something to resolve a problem.”

(Camp leader 3)

A camp leader reminded how employment provided camp residents traumatized by the earthquake and the aftermath a sense of security. She claimed:

“Well, when ZL was there the rate of unemployment decreased wherever in the camp because they recruited and employed a lot of camp residents as community health workers, support staff, lab exam technician, even doctors from the camp. People in the camp took refuge from insecurity.”

(Camp leader 3)

One camp resident who was disabled expressed his frustration about not being able to work. He mentioned that he preferred to work rather than receive support or aid, and described the psychosocial benefits of working:

“For my part, it was the fact that I did not find a job. I was frustrated because at other hospitals there was all kind of people working. The handicapped persons can do certain jobs. You cannot assist us forever; we need to work as every other person. It is a feeling to wake up in the morning, get well-dressed and go to work, go to a place where you can meet all kind of persons. We need to feel that we are part of the society. We wish that the handicapped will be involved in future programs. Our participation can

reinforce the program. We need to work.”

(Camp resident 5)

There were also challenges voiced by the informants. A camp resident felt upset that she was not working and also relieved that ZL staff members came each day to talk to her:

“I felt very frustrated that I was not working the only the thing that alleviate this feeling was each day the community health workers came at home to speak to me.”

(Camp resident 2)

One ZL staff member explained the challenges that ZL faced in providing aid and also creating jobs. He said:

“The challenges. There were not enough [jobs] for everybody in front of the immensity of the problem.”

(ZL staff member 1)

3.2.3. Capacity Building

Education and training would allow Haitians to acquire knowledge, skills, and experience to serve the country and their communities. The researcher found that the accompaniment that ZL provided in PJMV included training the residents as support staff, community health workers, and hygiene agents. Camp residents trained as community health workers received a certificate from ZL. ZL helped camp residents gain skills that they could use in seeking future employment even after the camp closed.

One ZL staff member describes how ZL’s program offered more than just charity. ZL built capacity by training camp residents and giving them meaningful work in the camp. He said:

“Always, In Haiti we used to have Food For Work, Food For Peace, Cash For Work. I would not call it Cash For Work. I think that it was more dignified that we (ZL) trained and employed the camp residents to do something that have an impact on their community. That’s capacity building to ensure long-term commitment and can be helpful for the trainee.”

(ZL staff member 1)

Another ZL staff member describes how ZL connected him with an opportunity to attend a one-month session on Global Health Delivery in Boston, MA. This ZL staff member who lived in the camp indicated that he wanted to use the knowledge he gained to benefit Haiti:

“ZL is not there [in the camp] but experiences remain to me. I gained the experiences in working for 2 years in disaster emergency response with Zanmi Lasante in Park Jean Marie Vincent. And also I beneficiated a training in Epidemiology, Biostatistics, Management, and case studies at Harvard Medical School that will be helpful for my community and the country.”

(ZL staff member 5)

A camp leader affirmed that even after ZL left PJMV, she gained important knowledge and skills that she will carry with her beyond the camp. She said:

“ZL is no longer in the camp but many things remain to me. First, the knowledge that I received from the seminars and gained from my fieldwork. In addition, as a community health worker they taught me how to make a bandage, and gave an injection. All the knowledge that I they gave me on malaria, tuberculosis, HIV-AIDS, cholera, women right and duties remain to me.”

(Camp leader 2)

3.2.4. Community Engagement and Community Participation

Community organizers and public health workers promoted the involvement, the engagement, and participation of the community in different domains in order to improve their lives. The researcher found that after the earthquake the activities conducted by ZL in PJMV engendered engagement and participation of the residents. This accompaniment contributed to strengthen the relationship between ZL staff and the camp residents in order to improve the living conditions in the camp.

A ZL staff member recalled the involvement and participation of the camp residents in the health project. He said:

“First, the engagement. The security engagement they gave the staff that was working in the clinic, and the CTC. The personal contribution in the clinic and the CTC, even we paid them they made a good job in the clinic and the CTC. I remember a community mobilization activity on HIV/AIDS that we made in the camp. The camp residents were the principal actors of those activities. Also they helped to build the physical infrastructure of the clinic. They participated because aware about those needs and the necessity to contribute to something useful to the camp.”

(ZL staff member 1)

Another ZL staff member explains a form of participation totally different from the first view. He feels understood that even camp residents who were not working in the clinic also participated in the health activities simply by receiving goods or services. He explains:

“Many camp residents participated in ZL health activity. They participated as community health workers, hygiene agents, and support staff. We have to understand that participation do not mean only have a job because the persons who came to seeking care, and also to obtain socio-economic support were a kind of participation. And also those who benefited bibs, diapers, flour, milk, and cookies were a way of participation.”

(ZL staff member 5)

A camp resident remembered a story of participation to explain how another camp resident saved his neighbor and his son from cholera. He stated:

“The camp residents always participated in Zanmi Lasante activity. They always brought patients with diarrhea and vomiting in the CTC. They used wheelbarrow, doors, and whatever they find to bring the

cholera patients to the CTC. It was a sign of fraternity. I remember a man in the camp who had a kid who had diarrhea and vomiting and wanted to look for voodoo treatment in rural area. His tent neighbor told him to go to the CTC to treat the kid because there is a disease called cholera that was killing people. The father's kid told the neighbor if the kid died he would kill him with a machete. The tent's neighbor brought the kid and his father to the CTC and the kid gets treated. His wife was pregnant and he decided that the neighbor would be to the godfather of the future newborn baby.”
(Camp resident 4)

A camp leader explained how ZL's intervention in PJMV involved the camp residents. He said:

“They implicated them more and expand their work. That was why Dr. Kobel, who grew up in the zone, became the medical coordinator for Zanmi Lasante in Park Jean Marie Vincent. It was a participative work.”
(Camp leader 5)

3.2.5. Community Empowerment

Community empowerment occurs when the community acquires the ability and capacity to identify and resolve problems in order to reduce inequities. The researcher found that community empowerment was an outcome of ZL activities. ZL trained the camp residents and gave them the capacity to stay organized in order to continue serving the camp. This accompaniment helped them to stay motivated, and also gave them credibility that helped them deal with other organizations.

One camp resident affirmed that after training from ZL he could better negotiate for the camp. He said:

“When the camp did not have a camp manager I benefited training on camp management from ZL. After this training, I could discuss better with the NGOs and understand their interventions.”
(Camp leader 5)

A camp leader who was a community health worker indicated how they organized themselves to move forward:

“ZL is no longer in the camp, but all is not over. There is hope because we (community health workers) organized ourselves as group called Aksyon Sosyal Entegre Pou Developman Kominote⁶ to continue serving our communities.”
(Camp leader 3)

A camp leader explained how ZL helped them gain more respect from other organizations. He said:

⁶Integrated Social Action for Community Development

“I think that this partnership with ZL reinforce CPD because it gave us more credibility and visibility in front of other organization. It allows our organization to have more international organization partners. This partnership helped us to improve our methodology and our philosophy.”

(Camp leader 4)

3.2.6. Partnerships

One of the most important aspects in organizing health activities in camps involves building and maintaining effective partnerships. The researcher found one of the outcomes of the camp activities was to promote partnership and collaboration in the accompaniment model that was created between the camp members and ZL. This ultimately extended to other NGOs and agencies, demonstrating that this model of accompaniment in humanitarian aid can create connections beyond the accompagnateurs and the accompagnées. See appendix 2 for a list of partnerships.

A camp resident explained how ZL partnerships outside the camp helped him improve his daily life. He said:

“They sat with us and helped us get prosthesis for both foot and hands. Together, ZL and Handicap International take away our frustration. We could not afford the prosthesis. But with their help, we found assistance.”

(Camp resident 5)

A ZL staff member detailed the partnership undertaken by ZL. He said:

“Many activities conducted were made with partners. As I said in the clinic, UNICEF backed up us for the nutrition program. Outside of the financial agencies, British Red Cross helped us with the construction of the CTC. Also a little bit GHESKIO took care of the HIV-AIDS patients that we were referred to their clinic.”

(ZL staff member 1)

A ZL staff member listed the agencies partnership in ZL health activities. He said:

“We had five major sources of money that helped us conducting those activities. First, the American Individual Fund which is the personal contribution of each American citizen after the earthquake through our fund raising ZL/PIH. Secondly, we received money from OFDA⁷ which a branch from USAID⁸. Thirdly, UNICEF⁹ helped us with the Nutrition program in the clinic. Fourthly, when the cholera outbreak spread World Bank supported us financially. Fifthly, CDC¹⁰ played an important role helping us fighting the cholera.”

(ZL staff member 1)

A camp leader explained the way ZL helped the camp to get a lighting system. He said:

⁷ Office of U.S Foreign Disaster Assistance

⁸ U.S Agency for International Development

⁹ United Nations Children’s Fund

¹⁰ Center for Disease Control and Prevention

“When the insecurity was very high, ZL was very tenacious to enlighten the camp. ZL went to advocate near by the US military, IOM, and UNFP to ensure we had lighting system in the camp. And we got it.”
(Camp leader 7)

One ZL staff member explained the challenges that ZL faced in forming partnerships with some NGOs in PJMV IDP camp. She declared:

“We had partnership with many NGOs. Some of them did not respect what they said. And at the end they deserted (abandoned) without informing us anything even one months before. ZL had to assume the responsibility of all those employees. It was very crucial for ZL and the cost was very high particularly to run a cholera treatment center. ”

(ZL staff member 2)

3.2.7. Visibility and perception change for the camp

ZL’s presence in the camp helped make the PJMV community visible and also helped change the perception of that community among other NGOs. ZL brought many NGO partners, agencies, donors, filmmakers, journalists, the US army and even the heads of PIH in order to focus more attention on the needs of PJMV.

A camp leader affirmed that the presence of ZL in the camp gave it more visibility. Here is what he thought:

“The advantage and the benefit that those activities had for the camp were visibility. This means that the camp was not reduced to itself. ZL was a good partner for the camp in health care services. Thanks to ZL people in the camp had a new environment with good air breathing.”

(Camp leader 5)

One ZL staff member thought that the presence of ZL helped to promote another image of PJMV for the camp. He said:

“ZL activities allowed the camp to have a visibility and change the NGOs perception of the camp.”

(ZL staff member 1)

Another ZL staff affirmed that ZL helped promote visibility and perception change for the camp through documentary. He said:

“Other satisfaction for the camp was a documentary that ZL did. ZL sent Dr. Stephen Kahn from the Abundance Foundation and Mr. David Belle from the Cine institute to make a documentary to show the needs and ZL effort to support the camp. This documentary helps to give a visibility to the camp, and Cité Soleil. I think that it was a satisfaction for the camp, for Cité Soleil, and for ZL.”

(ZL staff member 5)

The same ZL staff member continued to explain that the presence of some leaders in PJMV increased the visibility of the camp. He said:

“The advantages were when the Chief Medical Officer of PIH, Dr. Joia Mukherjee came to see patients in the camp. Another was when Dr. Paul Farmer, the co-founder of PIH, visited to the camp with Mrs. Cassia, and Mrs. Chelsea Clinton who brought materials, and supplies. In addition other advantages were the presence of the US military in the camp such as General Keen and General Trombitas.”
(ZL staff member 5)

3.2.8. Accompaniment

The researcher found that the overall outcome of ZL activities were to accompany the camp residents in order to alleviate their social suffering and decrease structural violence. This accompaniment consisted of creating jobs, offering training, and empowering the community for long-term sustainability.

A camp leader explained that other NGOs came to PJMV with their own agenda. This resident describes the concept of accompaniment when referring to how ZL worked with the camp residents to understand their needs and offer them skills. He said:

“In the context that ZL entered into the camp, it came to train people, to distribute medicine, and to do health because it name is Partners in Health and it is a good friend of health. Zanmi Lasante did not come in the camp like other NGOs to make problems, and to revolt people against people. In the opposite, if you were available and wanted to be trained, it [ZL] would train you to be a good community health worker for the rest of your life.”
(Camp leader 5)

Another ZL staff member further developed this concept. He affirmed:

“My biggest satisfaction was that ZL reinforced the capacity of the camp committee and each commission to help them go forward with those activities and also made those activities with them.”
(ZL staff member 5)

A camp resident understood that accompaniment is not only intervening in one domain but also trying to help in other domains if needed. He stated:

“I didn’t see any disadvantages. ZL came to deliver care and in addition they provided water, mobile toilets, hygiene kits, and even tents for the handicapped people. Really I didn’t see any disadvantages.”
(Camp resident 1)

3.2.9. Resource Allocation

Resource allocation was one of the challenges in ZL activities. Resource allocation concerns the uses of available resources to achieve the completion of a given project. At the end of ZL project in PJMV, funding was limited so it was difficult to continue employing the same number of people as when the project started. Many tensions arose in PJMV related to resource allocation, and communication about changes.

One ZL staff member explained the challenges of providing humanitarian aid. She affirmed that the activities conducted by ZL in PJMV were projects that received financial support for a fixed time.

“We built two rooms that could even stay open with a reduced staff. We had some theft because we started losing some materials. And in addition, we did not receive financial support because it was a project for a precise time. ZL did not want to leave the camp residents but it became a cost that ZL could not support.”

(ZL staff member 2)

A camp resident explained the challenges that the ZL clinic faced related to medicines and providers. For instance, he affirmed that he didn't like the way that the clinic services were phased out at the end. He said:

“At the end of the project, we did not like the way that the hospital was reduced. Drugs were not available and also the number of providers was reduced. If ZL continues like that it will seem like they are good at starting and weak at the finishing. I would advise them to work on their weaknesses in order to reinforce their strengths.”

(Camp resident 1)

A ZL staff member explained how the camp residents were furious at her when they could no longer work. She said:

“What I did not like? I did not like the moment when they wanted to beat me and break the glasses of my car. I tried to understand them because they wanted their job, and they could no longer work. Then they became aggressive. This experience helps me to do not be emotional and to know how to deal with people.”

(ZL staff member 2)

A ZL staff member explained how lack of communication and coordination could be bad in humanitarian work. It could cause people to question the accountability of staff and blame them for issues over which the staff have no control. She stated:

“Ah! I don't want to live this moment again in my life. A lot of threats and a lot of words. A lot of people thought that I was the responsible that they could no longer have a job. Some camp residents thought that I stole the money that was why they could no longer work.”

(ZL staff member 2)

A ZL staff member understood the fact that many NGOs were helping in PJMV IDP camp and as a result a lot of annoyed people took refuge in the camp to make trouble and to try to have access to care and advantages. He said:

“The perception was that something was delivered in the camp by the NGOs. This situation attracted a lot of mad persons and to be sincere some bandits who came to trouble even the majority of the people were peaceful. The fact that the NGOs were there the bandits thought that money and advantages were running in.”

(ZL staff member 1)

A ZL staff member recognized that being a leader in the humanitarian aid effort in PJMV was not an easy task. He describes the challenge of dealing with camp residents who thought that the camp leaders were benefitting from their roles, when actually they felt a lot of pressure from many sides. He said:

“The perception was that the leaders were wealthy. When the leaders had contact with the agencies, people who don’t form part of the leadership of the camp or the camp committee thought that they had big advantages. This situation could generate pressure on them even threat. I think that it is not always an advantage when you are a chief or responsible.”

(ZL staff member 1)

A ZL staff member contrasted the other quotes by declaring the activities were successful and during the 18 months in the camp no staff members were hurt in PJMV. He explained that even when ZL was facing financial problems and the camp was insecure, the impact of the ZL model was incredible. He thought that ZL should continue to use accompaniment in humanitarian aid and duplicate this model in other countries. He said:

“They always say, ‘We never replace a team that wins.’ For me, the activities were successful because it would not be easy to stay for more than 18 months with staff in a camp where there are no police officers providing security. During those months we had no [staff] persons that were victims in the camp. I think that if we had to reproduce this model, it had to be reproduced.”

(ZL staff member 3)

3.2.10. Closure versus relationships and shift in responsibilities

After eighteen months of delivering aid in PJMV, ZL faced many challenges, including pressure from the Ministry of Health for all NGOs to leave the camps so that the national health system could take over and become stronger. In addition to this situation, funding limitations complicated ZL’s accompaniment in PJMV. The camp required a lot of resources and money to operate all of its activities, because even running just one clinic, one CTC, and also providing social assistance was quite expensive.

ZL staff met with the clinic department’s coordinators and explained the financial problems. Afterwards, the chiefs of each clinic department met with all the ZL staff (many of whom were camp

residents) to explain the issues to them. If ZL wanted to stay longer many staff members would lose their jobs, which could lead to conflict. Or, if ZL wanted to keep functioning with all the staff, salaries needed to be decreased, which would prevent conflict but demotivate staff. Together with ZL leadership, the ZL staff decided to reduce their salaries in order to continue working as a whole team. After this decision, the staff was very happy to stay together.

After 6 months, ZL was forced to reevaluate its finances once again. The ZL staff gathered all the chiefs of clinic departments, the camp committee leaders, and the organization leaders in one meeting to explain to them that due to financial problems in the following month, ZL would no longer be able to accompany the clinic and would shift responsibilities to the camp committee, other NGOs, and the local government. Unfortunately, adding to financial problems and loss of materials, gang violence spread in PJMV and surrounding areas, affecting ZL's ability to provide aid.

Issues of personal safety required ZL to stop providing materials to the PJMV health clinic on November 31, 2011, instead of in December. Due to the high burden of cholera, ZL continued to support the CTC with materials and reduced personnel until March 2012. The CHWs, hygiene agents, support staff, nurses, doctors, and CTC employees received a certificate giving them the credibility to work with other NGOs and the Ministry of Health. After ZL shifted responsibility to the camp committee, NGOs, and the government, PJMV IDP camp relied on the engagement of the camp committee that was empowered by ZL accompaniment model.

Humanitarian aid is always time limited, and therefore aid organizations must plan for aid to end. Approximately one year after the Haitian earthquake in 2010 relief became very difficult for many NGOs due to lack of funding. Many NGOs left Haiti to go to other countries where more recent disasters meant more funding dollars. Before leaving Haiti those NGOs planned a closing strategy for their activities and an exit strategy for their staff. Many NGOs ended their aid activities without interaction with the disaster-affected population. The humanitarian aid provided by those NGOs was an operational or functional set of activities. These NGOs provided health, water, food, and shelter, but no lasting relationship and they built little sustainable capacity. In contrast, using the model of accompaniment, ZL recruited, trained, and paid camp residents to run activities in PJMV IDP camp in order to be self-sufficient. In fact, this accompaniment is based on a bidirectional side-by-side relationship - the interaction between an accompagnee and an accompagnateur. The accompaniment model stipulates that the accompagnateur helps the accompagnee do a task in a journey until the task is completed not by the accompagnateur but by the accompagnee (Farmer and Gutierrez , 2013). ZL did not close the activities in PJMV like the other NGOs did. Instead, ZL shifted responsibilities to the camp committee, and the local government. The camp residents trained by ZL were committed and would continue to run the activities in PJMV until they were relocated. This is the essence of accompaniment model. But, as accompaniment is a direct

relationship or interaction between ZL, the camp leaders and the camp residents, many emotions were expressed when ZL shifted responsibilities. Such emotions included chagrin, regret, heartbreak, devastation, but also gratitude, and connectedness. The following quotes show the range of emotions camp residents felt when ZL ended its formal involvement in camp activities.

One camp resident explained how ZL accompaniment was powerful related to the number of people who found jobs and how when ZL left they felt chagrin. He declared:

“The strengths of ZL activities were the evidence of the quantity of patients who were treated. The quantity of people who never worked [before] that got a job. The quantity of people who were trained by ZL and let human resources of community health workers, the first aid workers, the water quality workers in the camp. When ZL entered in the camp, it came with a power and gave us a power. But when ZL left, we felt chagrin.”

(Camp resident 1)

A camp leader explained that ZL should have held an event to allow the ZL staff and camp residents to offer farewells. He stated:

“I regret that ZL left. They should meet with us. They should do a ceremony in memory of all of us and sharing hugs like we used to celebrate birthday together. And also this ceremony should seem when someone is going to leave and say good-bye to his classmates before going to university.”

(Camp leader 7)

One camp leader affirmed that when ZL left she was let down by the end of the funding and explained how ZL’s sudden departure left her inconsolable. She said:

“My frustration was because ZL left. I was surprised economically because I had a project. And also after receiving an important training that strengthened my knowledge as a community health worker, ZL broke my heart.”

(Camp leader 3)

One camp leader wanted ZL to stay in touch with the community health workers after they left. She said:

“I would tell the chief do not give up the fight. God doesn’t pay the beginning, but he does pay the end. ZL should keep in touch with the community health workers, the nurses, and the doctors by telephone, email, and interviews to continue the work. We are not dead. Hands together to continue helping poor communities everywhere.”

(Camp leader 3)

One camp resident expressed gratitude in regard to ZL even after they left. She said:

“If someone was leaving mad by making bad things happen to me I would reproach him instead if someone was doing good things to me I would say thank you. I would like to thank ZL.”

(Camp resident 2)

A ZL staff person affirmed that ZL is still keeping in touch with the camp committee and mostly was informed about what they were doing in PJMV. He said:

“We still stay connected to the camp committee members. I think that it is very important. It helps you increase your network knowing amazing people that are living in limited resources and doing great things.”

(ZL staff member 1)

The words participants chose also indicate the accompaniment relationship. Most all participants used the Kreyol word “ale”, which is used to mean “left” in the context of a deep relationship. No one participant used the word “femen” which means “closed” to describe the end of ZL’s activities.

A ZL staff member explained that ZL doesn’t work in Port-au-Prince. After 2 years of work to support the Ministry of Health and the Camp residents, they have return to Central Plateau. The ZL staff argues the government was not involved enough in this largest camp (PJM). He explained:

“ZL works mostly in Central Plateau. We came to work to Port-au-Prince to serve the injured and the displaced persons. After 2 years, we had to leave and return to Central Plateau. You know my biggest frustration was the Gouvernement who was not implicated enough in one camp where more than 50,000 people were living.”

(ZL staff member 1)

Accompaniment offered residents services they had not had in this community (Cite Soleil and other low income communities) before the earthquake. The camp residents benefited from these services and so they wanted ZL to stay. A ZL staff member said:

“What ZL did was to accompany the camp residents in PJM by providing them resources, materials, and training to change the living conditions in the camp. And when they did not have any resources they just informed them. But, the problem was they [camp residents] wanted ZL to stay.”

(ZL staff member 5)

One ZL staff member argued that all NGOs should have worked together toward the goal of resettling camp residents into permanent communities. He said:

“I would advise ZL to make advocacy and partnership with other organizations and agencies to see how the camp residents could be relocated and to find a solution to their problems. That means find a home to live. It is extremely important. All the activities that were conducted in the camp should have a final goal that is relocating the camp residents and not keeping them in the camps.”

(ZL staff member 1)

4. Discussion

4.1. General discussion

The findings show that after the earthquake PJMV had many priorities such as health, water, food, shelter, sanitation, education, and protection. The researcher argues that the accompaniment provided by ZL in different domains of activities in PJMV produced as outcomes health, security, job creation, capacity building, community participation and community empowerment, partnership in and out of the camp, and visibility and perception change in order to improve life and decrease structural violence in the camp.

One of the most important aspects of this accompaniment was that it was not limited to health sector, but also expanded to other domains. For example, through partnerships ZL ensured that PJMV had access to clean water and that disabled residents had reasonable shelter and services. ZL also addressed critical issues such as sanitation and employment. Accompaniment is an “elastic term” and could include partnership and collaboration (Farmer, 2011). ZL partnered with local organization through research assessment to improve the living condition in PJMV 3 months after the quake to address health care, food insecurity, water and sanitation, security, and gender based violence. This assessment launched more collaboration and coordination between the stakeholders to provide better sanitation systems, a better security system, and the establishment of an office to attend to sexual violence victims.

Much has been written on humanitarian aid activities. In a review of the literature, many themes stand out. There is a moral sentiment that compassion and solidarity compels others to provide humanitarian aid to vulnerable populations (Fassin , 2012; Farmer, 2010). Furthermore, agencies and NGOs argue that affected populations have the right to humanitarian aid in adequate fashion with appropriate priorities and the involvement of the local government, (The Sphere Project, 2011; Farmer, 2011). However, there are important ethical and moral implications of delivering aid in poor countries including the obligation to involve the affected people (Hogan, 2012; Barnett and Weiss, 2008; Evans, 2008; Schuller and Morales, 2012). Many anthropologists critique the option of charity in emergency response as a form of dependency that diminishes the dignity of the affected population and the sovereignty of the country (Fassin and Pandolfi , 2010). Community organizers and humanitarian workers discuss the importance of involving affected populations in the humanitarian aid activities to encourage community participation, community partnership, and community empowerment (Minkler, 2012; The Sphere Project, 2011; Farmer, 2010; Farmer, 2011). However, most of the available literature on humanitarian aid does not clearly mention accompaniment as an approach in humanitarian activities. Paul Farmer proposes that the accompaniment could be a model to allow humanitarian aid to have greater impact on the ground.

In this study, the researcher argues that ZL's aid in PJMV follows Farmer's approach of accompaniment. ZL follows the model of accompaniment in several ways. ZL asks the PJMV community what they need, and works to meet those needs even if they extend beyond ZL's expertise in health care. ZL involves community members in every activity and ensures that they know they are valued, as seen in the health clinic. ZL employs IDP residents in projects, and offers them training that will continue to benefit them in the future. ZL's model of accompaniment in PJMV generates good outcomes such as health security, job creation, capacity building, community empowerment, partnership and collaboration.

However, ZL's work in PJMV does not follow the model of accompaniment completely, because ZL did not remain through the entire time the camp was open to accompany the residents to the "end of the journey." In 2012, ZL left PJMV, though the camp remained open until 2013. Perhaps the accompaniment model faces challenges in the context of humanitarian aid. Humanitarian aid operates in its own system with its own deadlines, rules, and complexities that do not adjust to the needs of the specific situation. Unlike accompaniment between a patient and a provider with a direct relationship and defined goal, accompaniment in humanitarian aid requires managing complex relationships and undefined goals. More study is needed to better understand the uses of accompaniment in humanitarian aid for long-term sustainability.

Robert Merton, an American anthropologist, was the first to introduce and develop the social theory of unintended consequences of purposive (social) action in social sciences. This social theory explained that objective and social interventions may not achieve the desired goal and may result in unanticipated undesirable outcomes. Some unintended consequences can be foreseen and prevented, whereas others cannot be predicted (Kleinman, Farmer, Becker, and Keshavjee, 2012). The researcher finds unintended consequences of purposive (social) action as outcomes of ZL activities in PJMV.

The range of responses from participants related to lack of communication and difficulties around resource allocation as ZL shifted responsibilities to camp residents in PJMV IDP camp. This range highlights the challenges of humanitarian aid in disaster settings. Many understood that more coordination and communication in decision-making could prevent some unintended consequences from the accompaniment that ZL provided. Others believed that some unintended consequences could not be prevented due to the complexity of delivering aid in camps especially in a challenging camp like PJMV which was already stigmatized as a red zone. Some community members, leaders, and even ZL staff believed that ZL left PJMV prematurely, without taking into account the point of view of the camp's community leaders.

Community members and even ZL staff believed that there should have been a better process to end the involvement of ZL in PJMV. ZL faced many challenges such as such financial problems, gang

violence, and theft, all of which affected the accompaniment ZL provided to the camp. However, the accompaniment model helped ZL to make strong relationships with the community and to stay longer in one of the most challenging and insecure camps in the capital city. ZL's accompaniment trained camp residents, building capacity to allow them to continue many activities even after ZL returned to Central Plateau. The camp residents and leaders learned from ZL's model of accompaniment the importance of teamwork for social change in a marginalized camp.

4.2. Limitations

The first limitation of this qualitative study is related to time constraint. Delays in attaining IRB approval reduced the data collection period from 8 to 4 months. Funding and barriers such as limited access to internet and electricity also limited the research. The student researcher gathered data in Kreyol and transcribed into English, which is not his native language. This study was the researcher's first study conducted in the field of qualitative research. However, mentors with qualitative training supported the student researcher. The fact that this research was a retrospective collection of memory could bias the results. The researcher was a camp resident, a camp leader and also a ZL staff member, so, as mentioned in the methods, this account reflects his experience as a participant, and is not an entirely objective study.

5. Conclusion

This study aimed to describe the activities conducted by ZL in PJMV from January 2010 to January 2012. An NGO's approach to humanitarian aid will depend on the NGO's philosophy, mission, and model. The researcher argues that a successful response to disaster will involve key factors including partnership, collaboration, and teamwork through close dialogue and coordination between NGOs, community organizers, military personnel, the local government, and the camp communities (local communities).

This qualitative study places the experience of PJMV in the aftermath of the earthquake into the context of structural violence that the residents had experienced in the red zone of Cité Soleil. The PJMV camp grew out of the Cité Soleil community, whose designation as a red zone affected people mentally and impeded those people from fulfilling their rights and prospering in their communities (Kleinman, Farmer, Becker, and Keshavjee, 2012). This situation of structural violence extended to PJMV where the camp residents had limited access to health services and other necessities such as water, food, tents, sanitation, school, and protection. The model of accompaniment allowed ZL to assist PJMV residents to decrease the structural violence. Together with ZL and other partners, the camp committee would develop many activities to have a healthy camp, create more jobs, and to ensure capacity building for long-term sustainability. This accompaniment also promoted partnership in and out of the camp, and engendered community participation and community empowerment, and visibility and perception change for the camp. The complexity of accompaniment in a humanitarian aid context and the challenges of addressing structural violence in that context was a factor in carrying out the process of accompaniment. When ZL needed to end its involvement in camp activities, a lack of communication and coordination caused unintended consequences including anger and resentment. However, despite these unintended consequences, the lasting impact of accompaniment helped the camp residents and leaders to continue serving PJMV. Again when the time came to be relocated, the capacity built through accompaniment would permit the camp residents to bring the skills they acquired in the camp to their communities in order to continue decreasing structural violence.

This paper illustrates and advocates the need for NGOs, local government, and local communities to be more effectively engaged in collaborative work after a natural disaster. After the Haitian earthquake in 2010, evidence shows that preparedness, response, designs, implementations and closure of the NGOs project could be improved and evaluation and follow up with sustainable projects should be done. There is a considerable lack of experienced and trained professionals in disaster preparedness and response. Communication and coordination are very important and should be improved to avoid unintended consequences. In contrast good lessons have been learned from the accompaniment provided by ZL in

PJMV in term of job creation, capacity building, community empowerment, and productive partnerships between NGOs, the local government, and the local community to decrease structural violence in PJMV.

This study aims to describe the activities conducted by ZL in Park Jean Marie Vincent and understand how aid was prioritized and how it evolved. The significance of this study is to promote better collaboration between the local government, the population affected by the disaster, and the NGOs. The researcher hopes that this project will allow advocacy for better social justice, better humanitarian aid, and better collaboration between local community, local government, and NGOs for millions of internally displaced people in the world who seek life with dignity, humanity, safety, and basic human rights.

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Appendix 1. Timeline of events described

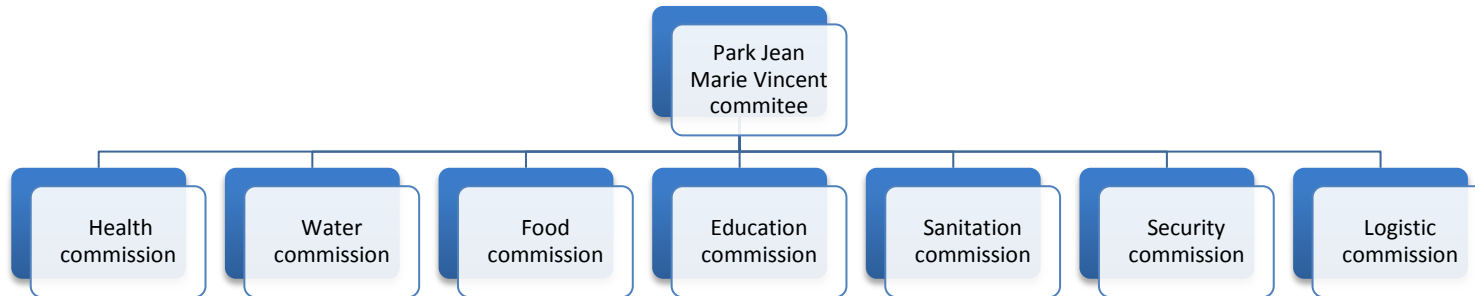
Year	Start date	Name of event	Partnering organizations
2010			
	January 12	PJMV IDP camp opens	
	January 18 (approx.)	Ministry of Health (MOH) meeting	ZL staff, other NGOs staff, the General Director of the Haitian Ministry of Health
	January 21	Meeting at the Dr. Aristide Foundation	ZL staff, the director of Dr. Aristide Foundation, the Haitian doctors volunteers, and Dr Dubique
	January 21	Follow up meeting at PJMV camp	In the afternoon ZL Staff (Dr Lambert, Dr Pierre Paul, and Dr Maxo Luma) met Dr. Belizaire (Dr. Dubique's wife) at PJMV IDP camp
	January 22	Rapid needs assessment in PJMV IDP camp	Dr. Louise Ivers (PIH), Dr. Pierre Paul (ZL), and the camp committee
	January 25	Water purification project begins	ZL staff, Operation Blessing staff, the water camp commission
	January 25	ZL begins activities in PJMV IDP camp	ZL, camp committee
	January 25	ZL health clinic opens	ZL staff, Dr. Ivers, and the camp committee
	February	Food distribution	First Dr. Ivers met with World Vision staff. After World Vision staff would met with the camp committee, and Dr. Dubique.
	March	Human rights assessment research begins	Combite Pour la Paix et le Development, Local organization and Dr. Ivers
	April	ZL/ PRODEV School begins	ZL staff, camp committee, and PRODEV staff
	May	Tent village construction begins	The camp committee, the Handicapped persons association, ZL staff
	May	Food distribution	WFP, Samaritan Purse, US Military, Dr. Ivers, the camp committee, and Dr. Dubique
	May	Sanitation activity begins	
	June	Sanitation activity completed	
	June	Tent village construction completed	
	August	ZL/ PRODEV School ends	
	September	Human rights assessment research ends	
	November 8	Cholera detected in PJMV	ZL Community Health Workers
	November – December	ZL Cholera Treatment Center established	British Red Cross, ZL staff, the camp committee

Timeline of events described (continued)			
2011			
	January 12	Memorial service held	ZL staff, Dr. Ivers, and the camp committee
	January	ZL school opens	ZL staff, Dr. Ivers, and the camp commission of education
	June	ZL school closes	
	October	ZL/ PAGEDEV education project begins	PAGEDEV staff, ZL staff, and the camp committee
	November 30	ZL ends support to PJMV health clinic (one month earlier than the planned end in December, 2011)	
2012			
	March	ZL ends activities in camp	
	March	ZL ends support for Cholera Treatment Center	
	November	Relocation of PJMV residents begins	
2013			
	November	Relocation of PJMV residents finishes, camp closes	
Projects that continue at time of publication, May 2014			
		ZL/ PAGEDEV education project	
		Water purification project	

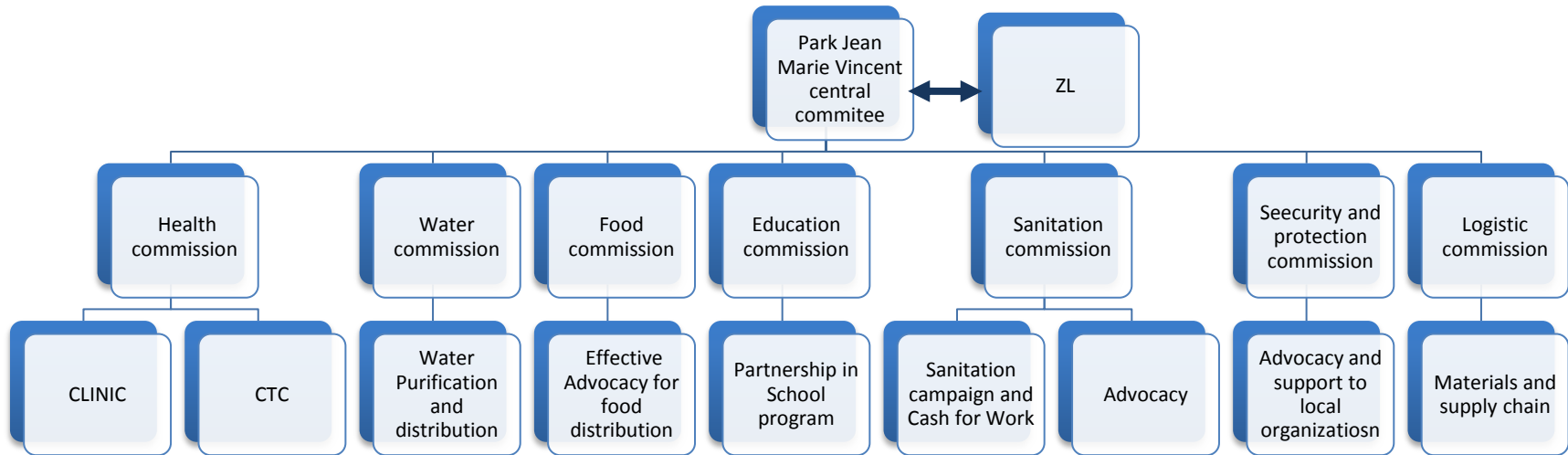
Appendix 2. Partnerships

Sector	Partners <i>All activities below included the camp committee and ZL as partners</i>
Health	1) UNICEF (Nutrition) 2) British Red Cross (CTC) 3) Handicap International (Prosthesis)
Water	4) Operation Blessing
School	5) PRODEV 6) PAGEDEV
Tents	7) Shelterbox Foundation
Food	8) World Vision 9) World Food Program 10) Samaritan Purse 11) US Military
Sanitation	12) US Military 13) IOM
Security and Protection	14) CPD 15) US military 16) UNFP 17) Clinton Foundation

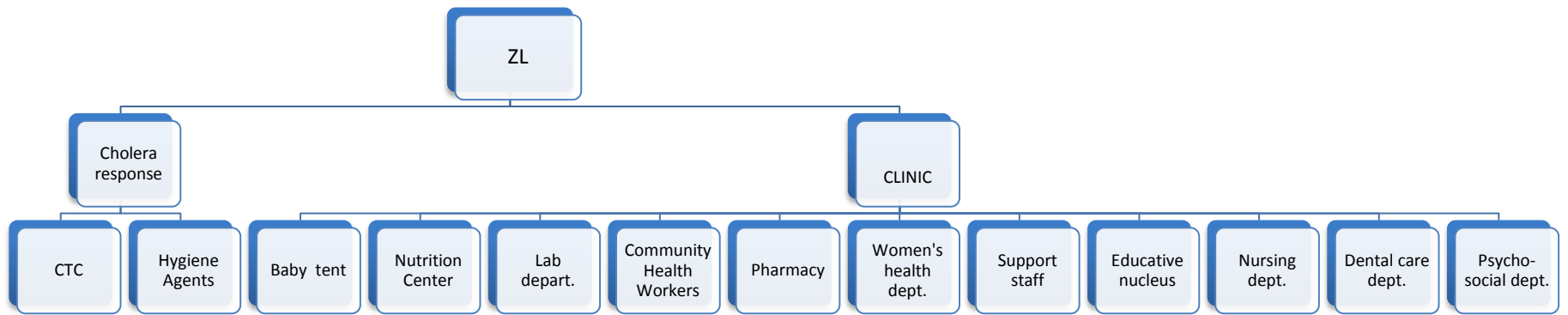
Appendix 3. Structure of PJMV camp committee and commissions



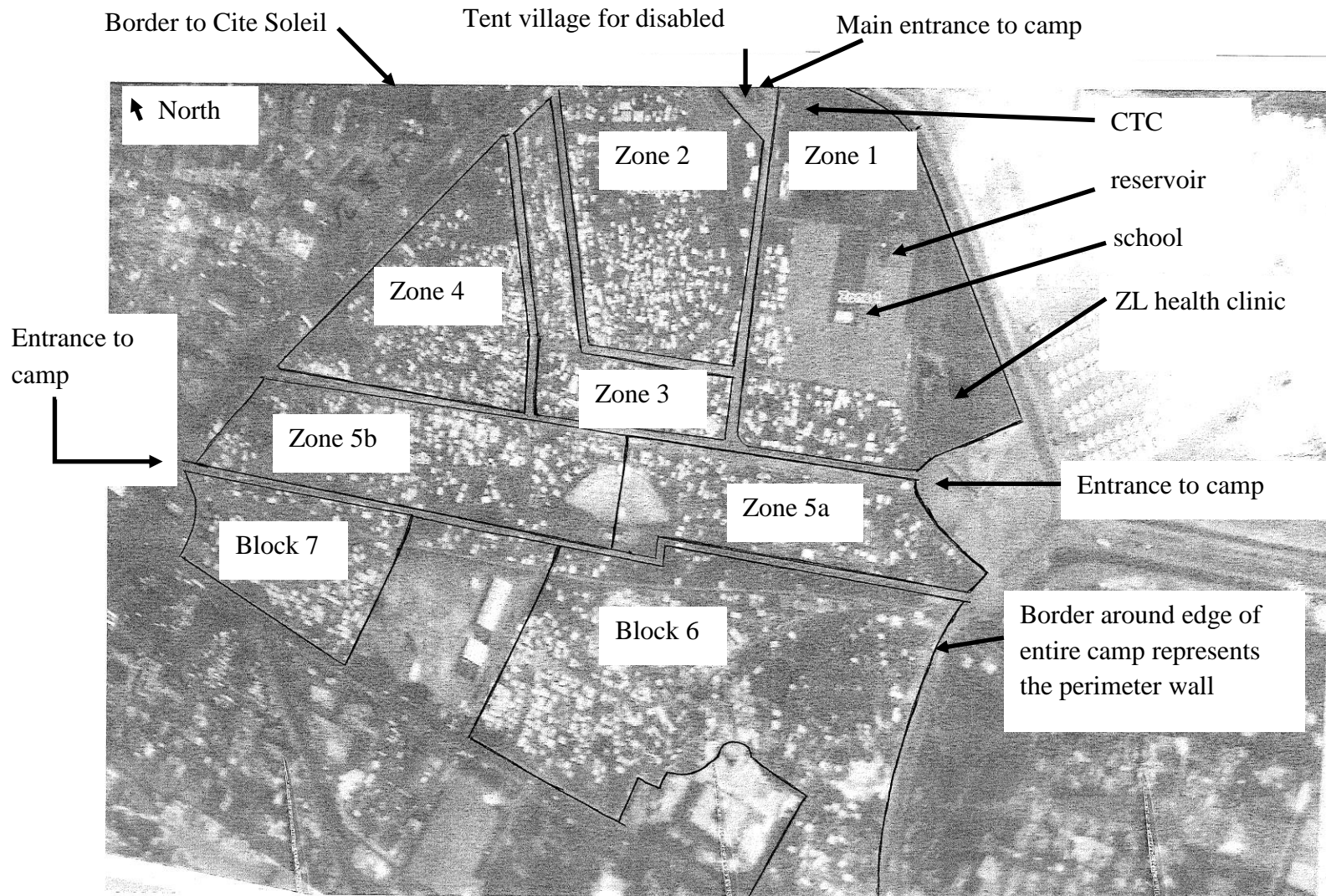
Appendix 4. Interaction between ZL and PJMV camp commissions



Appendix 5. Structure of ZL health activities



Appendix 6. A satellite view of Park Jean Marie Vincent



The PJMV camp is divided into 5 zones: zone 1, 2, 3, 4, 5a, 5b and 2 blocks: block 6, and block 7. In the east we have in zone: We have one principal entrance, ZL clinic, ZL/Prodev School Program, ZL/Operation Blessing water purification project reservoir and Zanmi Lasante CTC.