



LAWYERS WITHOUT BORDERS  
**AVOCATS SANS FRONTIERES**  
ABOGADOS SIN FRONTERAS  
Canada



# MEETING THE NEEDS OF VICTIMS OF CHOLERA IN HAITI

FEASIBILITY OF AN INDIVIDUAL ASSISTANCE APPROACH FOR PEOPLE  
MOST AFFECTED BY THE DISEASE

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## SUMMARY

Project: "Access to Justice and Fight against Impunity in Haiti"



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# PREFACE

In October 2019, the UN will conclude 25 years of peace operations in Haiti. Since deploying to Haiti in 1993 to lead the legal department of the then UN/OAS mission I worked for UN peace operations in Rwanda, Kosovo and Darfur, among others. In that time, I have witnessed important UN peacekeeping successes, including crucial progress in building the Haitian National Police and creating a judge's school for the first time in Haitian history. But the record of UN peacekeeping in Haiti also has some grave failures, most significantly the introduction of cholera from a UN peacekeeping base in 2010.

The UN's introduction of cholera to Haiti resulted in indescribable suffering and had and continues to have devastating effects on the country. The UN's subsequent refusal to admit responsibility compounded the harm, deeply damaging the image of the United Nations in Haiti, and the credibility of UN peacekeeping globally. It was a betrayal of our common promise to protect the most vulnerable and promote human rights for all. In 2016, when the Secretary-General finally apologized for the UN's role in the epidemic, he rightly stressed that the "tragedy has cast a shadow upon the relationship between the U.N. and the people of Haiti. It is a blemish on the reputation of U.N. peacekeeping and the organization worldwide."

As the UN transitions to a Special Political Mission in Haiti in 2019, both the legacy of UN peacekeeping in Haiti and the credibility of the United Nations' ongoing presence in the country will be in no small part determined by the Organization's response to the cholera crisis, including to the victims whose lives have been devastated by the epidemic. If the UN truly stands for the rule of law, then it must hold itself to the same standards of accountability, transparency and respect for human rights that it demands of others.

This study, carried out by Lawyers without Borders Canada, in collaboration with the Interuniversity Institute for Research and Development, has a critical role to play in helping the UN craft a fair and successful response in Haiti. It is the first study to outline the impacts of cholera on affected families and communities and to set out the perspectives and priorities of victims themselves on what they hope to see from the UN, including on the crucial question of whether assistance should take the form of community projects or direct payments to victims and survivors. The study also undertakes a detailed feasibility analysis of what an individual assistance package for cholera victims could look like, concluding that a mix of individual payments and community projects is both possible and desirable to respond to the physical and economic damages victims have suffered while simultaneously honoring their dignity.

The study provides a realistic and feasible road map for the UN to uphold its responsibility to provide fair redress to civilians killed or injured in the course of peacekeeping operations. More specifically, it gives decision-makers the necessary tools to follow through on the commitments made in 2016 to assist cholera victims and redress their suffering under the auspices of the UN's "New Approach to Cholera in Haiti." For the past two years, decisions about how to implement the "New Approach" have been made without robust, transparent information on victims' needs and the feasibility of direct payments. This study fills this gap, providing crucial policy guidance to those who want to see the UN come out on the right side of history in Haiti.

A fair response to cholera is critical to the UN's future in Haiti, but not only in Haiti. The UN's actions will send a message worldwide about its readiness – or lack thereof – to accept responsibility for its actions, especially when those result in harming the very people the UN has promised to protect. At a time when the principles and values of the United Nations are increasingly under attack, the UN should seize this opportunity to demonstrate a model for practical, meaningful accountability in its operations. It is no exaggeration to say that faith in the promise of UN peacekeeping lies in the balance.

A handwritten signature in cursive script that reads "William D. O'Neill".

**Bill O'Neill**  
Independent Consultant

# PROLOGUE

Since cholera was brought to Haiti in October 2010, over 9,800 persons have died and over 820,000 Haitians have contracted the disease of which the country had been free until then. The loss of these thousands of human lives and the extensive suffering caused by the epidemic are a real tragedy, from which Haitian society is still struggling to recover to this day. Those who have survived the disease or who have lost loved ones to cholera can only overcome this ordeal with appropriate assistance that respects their dignity, their needs and their rights.

This study shows that the package of material assistance and support for victims, set out in the UN document *A New Approach to Cholera in Haiti*, can be implemented using an approach that focuses on the rights, needs and priorities of the victims. Such an approach is in line with prevailing practice in similar contexts as well as international human rights standards developed by the United Nations.

The UN is not only bound to enforce and implement these international standards, it must itself respect and apply them. It must ensure that its actions are guided at all times by the principles and goals set out in its founding charter. That is why UN Secretary-General Ban Ki-Moon said in 2016 that the cholera epidemic is a test of the UN's commitment to the most vulnerable: *«At a time when so many of UN values and principles are under threat, the Haiti cholera challenge represents an important test. It is a test of our commitment to the most vulnerable. It is a test of our long-standing relationship with the Haitian people. It is a test of our ability to demonstrate compassion while preserving our ability to do good in many other places around the world. It is a test of our collective responsibility for the crucial endeavour of peacekeeping.»*

Since 2016, a number of steps have been taken by the United Nations to acknowledge and respond to the suffering of the victims. The Secretary General apologized to Haitians for the wrong caused to them by cholera and affirmed that the United Nations bore moral responsibility to the victims. The UN has created a voluntary trust fund to respond to the cholera crisis, in addition to presenting its New Approach to Cholera in Haiti. Through this New Approach, the UN commits to placing victims at the centre of the process, to consulting them on the procedure to follow and to evaluating the feasibility of an individual approach to assistance for cholera victims. These efforts demonstrate the UN's commitment to meeting the needs of communities most affected by cholera. Several factors will determine whether this process is successful in addressing the suffering of the victims and rebuilding the UN's reputation, including the adoption of symbolic measures to reflect the UN's regret.

Furthermore, additional assistance to complement the community initiatives is required to provide specific relief for the plight of the most severely affected victims. In fact, the human tragedies caused by the cholera epidemic are unfortunately perpetuated over time. These tragedies are those of the children whose future opportunities have been severely curtailed by the loss of a parent, the women who have become single parents following the death of their spouse, the individuals who continue to suffer from physical or psychological distress and those whose access to health care is limited.

Righting the wrongs caused by cholera in Haiti entails significant challenges and risks. It means setting up an inclusive, fair and rigorous process to respond to the sometimes different needs of individuals and communities, identifying victims where documentation is limited and systematic medical diagnosis is absent, mitigating the risk of conflict within families and communities, convincing Member States to contribute financially to the reparations program, optimizing limited financial and administrative resources.

Because there has been little to no analysis of these themes, Lawyers without Borders Canada, in collaboration with the Interuniversity Institute for Research and Development (INURED) and with the contribution of lawyers at the Institute for Justice & Democracy in Haiti (IJDH), prepared this feasibility study of an individual approach to assistance for victims of the cholera epidemic. In light of the results of this study, we find that it is possible to set up an individual assistance component for the most severely affected victims of the Haiti epidemic, while taking into account the practical challenges associated with it. Such a component should be introduced as a complement to the community initiatives supported by the UN in the communities most affected.

Since the second component of the UN's *New Approach* aims to acknowledge the suffering endured by the Haitian people and effectively combat the harmful effects of cholera on individuals, families and communities, the voices of the victims must be central to its implementation. That is why a victim consultation process was conducted by INURED in a number of communities across the country that were affected by the disease. The results of this survey show that the victims and the members of the communities hardest hit by cholera would prefer a mixed approach that combines individual assistance, in particular for those most affected by the cholera epidemic, with collective measures.

Having made that determination, LWBC and its partners analyzed the feasibility of an individual component for these categories of victims, based on semi-directed discussions conducted in three (3) communes of the country and in Port-au-Prince, and on interviews with specialists who have contributed to the design or implementation of similar programs in Haiti and elsewhere.

This study forms part of the LWBC's project *Accès à la justice et lutte contre l'impunité en Haïti (Access to Justice and Fight Against Impunity in Haiti, AJULIH)*, which aims is to strengthen the protection of human rights and contribute to improving access to justice for persons in situations of vulnerability. Its intention is to offer the United Nations, the Haitian State, potential financial contributors, Haitian civil society and any other involved or interested parties the information and analyses at our disposal with respect to victims' expectations and the feasibility of an individual component that would complement the collective measures being implemented by the UN. The hope is that it can be a tool to help make informed decisions based on complete and reliable information.

We hope that it will allow the United Nations, Member States, the Haitian State and financial contributors to consider the full range of possible measures to respond to the needs and fundamental rights of the victims of cholera.



**Pascal Paradis**  
Executive Director, ASFC

# SUMMARY

Lawyers without Borders Canada and its partners present this study, which analyzes the feasibility of including an individual approach as part of a package of material assistance and support for cholera victims in Haiti.

In this study, LWBC focuses on the needs, expectations and priorities expressed by the victims, and puts forward practical means of identifying them and verifying their information as well as a simplified, accessible model for dealing with requests from victims in an efficient and fair manner. A package of material assistance and support, that combines a collective approach with specific support for the victims most affected by cholera, would take into consideration the victims' expectations, as expressed in the course of this study, comparative experiences, international human rights standards and the commitments of the United Nations (UN) under its *New Approach to Cholera in Haiti*.

Following an analysis of the benefits, risks and practical challenges of such an approach, LWBC makes recommendations for an appropriate response to the plight and needs of victims. These proposals are addressed to the actors responsible for implementing the UN's *New Approach*, the UN's Member States, potential financial contributors and the Haitian State, and are likely to be of interest to representatives of civil society organizations, cholera victims and the Haitian public in general. We hope that this tool will contribute to the development and adaptation of mechanisms that can adequately take into account the particular needs of victims as well as the gender-specific impact of the disease.

This study is part of the project *Accès à la justice et lutte contre l'impunité en Haïti (Access to Justice and Fight Against Impunity in Haiti, AJULIH)*, a project implemented by LWBC. The study was conducted in collaboration with the Interuniversity Institute for Research and Development (INURED) and benefited from important contributions from lawyers at the Institute for Justice & Democracy in Haiti (IJDH).

## BACKGROUND

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In 2004, the UN Security Council (SC) passed Resolution 1542 establishing the United Nations Stabilization Mission in Haiti (MINUSTAH). In October 2010, a contingent of Nepalese Blue Helmets was deployed to Haiti, in the Meille zone in the district of Mirebalais. At that time, cholera was endemic in Nepal. On October 21, 2010, the Haitian government confirmed the presence of the cholera virus that was spreading at an alarming speed. On November 19, 2010, the Ministry of Public Health and Population (MSPP) declared that the epidemic had spread to all departments in the country.

At present, although its incidence has decreased significantly, the virus remains present in Haiti and continues to claim victims. According to the MSPP's official records, 4000 new cases of cholera were reported in 2018, including nearly 50 deaths. As of January 2019, the total number of victims of the epidemic in Haiti since its outbreak stood at almost 820,000, including more than 9,800 deaths.

Scientific studies on the source of the disease came to the same conclusion: the Nepalese peacekeepers introduced cholera into Haiti by discharging waste water from their camp into the tributaries of the Artibonite River. On August 19, 2016, the UN acknowledged its moral responsibility for the epidemic, and on December 1 of the same year, made an official apology to the Haitian people and introduced its *New Approach to Cholera in Haiti*.

The *New Approach* aims to "intensify efforts to eliminate cholera from Haiti and provide assistance to those most directly affected," and proposes a two-pronged action plan. The first component is divided into two axes dealing with: 1) the eradication of cholera in Haiti and access to health care and 2) access to water, sanitation and health care in the longer term. The second component of the *New Approach* aims to provide material and financial assistance to the victims hardest hit by the epidemic, their families and their communities. It also includes two possible areas of focus: a community-based approach and an individual approach.

When it was presented, the *New Approach* included the possibility of providing direct financial assistance in the form of payments to the families of deceased cholera victims in addition to the establishment of community-based assistance programs. In this sense, the *New Approach* recognized the need to conduct a more in-depth examination on the feasibility of such measures, "in the light of the major challenges, risks and obstacles" they raise, and committed to consulting the victims with a view to developing the assistance package.

However, so far, there has been no public feasibility study of an individual approach and the UN appears to be gradually moving towards a strictly community-based approach. The victims most affected by cholera have not participated in a consultation process on the possibility of including an individual component in the package of material assistance and support, and on their needs, expectations and priorities as to how best to address the suffering they have personally experienced.

## RESULTS OF CONSULTATIONS WITH VICTIMS

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### a) Impact of cholera in Haiti

The discussion groups and individual interviews conducted by INURED reveal that the disease has had physical, psychological and economic consequences for victims and that the impact has been even greater on children.

The study highlights the significant economic impacts suffered by victims and their families and their centrality to the perceived suffering of victims, many of whom have lost their family breadwinner or are unable to recover financially from significant debt. The study also highlights how cholera has had a disproportionate impact on some groups, thus contributing to the further marginalization of certain populations in situations of vulnerability (PSVs). This is particularly the case for families in precarious financial situations, children and women and girls.

### b) The hardest-hit victims of cholera

Recognizing that cholera has not affected all individuals in the same way, the victims believe that the assistance offered should reflect the different levels of suffering. According to the victims, the "hardest-hit victims" are the family members of the deceased, particularly

women, children and individuals who have lost the family breadwinner. Although some victims consider that cholera survivors are the “second hardest-hit victims”, they believe nonetheless that assistance for survivors should be less than that for the family members of individuals who lost their lives to cholera.

### **c) Individual approach: benefits and risks**

Thus, the victims emphasized their general preference for a mixed approach that would include both individual and community components. In addition to meeting human rights standards and the standards applicable in other similar situations that require large-scale assistance programs, an individual approach would, in the victims’ opinion, take into account the specific and personal suffering of those who have been and continue to be disproportionately affected by the cholera epidemic, the economic impact as a central element of their suffering and the existing disparities between the different categories of victims.

They also expressed specific preference for assistance implemented through unconditional cash transfers. The study shows that this type of assistance has multiple benefits for the beneficiaries and for society at large: meeting the specific needs of the beneficiaries and providing greater access to essential goods and services, economic stabilization and financial autonomy in the longer term, reducing social inequalities and the poverty level and improving the general living conditions of the population. When implemented in a complementary manner, cash transfers make it possible to overcome certain weaknesses in community programs.

Aware of the difficulties related to victim identification and access to official documents, the victims consulted stressed the importance of taking into account the risks of under-inclusion and re-victimization. They also highlighted the risks of fraudulent claims and corruption.

The victims also acknowledged that the introduction of an individual approach may give rise to family and community conflicts. The victims believe that the main risks of family conflicts would lie in the determination of parentage and the equitable distribution of assistance among family members. For this reason, the victims would prefer the assistance to be disbursed directly to all members of the immediate family, while recognizing the practical and administrative difficulties associated with such an approach. However, if they were asked to choose a family representative, they would recommend that the funds be distributed through the family breadwinner or the surviving spouse.

In this sense, victims argue that the feasibility of implementing this individual component would depend primarily on the ability of the United Nations to establish a rigorous and inclusive system of beneficiary identification and assistance distribution, thus mitigating the main risks of over-inclusion, under-inclusion and community and family conflicts that may arise.

### **d) The community approach: benefits and risks**

According to the victims, any recommended package of material assistance should necessarily include a collective component, since it would be necessary to adequately take into account the profound consequences of cholera on Haitian communities and society in general. Collective approaches can reach a significant number of victims while being implemented through relatively simple and light measures. Implemented in conjunction with an individual component, the community approach could serve as a risk mitigation mechanism, particularly with respect to community and family conflicts.

However, the victims also pointed out the disadvantages of the community approach, particularly if it is not accompanied with an individual component. They feared that a community approach would have limited and short-lived effects, mentioned the high risk of corruption and poor management and expressed little confidence in local institutions and actors.

The victims believe that community programs would not be enough to satisfy their needs, priorities and expectations or to specifically reach those persons considered to be the most severely affected. According to them, community programs fail to recognize the private and personal nature of their suffering and do not take into consideration the specific assistance they need. The victims believe that a collective approach implemented in isolation is likely to generate resentment among the most severely affected victims and significant family and community conflicts, as well as contribute to the exacerbation of existing social inequalities.

In short, they see the community and individual approaches as equally relevant and complementary. When implemented jointly, both approaches would allow for better management of their needs and allow each approach to balance the risks associated with the other.

## FEASIBILITY OF AN INDIVIDUAL APPROACH

The feasibility of an individual approach is based on several fundamental elements, including the ability to: 1) adequately assess the parameters by which a person can be considered to have contracted or died of cholera, 2) identify these persons from the limited information available and verify their information, 3) develop and implement an accessible, affordable and relatively reliable mechanism to decide effectively and fairly on possible claims, and 4) design a mechanism that includes strategies to mitigate the risks of community and family conflict and the risks of over-inclusion and under-inclusion of victims. In this regard, experiences with similar programs set up in other contexts provide interesting models and valuable lessons for the possible design of a mechanism adapted to the Haitian case.

In accordance with the practices observed in similar situations where resources are limited, the victims identified the need to give priority to the “hardest-hit” victims as beneficiaries of this more direct material assistance. They specifically identified as priority beneficiaries the immediate family members of individuals who died from cholera, with particular attention to women, children, youth and family members who suffered significant economic harm as a result of the loss of a breadwinner. Some of them also identified cholera survivors as a second priority group, particularly those who continue to suffer significant sequelae, although they acknowledge that this second category of victims should receive less assistance.

### a) Identification of victims

Considering the evolution of the disease at the national level, this study points out that, given the incidence of the disease during the peak epidemiological period (between 2010 and 2013, and particularly from 2010 to 2011) and the information gaps during this period, anyone who showed clinical signs of cholera (and therefore met the official definition of a «suspected case» according to the MSPP) could be presumed to be a victim of the disease according to the balance of probabilities standard. As the incident rate of the disease began to decrease gradually from 2014, the probability that a patient with signs of the disease actually had cholera also began to decrease, in proportion to this epidemiological evolution. The significant reduction in the number of cholera cases from 2017 onwards led the authorities to institutionalize new and more rigid criteria in order to conclude that there is a «suspected case».

Thus, the study suggests that the medical and practical considerations underlying the official definitions of a suspected case of cholera provide relevant indications for deciding on victims' applications and determining their status.

With respect to deaths, the study argues that any person 5 years of age or older who died approximately one week after admission for a suspected case of cholera or demonstrating clinical signs of the disease should be considered a cholera-related death. For children under 5 years of age, the case is more complex, as deaths associated with other diarrhoeal

diseases are more frequent in this age group. Relative probabilities can be assessed in light of whether or not the child has been in contact with a suspected or confirmed case of cholera and whether there has been a confirmed outbreak in their locality. The fact that a Rotavirus vaccination campaign has been carried out in the child's area of residence could also be an indication of a high probability of cholera infection.

### **b) Victim identification system**

This study examines how it might be possible to develop a system to identify victims and verify their information. The most important source of information from the formal system that could be mobilized would come from cholera patient care facilities, which have kept records containing the names and information of admitted victims and have notified the state of cholera-related deaths, as required by Haitian law. In this sense, the most promising information would be available at the local level - directly from the Cholera treatment centers and the various pre-existing structures of the Haitian health system - as well as at the regional level from the departmental health departments.

There are certain limitations to the data these sources may have. The data is likely to be uneven and incomplete, particularly in the early years of the epidemic, when the formal system was saturated. In addition, although initial investigations confirm that these facilities did comply with the requirements of Haitian law, differences are to be expected in the extent and quality of the information available and the storage methods. Some victims may have provided a false identity upon admission in order to avoid stigmatization, although this risk would concern a limited number of victims.

Notwithstanding these limitations, the information held by these cholera treatment facilities is promising and could be compiled in a consolidated database and used as a primary source to identify victims and verify their information.

However, it will be necessary to complete the existing official data with information held by other sources of identification and verification, including by mobilizing community structures and informal information networks. This is particularly true for non-institutional victims. Based on the various field interviews conducted as part of this study, several key community actors appear to have played a role at different levels in the management of cholera in Haiti and would therefore have relevant information for this identification and verification exercise.

The study reports on the existence of community structures, based on large and complex multilateral information exchange networks, which would contain information essential to the implementation of a victim identification process. These networks are particularly well established with regard to spiritual authorities (Christian and voodoo), some of which have even set up specific structures with the help of their members to monitor and collect data on cholera-related illness and death in their area. As such, these community actors and their respective information networks could potentially play a fundamental role in collecting, consolidating and verifying data on these victims at different levels of the country's administrative and community organization: housing, towns, communal sections or communes, particularly with respect to non-institutional victims.

### **c) Proposal of a model for deciding on applications**

The study proposes avenues for the development and effective implementation of a model for deciding on victims' applications. These proposals relate to: 1) the determination of beneficiaries; 2) the applicable standard of proof and the types of admissible evidence; 3) the specific steps in a possible process for filing and deciding applications; 4) the determination of the amounts of assistance and methods of disbursement.

Two options are suggested for the determination of beneficiaries: 1) a procedure that allows applications both by relatives of deceased persons and surviving victims (more inclusive and fair, but also more costly and complex); 2) a mechanism focusing specifically on the relatives of deceased individuals, but providing adequate funding for the specific needs, priorities and expectations of survivors by way of the community component of the response.

Given the existence of complex family structures in Haiti, excessively rigid criteria as to who 1) submit a claim; and 2), qualifies as a beneficiary as a relative of the deceased person would prevent a significant portion of victims and their families from accessing the process. As such, any member of the victims' immediate family - partners (official or otherwise), children (biological or otherwise) and parents close to the deceased - should be entitled to submit a claim and be considered as a potential beneficiary under the package. The modalities for dividing the amount allocated between family members should be fixed and predetermined to limit the risk of conflict.

As for the applicable standard of proof, the study proposes that the balance of probabilities standard be used, in that it would allow both a fair and rigorous determination of victims' claims. While medical and practical considerations suggest that, for survivors aged 2 or over, victim status could be determined based on the official medical definitions used by MSPP at the relevant time period, differentiated consideration of victims' applications by time period would impose an excessive burden of proof on victims, contribute to the re-victimization of PSVs and significantly increase the complexity of the mechanism for processing applications. Therefore, survivors in this age group should be considered to be victims if they can show on a balance of probabilities that their situation met the definition of "suspected case" of cholera in effect prior to 2017.

With respect to deaths of persons 5 years of age or older, a presumption that the death was caused by cholera should apply if the applicants can show on a balance of probabilities that the death occurred about a week following reported symptoms. In more complex cases, such as the deaths of children aged under 5, the study emphasizes that it is possible to make up for limitations in proof by referring to circumstantial data, such as the severity of the symptoms, epidemiological data on outbreaks and any other relevant circumstantial information. In those cases, the study also proposes that a more flexible standard of proof be applied.

Applicants should provide proof of: 1) their identity, 2) their status as a victim, and, if applicable, 3) their relationship of filiation with the victim. As a majority of victims do not always have these types of documents in their possession, the system should not depend only on formal written proof. In general, the following evidence could be admitted: a national identity card or a declaration under oath by the applicant that he or she lacks documents; any documentation attesting to the illness or death, or a sworn statement by a witness coinciding with the applicant's account of the facts; documentary evidence relating to parentage, cohabitation or economic dependence, or testimony by a credible member of the community attesting to the family relationship.

In addition to an effective communication plan accessible to the population, the process proposed by the study to assist victims consists of six (6) steps: 1) filing the application and preparing the victim's file at the local level; 2) cross-referencing information at the regional level with data from the formal system; 3) verification of victims not registered in the formal system with local sources; 4) sending investigators for more complex cases; 5) the final decision rendered by a centralised unit; 6) the review procedure (only in case of manifest and decisive error).

Finally, the study proposes a process for determining the amounts awarded to victims, namely the use of statistical sampling to assess damages and set an amount per family. In a context of limited resources and given the large number of victims, it is clear that no amount would adequately address the multiple personal and gender-specific suffering of victims and the significant economic consequences associated with the disease. In this

regard, the amount of financial assistance, which is symbolic in nature, should be able to help beneficiaries overcome the most serious consequences of the illness or loss of a loved one. While a payment in the form of multiple instalments poses certain significant administrative problems, its spread over a longer period of time would reduce the risk of theft and fraud, while promoting better management of the sums by the beneficiaries and, in the long term, their stability and financial autonomy.

As to how amounts should be allocated between the family members of a deceased person, determining in advance the terms of the allocation for each family member would reduce the risk of family conflict by limiting the decision-making power of influential members. The findings of this study indicate that the amounts should be distributed first to the mother of the victim's children or to the victim's surviving spouse, her children and then to the victim's parents.

## RECOMMENDATIONS

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1. In accordance with international human rights standards and the guidelines set out in the UN's *New Approach to Cholera in Haiti*, the UN should ensure that the priorities, needs and concerns of cholera victims are considered and addressed, with particular attention to those of women and girls, when designing and implementing any form of material and financial assistance for them;
2. In view of the preferences expressed by the victims consulted, the UN should develop a mixed approach, including complementary collective and individual assistance components, to address the individualized suffering of cholera victims, to take into account the consequences of cholera on their communities and to mitigate the risk of family and community conflicts;
3. As part of the implementation of the package of material assistance, the UN should prioritize as beneficiaries the immediate entourage of people who have died of cholera, in particular women, children, youth and those who have lost a breadwinner in their families and suffered significant moral and economic damage; and consider survivors as the second priority group, in particular those who are still living with the consequences of the illness;
4. As part of the implementation of the package of material assistance, the UN should ensure that the collective component specifically takes into account the needs of the victims most affected by cholera, with particular attention to those of women and girls, as well as needs that cannot be targeted by a possible complementary individual component;
5. The UN should ensure that the package of material assistance and support addresses the needs of victims in a holistic manner through the use of symbolic measures to recognize the specific suffering of victims and the full recognition of its responsibility for the cholera epidemic in Haiti.
6. In order to identify and collect relevant information on cholera victims, the State should develop a database consolidating information held by patient care facilities, and mobilize community structures and informal information networks in order to complete and verify existing data, particularly patients and persons who died outside of official health facilities;
7. The UN should set up a simple, rigorous, transparent and inclusive mechanism adapted to the contextual realities of the country, including the complexity of family structures, by developing flexible criteria for determining who can be considered to be a beneficiary;

8. The UN should take into account the limited access to written evidence and encourage the use of a combination of physical evidence, testimony, contextual information and presumptions to establish victim status;
9. The UN should determine in advance the modalities and amount to be paid per family that allows, as far as possible, to overcome the harmful and differentiated consequences of cholera;
10. The UN should set up a process for consulting and involving victims and members of the communities affected by cholera at every stage of the design and implementation of an individualized assistance mechanism, and develop measures to encourage the participation of women and girls and take into consideration their specific needs arising from gender-specific impacts of cholera.



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