

Dérac Sustainable Community Development Baseline Report

BACKGROUND

Food For The Poor (FFTP), Food For The Poor Canada and Food For The Poor-Haiti (FFTP-H) in partnership with Alan Quesnel initiated a Sustainable Community Development Program in the area of Dérac, a locality in Fort-Liberté¹, in Haiti. This comprehensive approach to community development will engage a hundred and twenty (120) families, providing not only adequate housing construction and infrastructure improvements, but also essential interventions in capacity building, socioeconomic development, access to additional services and life skills trainings.

These interventions seek to improve the quality and stability of people's livelihoods, by addressing vulnerabilities, enhancing access to assets and strengthening the community's social and governance components so that residents realize their potential and thrive on their own.

METHODOLOGY

A household survey was conducted to determine baseline information related to key indicators in the community. The collected data allow FFTP to monitor the progress of key areas of interventions and the organization's effectiveness regarding the achievements made towards alleviating multidimensional poverty and long-term sustainability.

The survey was implemented by four people, who were trained on data collection using a mobile platform (SurveyCTO), in 120 households between May 13 and 15, 2020. The surveyors were supported by FFTP-H in the implementation and biosecurity measures due to COVID-19, and the local community leadership in logistics.

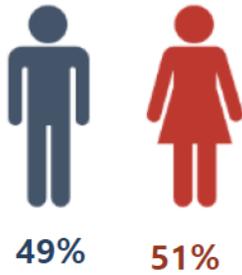
The FFTP questionnaire included different sections, starting with demographics and then covering three other key domains, which are:

- Fundamental Needs (questions related to housing, water and sanitation conditions; hygiene habits; food security; access to school and some basic health status and access)
- Income Generation Activities (questions related to main economic activities, income and asset ownership)
- Human Development (questions related to subjective wellbeing, personal capacity and community empowerment and participation)

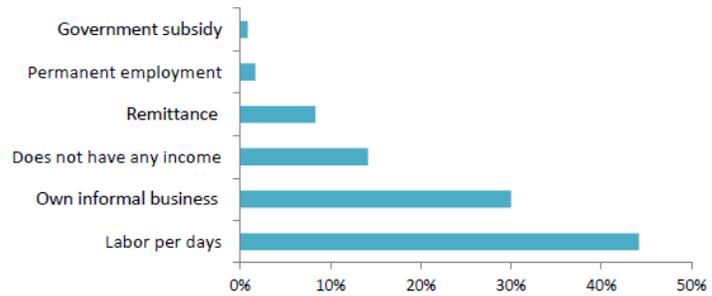
These three domains, comprised in 55 questions, show a current picture of the community and how it is progressing in the areas of development, which are included in the project. The next section shows the survey findings, which will serve as a baseline to compare it to the results, once the project is completed.

¹Fort-Liberté is a commune and the administrative capital of Nord-Est Department. It consists of four communal sections. Dumas is the one containing the town of Dérac, which is located approximately 236 km kilometers from Haiti's capital Port-au-Prince.

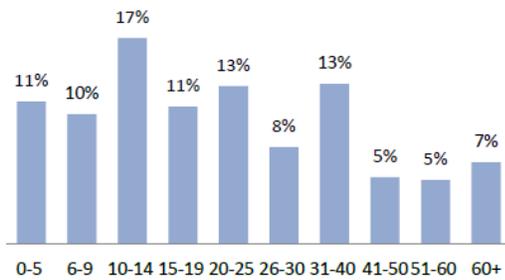
DERAC COMMUNITY PROFILE



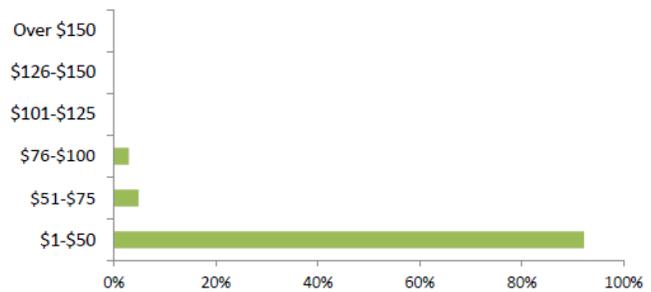
Main Source of income



Age Household



Average self-reported monthly income (\$US) N=103



PROGRESS TOWARD TARGETED GOALS



COMPONENTS	FFP TARGETS
Food & Nutrition	≥ 8
Housing & WASH	≥ 8
Education	≥ 8
Health	≥ 7
Income	≥ \$5 USD day
Human Development	≥ 7



Notes:

Sample size: 120 Households

Self-reported income included 86% of the total sample, 3% reported Zero No income at all, 10% does know know, 2% did not want to respond)

44% of Households reported having two sources of income, 42% one source and 14% no income source at all

*Income Data is incomplete because Income-Generating Activities (IGA) Intervention have not begun - only scores asset IGA's will be reported in a different score card

SURVEY FINDINGS

The following table is a summary of Dérac’s baseline on the project’s targeted components.

Table 1: Targeted components baseline in Dérac

Components							
Baseline	2.36	3.51	4.42	6.85	7.41	1.55	2.75

*Refers to income only. After market study, the target for the whole component will be set

FFTP’s Impact Scale

A graphic representation of the community’s integral progress towards the project components



The colors indicate their score against FFTP’s Impact Scale. A green score indicates successful progress towards the targeted outcomes, while gray demonstrates challenges remain.

1. Community Demographics

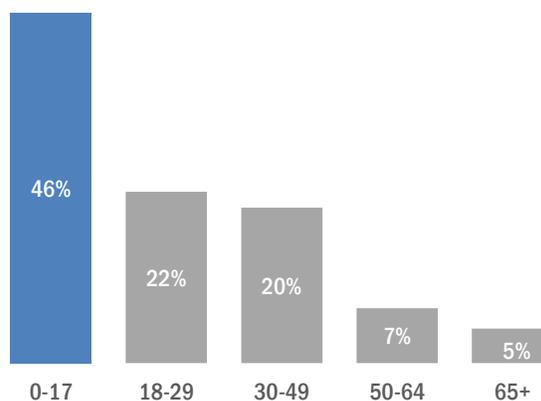
As mentioned earlier, 120 families in Dérac were surveyed. The average number of members in those families is 4 people. There are 23 families (8%) that have 6 or more people per household.

The proportion of women and men in the community is almost equal (51% of household members are female and 49% are male).



Graph 1 shows almost 50% of the community members are under 18 years old (of those, 12% are infants and young children ages 0 to 5 years old; 17% are children between 6 and 11 years old; and 17% are adolescents between 12 and 17 years old). Only 12% of people in the community are over 50 years old.

Graph 1. Age of household members (range)





The housing component includes the housing structure, elements of improved infrastructure and tenure security. The survey explores the roof, wall and floor materials used in the house, the number of rooms, and the sources of light and fuel used. Also, it explores if the inhabitants believe the house will withstand strong winds or severe rain and the proof of ownership.

The overall structural conditions of the houses in the community of Dérac are in critical condition. For example:

- 84% of households have a sheet metal roof. 58% have mud and earth walls, and 31% have cement walls. Floors are predominantly in earth and sand (75%).
- 50% use candles and 45% use liquid fuel or kerosene as a main source of light.
- 96% of the houses have either one or two living spaces.
- 47 families (39%) reported ownership of the dwelling, and 42 (35%) reported owning the land on which they live. In both cases, around half do not have a proof of ownership.
- 94% do not think their house could withstand strong winds or severe rain without any damage.

The following photographs show the housing conditions of the community:



This house is an example of how unstable many homes are in the community, and their inability to withstand severe rain or strong winds.



The use of inadequate materials is evident in these two pictures, as the walls start to crack, leaving space for wind, water and insects to enter.





2. Water, Sanitation and Hygiene Practices (WASH)



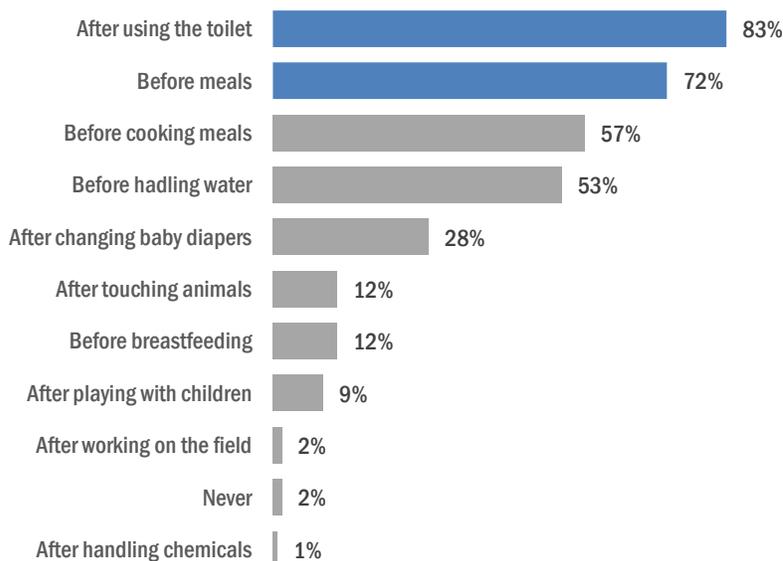
This component explores the source of water, water treatment and distance to water source. The sanitation includes access to toilets and waste management. The hygiene practices include handwashing practice (using soap) and other hygiene habits.

A total of 96% of the households do not have water in the house, most (95%) collect it from a public tap located in the community. Only 40% of the families store water in a closed container, which could offer some control from contamination. Additionally, 27% of the families do not apply any treatment to the water before drinking it. The remaining 73% of the families treat their water in different ways: chlorine tabs (52%), allow the water to settle before using it (12%), use a filter (7%) and 2% boil the water.

In terms of sanitation, 93% of the houses practice outdoor defecation, which brings additional challenges in terms of contamination and vulnerability to vector-borne diseases. Only 4% have latrines - in or outside of the house- and 3% use a communal latrine. Residual waters are disposed around the house (54%), into a local waterway (27%) and are used to feed the livestock (19%). Forty-three percent of the garbage is burned in a nearby area within the community, and 37% is discarded close to the house. The household food waste is mainly used to feed the livestock (38%), is discarded close to the house (37%) and burn (25%).

Hand-washing practices with soap are mainly done after using the toilet and before meals. The reported frequency is shown in Graph 2.

Graph 2. When do you usually wash your hands with soap?





This component includes access to health and self-reporting health status. For example, we explore the frequency of vector-borne diseases (e.g., as diarrhea, fever, etc.), and the frequency of serious illness in families. Also, we explore the distance to health centers and hospitals, and the affordability of medical fees and treatments, as well as the existence of enough medical supplies.

The community does not have a dedicated health center. For most people (68%), reaching the closest health center to treat basic needs takes them between 20 and 60 minutes. Also, 20% of the time a health center is visited, it does not have enough medicine to provide patients with adequate care, while 65% of the time access to medicine varied. The closest hospital to treat more severe illnesses is more than 30 minutes away from the community; furthermore, 59% report it takes more than 60 minutes. Reportedly, 87% of the households do not have the financial means to pay for medical care in case of serious illness or accident, and 12% could probably cover the treatment if money is borrowed. What is more, 63% of households reported they had gone without medicine due to a lack of income in the last four weeks before the survey.

Most households (65%) burn charcoal as the main fuel for cooking, while 32% use wood or other natural materials. These practices create outdoor air pollution since most households do not have an indoor kitchen or “dedicated” area for cooking. Besides, the use of charcoal fuel can pose respiratory health risks and a possible adverse environmental impact due to deforestation.

Regardless of this, only 3% reported having respiratory diseases (3 or more times) in the 4 weeks before being surveyed. This measure, however, is commonly underreported and requires medical tests, in addition to self-reporting, to be more accurate.

The most frequent symptoms experienced by children in the community were viral and bacterial indicators such as fever, cold-like symptoms, skin allergies and diarrhea. These health issues are often contracted through polluted water or poor hygiene practices.

Hypertension (57%), fever (18%), abnormal blood sugar levels (14%) and body pain (12%) were frequently mentioned as adults' most common ailments. Furthermore, 12% reported complications requiring a full day or more of bed rest. Fever and hypertension were mentioned more than twice.



This picture shows the lack of good hygiene practices in the cooking area.



4. Food and Nutrition/ Food Security

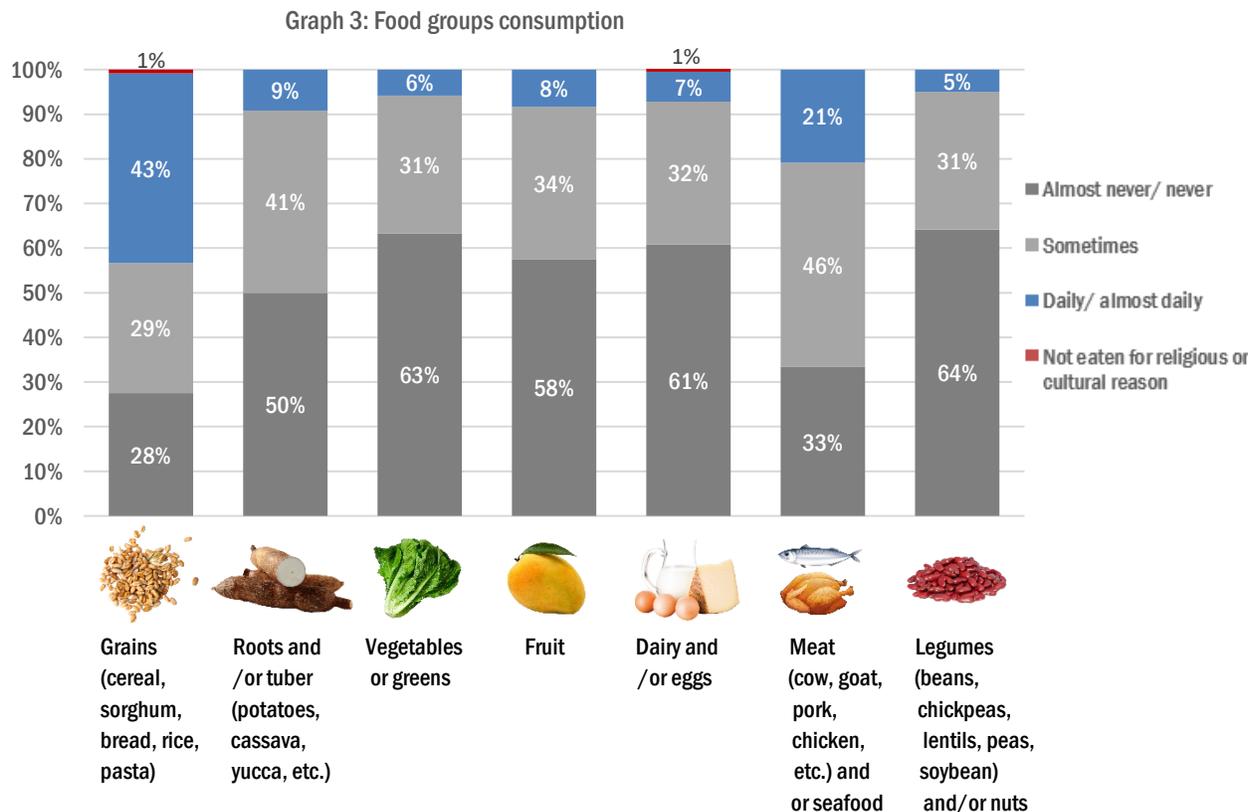


This component explores the frequency of food consumption, the access and stability of available foods, and the nutritional quality of food intake (e.g., food groups consumed per day, etc.)

Food insecurity is the concept associated with hunger, stemming from the uncertainties families face about their ability to obtain food. Most are forced to compromise on the quality and/or quantity of the food they consume. In addition, the lack of regular access to nutritious and enough food puts them at greater risk of malnutrition and poor health.

In Dérac, 98% of the households reported eating only one or two meals per day during the last month, 84% have frequently felt hungry at the end of the day and 16% reported that sometimes they have felt hungry because of insufficient food to eat. Furthermore, over 80% said they have reduced the portion size or number of meals per day due to not having enough food or money to buy it.

In regard to nutrition indicators, the community is not doing any better (see Graph 3). When asked about the frequency of food groups consumption, the following was reported: legumes 5%, vegetables 6%, dairy 7%, fruits 8%, roots 9%, meat 21% (mainly fish²) and grains 43%, are consumed on a daily or almost daily basis. Close to 60% reported they almost never or never consume any kind of vegetable, fruit, dairy/eggs or legume.



² Dérac is close to the coast; therefore, many household members are fisherman or have easier access to fish than people from other inland communities.



5. Access to School



This component explores children’s school attendance, available schools and distance from the household. It also explores school fees and supplies affordability.

A total of 21% heads of households did not complete any kind of formal education, 30% finished primary school and 38% had a high school diploma.

Of all surveyed households, 68% have children between 5 and 15 years old, who mostly attend school every day (84%) or every 3 to 4 days (14%). Most walk to the education center (90%), which takes them between 1 and 30 minutes each way (79%).

Most parents report they rarely can or are unable to afford school fees or supplies (86%).



6. IGAs and Assets/ Access to Financial Services

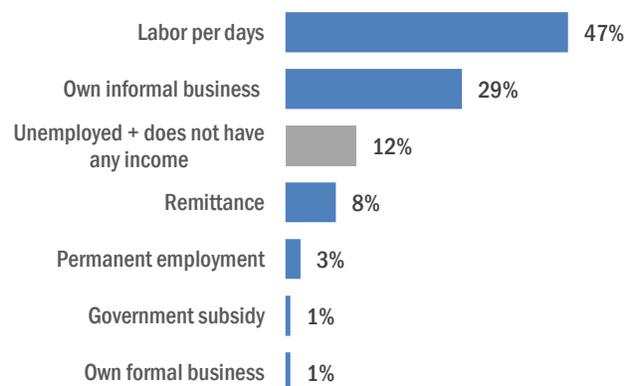


This component explores the non-farm assets, income lack and savings. Once the market study is completed, more in-depth information about income sources, productivity and management practices will be presented.

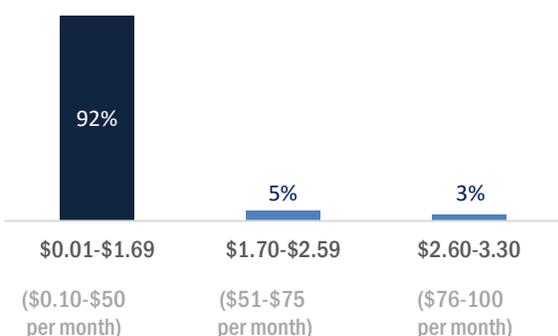
A total of 43% of the households is reported as having two sources of income, while 53% have only one source and 4% have no source of income at all. This income is mainly derived of informal labor (76%); whether it is working for others (47%), having their own informal business (29%) and 9% are unemployed (see Graph 4 for more details).

Most respondents reported receiving monthly incomes of less than \$50. On average, they receive \$23.42 per month, around \$0.72 per day (see Graph 5). Ninety-four percent of the households, which reported incomes, are below the national poverty line (\$2.41 per day). Moreover, 79% of the households are below the extreme poverty line (\$1.23 per day), see Graph 6.

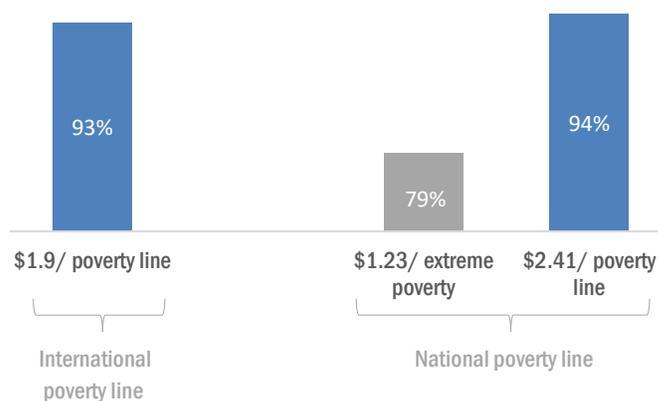
Graph 4. Main source of income



Graph 5. Average self-reported daily income (\$ US)



Graph 6. National and international poverty lines (daily \$ US)

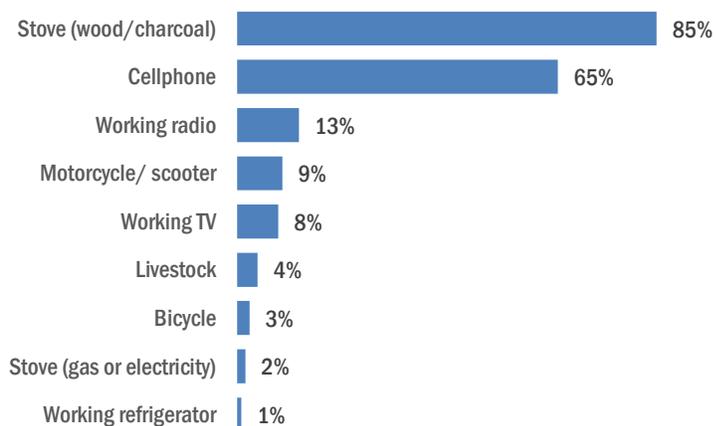


In terms of physical assets ownership, 85% of the surveyed households reported owning a wood or charcoal stove, 65% have cellphones, 13% own working radios and 9% have motorcycles.

Only 4% of the households own any form of livestock. The animals they own are chickens (3 families), goats (2 families) and pigs (1 family).

Eighty-five percent do not have any savings and, the ones who do, report an average saving of \$17 in total.

Graph 7. Asset ownership



7. Human Development



This component explores the subjective wellbeing (i.e., life satisfaction, autonomy over decision making, perception of the future and stability); personal capacity and resilience (i.e., personal motivation, goal setting, time management), and community empowerment and participation (i.e., trust in community leaders, team work perception, personal involvement in the community, among others).

A community's overall development is not just measured by its income and improvement in physical assets. Observing how positive or negative emotions are self-reported and how life quality could be affected in terms of subjective wellbeing, personal capacity and community cohesion and trust is crucial to gauge the overall progress of families in the communities.

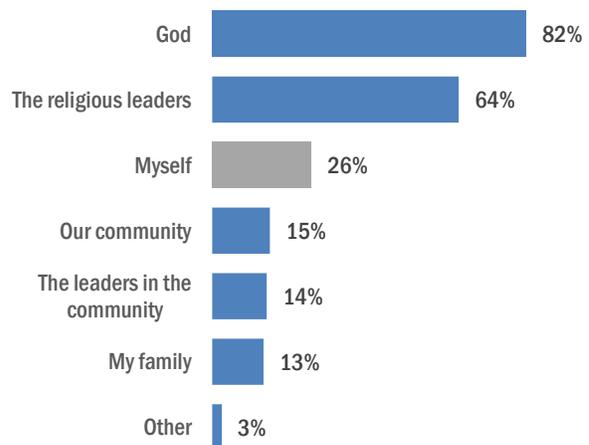
In terms of self-reported life satisfaction, 48% of the households responded as being completely unsatisfied with the current state of their lives, and 36% reported little life satisfaction. Regarding

the accomplishments in their lives, 45% feel slightly proud, and 32% do not feel any pride with what they have achieved so far.

When making personal decisions that affect their lives and families, 37% feel they do not have control at all, and 52% reported a little degree of control. Fifty-six percent reported experiencing a lot of stress on a daily basis, 61% think their current situation is more or less unstable, and 38% think it is very unstable. In relation to their hope for the future, 20% do not believe their lives will be better five (5) years from now, and 33% think it will be a little better.

Of those surveyed, 97% would like to see a change in their lives. The most desirable changes mentioned are improving their housing and living conditions, as well as creating new income opportunities. However, when asked who would be responsible to change their circumstances, more than 80% said God would be responsible, 64% reported it is the responsibility of the religious leaders, while 15% mentioned the community's effort as main drivers of change. Only 26% expressed that change depends mostly on them (see Graph 8).

Graph 8. Who can create that change you want?



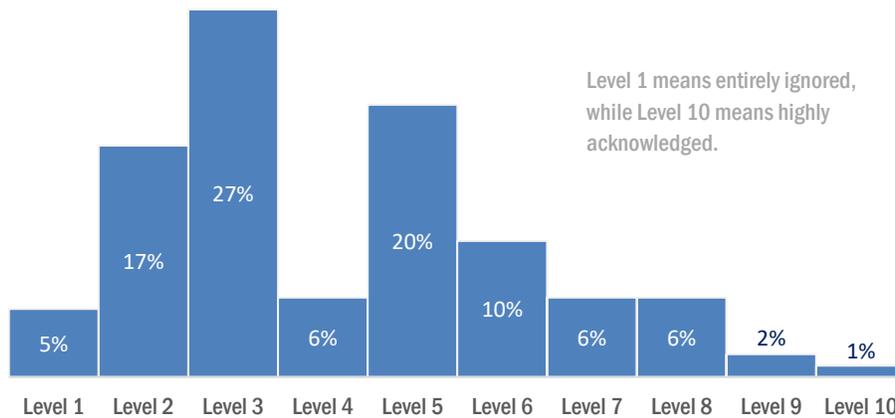
In terms of the motivation to follow through and accomplish personal goals, 18% reported rarely setting goals and developing plans to achieve them. Only 31% reported having some level of planning. Feeling little motivation to achieve personal goals was reported at 28%, while only 30% reported some motivation.

In terms of learning different ways or trying new things to increase their productivity, 33% expressed an openness to learning, and 43% are a little open to the idea. A total of 19% agrees to some extent that working together as a community is key to solving any arising problems or challenges in the community, while 28% agrees a little and 17% completely agree.

Reportedly, 17% of the families have a lot of trust in their neighbors, 11% have some trust, while 32% have only a little trust. There is not a high degree of trust in the community leaders with 15% reporting some trust, 22% have a little trust, and 34% have no trust at all. Similarly, they do not have a high degree of trust in the government with 22% of the households reporting very little trust, while 49% reports no trust at all.

In relation to community empowerment and the degree in which the families believe they have a voice in decisions that affect the community, only 3% think they have a strong voice (level 9 and 10). The majority (75%) fell in the lower levels (levels 1 to 5) understanding they have a voice, yet feeling unsure of its relevance (Graph 9). Most (88%) think their participation in community activities has made little to no positive impact in the changes they hope to see.

Graph 9. Your views and opinions are important in the community



RECOMMENDATIONS AND FURTHER STEPS

- The quantitative data will be further validated through qualitative information from community observations and focus group discussions with community members. This activity will be executed every six months after the project's start date.
- It is important to recognize the importance of safeguarding food security and nutrition in times of economic difficulty, natural disasters, COVID-19 or civil unrest, and other unforeseen external shocks. Further discussions with FFTP-Haiti should be conducted to define an additional strategic intervention. It should include nutritional and health assessments, subsequent monitoring to tackle the underlying causes of malnutrition, and reducing vulnerabilities to improve health issues and child stunting.
- Once the agriculture and/or other income generating activities are defined after the market study is completed, further assessments will be conducted to determine not only income and production indicators, but also capacity building and possible access to markets for commercialization.