



**USAID | HAITI**  
FROM THE AMERICAN PEOPLE

## *Water for the World Country Plan*

### **I. EXECUTIVE SUMMARY**

Despite the considerable increase in investments in water, sanitation, and hygiene (WASH) since 2010, access to water and sanitation in Haiti is still the lowest in the Western Hemisphere. The main challenges in achieving sustainable management of water and sanitation in Haiti are: 1) limited government capacity; 2) low user demand for improved water and sanitation services; 3) lack of accessible finance; 4) poor water resource management; and 5) locational vulnerability to extreme events. To address these challenges, USAID is developing water and sanitation infrastructure, increasing the practice of hygiene behaviors, building the capacity to sustainably manage delivery of services, and improving the enabling environment for sustainable implementation, operation, and maintenance of water and sanitation services in furtherance of the U.S. Global Water Strategy and the USAID Agency-specific Plan. The primary USAID activity designed in support of these goals is the Haiti WASH Project.

### **II. INTRODUCTION**

Adequate access to safe water and sanitation plays a fundamental role in achieving health, economic, and social outcomes that both the Government of Haiti (GOH) and USAID are working collaboratively to achieve. This country plan is intended to serve as a high-level summary of how USAID intends to support the GOH to achieve its water and sanitation service delivery objectives in line with the Mission's broader development goals, as well as the USAID Agency-specific plan under the Global Water Strategy (GWS).

### **III. GOVERNMENT OF HAITI WATER OBJECTIVES**

Today, only 58 percent of Haitians have access to improved water sources, a decrease since 1990 when the access rate was 62 percent, as increases in services were not able to keep pace with population growth. Only 28 percent of Haitians have access to improved sanitation, a rate which has been relatively constant since 1990. Low levels of water and sanitation services and poor hygiene practices result in high levels of diarrheal disease and malnutrition throughout Haiti, and services contributed substantially to the severity and rapid spread of the cholera epidemic that began in Haiti in October 2010, afflicting nearly 800,000 people to date, and resulting in over 9,000 deaths. Despite achieving a large reduction in the number of cases, cholera has proved to be a persistent challenge in Haiti. In October 2016, Hurricane Matthew devastated Haiti, leading to an increase in the number of reported cholera cases in affected areas, with over 40,000 suspected cholera cases reported over the course of 2016.

In its National Plan for the Elimination of Cholera in Haiti, the GOH, through its water utility, DINEPA (Direction Nationale de l'Eau Potable et de l'Assainissement) sets forth a goal of reducing the annual cholera incidence rate in Haiti to below 0.01 percent. Achieving this will require accelerating improvements in the sector, such that by 2022, access to potable water will increase to 85 percent, and access to adequate sanitation will increase to 80 percent.

### **IV. GOVERNMENT OF HAITI'S CURRENT AND PLANNED STRATEGIES AND APPROACHES TO WATER AND SANITATION**

The GOH enacted a new water law in 2009—the Framework Law on Water Supply—which created national and regional entities to develop and regulate the sector and provide direction to its actors. This law established the National Water and Sanitation Directorate (DINEPA). DINEPA is responsible for:

- Preparation of the sector strategy and policy in coordination with the relevant ministries and institutions
- Establishment of water tariff
- Establishment of water quality standards and approval of water services contracts
- Preparation and monitoring of key performance indicators in the sector

DINEPA is also responsible for sanitation, and through its National Sanitation Strategy seeks to:

- Promote safe sanitation at the household level
- Provide services and infrastructure for the collection and transport of human waste
- Treat effluent and add value to human waste
- Train sanitation staff and conduct research into the sector

DINEPA operates, through regional offices for potable water and sanitation called OREPAs (Offices Régionaux de l'Eau Potable et de l'Assainissement), responsible for water and sanitation in urban areas, and through potable water and sanitation committees called CAEPAs (Comite d'Alimentation en Eau Potable et Assainissement), which manage water and sanitation systems in rural and suburban areas.

In 2013, the Ministry of Public Health and Population, in coordination with DINEPA, released

the National Plan for the Elimination of Cholera in Haiti (2013–2022), a \$2.2 billion, 10-year plan that outlined a strategy to eliminate cholera by 2022. To date, through international donor support, Haiti has achieved the short term objectives of the plan's first phase, which emphasized treatment measures, alert response mechanisms, household disinfection and decontamination, distribution of water chlorination tablets/oral rehydration salts, and the provision of hygiene sensitization messages. To follow this, the plan calls for accelerating sustainable access to improved water and sanitation services, with priority given to certain geographic areas with high incidence of cholera.

The majority of the activities in Haiti's WASH sector are donor financed. The most significant contributors (the Inter-American Development Bank (IDB), Spanish AID, and the World Bank) are primarily investing in expanding access to improved water supply. The IDB funded a \$50 million project in Port-au-Prince, aimed at improving the service quality of the piped water system, while IDB and Spanish AID have jointly made a \$35 million investment in improving water supply in five secondary cities, and the World Bank is investing \$50 million in improving water supply in targeted rural areas and small towns. There is significantly less investment in the sanitation sector; however, DINEPA plans call for the construction of four large-scale waste water treatment plants, with funds from Spanish AID, the first of which is underway at Titanyen, within the northern expansion zone of Port-au-Prince. Myriad small and medium sized businesses purvey sewage collection and disposal services to both public and private users, however, these services are unregulated. Because the government dictates a no-subsidy approach to expanding access to household sanitation, UNICEF is supporting the National Community Led Total Sanitation approach to motivate people to build their own latrines.

## **V. CHALLENGES AND OPPORTUNITIES IN THE SECTOR**

The lack of progress on expanding access to water and sanitation services in Haiti can be attributed to a number of factors:

### *Low government capacity*

As a result of the 2010 earthquake and subsequent cholera outbreak, DINEPA assumed the role of executing agency of projects financed primarily by international donors to respond to these emergencies, significantly beyond its mandated role articulated in the 2009 reform. Additionally, the OREPAs and CAEPAs tasked with managing service delivery under the 2009 reform have not been capacitated to operate adequately. Community water committees often face the challenge of poorly operating systems, with neither a clear mandate with defined functions and responsibilities, nor the legal status to improve and sustain the operation and maintenance of the systems. Additionally, meeting the goals of the National Plan for Elimination of Cholera is estimated to require upwards of \$1 billion in additional investment that has not been yet identified.

### *Low end-user demand and willingness to pay for sanitation*

Willingness to pay for sanitation in particular is very low in great part due to the general absence of toilets in houses for the poor, the vast majority of which are informal and in unserved communities. Sanitation infrastructure becomes an additive expense that poor households are reluctant to invest in, particularly in cases when they have no claim to the land they live on. As such, the health-based messaging used to encourage adoption of sanitation has not been suc-

successful in stimulating the demand for WASH products and services necessary for the success of market-based approaches. DINEPA mandates a no-subsidy approach to expanding access to sanitation, with the goal of strengthening market-based approaches. USAID/Haiti's strategy is to support low-cost, mobile products along with increased access to credit with aspirational marketing messages to increase household's willingness and ability to pay.

### *Lack of finance for water and sanitation infrastructure*

The majority of the WASH sector investment has been driven by donor funding, with only 1 percent of the total funding for the sector between 2006 and 2015 contributed by the Haitian government. At the local level, service providers have difficulty recovering costs for operations, with many water providers unable to collect any fees from users at all. As there is very low collection of tariffs and no related policy, and very limited funding at the decentralized level. USAID/Haiti will support emergent small-businesses middlemen that collect, treat, and manage water sale points or offer innovative, affordable technology within communities that enable households to purchase on a pay-as-you-go basis, giving them more control over when and how much they need.

### *Water resource management*

Although Haiti has an average annual rainfall of 1,460 mm (approximately 58 inches) and high per capita potential renewable freshwater resources, protection of water resources remains a challenge. Agricultural and industrial activities and untreated sewage have contaminated surface water (rivers, streams) and groundwater resources, in many areas. Additionally, deforestation has accelerated soil erosion causing siltation of water systems and reservoirs, decreased agricultural production, reduced groundwater recharge, and increased runoff. The quality and availability of hydrologic data is low, which constrains the ability to effectively plan and manage Haiti's water resources.

### *Vulnerability to extreme events*

Haiti is vulnerable to a range of extreme events, including frequent hurricanes, flooding, drought, intense rainfall, landslides, severe soil erosion, and saltwater intrusion. The supply and quality of water resources will be threatened by reductions in precipitation, inadequate water-related infrastructure, and saltwater intrusion. Water and sanitation infrastructure is threatened by these events, particularly in coastal communities where more intense and frequent storms are experienced, natural resources are further degraded, and landslides and floods become more severe.

## **VI. USAID/HAITI COUNTRY PLAN FOR WATER**

In response to these challenges and opportunities, as well as the USAID Agency-specific Plan under the Global Water Strategy, USAID/Haiti has developed an integrated program approach with the goal of improving the health of the Haitian population through reductions in cholera and other waterborne diseases. A key objective is to build upon the short term experience and accomplishments of USAID/Haiti's disparate WASH activities to transition to longer term, comprehensive interventions that build more sustainable capacity at the local and national levels. To achieve this goal, USAID/Haiti has developed the following guiding principles:

- **Work in alignment with the priorities and strategies of DINEPA:** In recent

years, DINEPA has developed new strategies for the water and sanitation sector, including the Cholera Elimination Plan. Investments by USAID will support the achievement of the GOH's Cholera Elimination Plan.

- **Support the transition of the sector towards decentralization:** The effective performance of the sub-national institutions responsible for delivering services relies on the role of DINEPA as a regulator of the water and sanitation sector. USAID will work to build the capacity of both national and sub-national government entities, with capacity development activities focused on building local ownership of all aspects of water and sanitation service provision, including strategic planning, implementation, monitoring, and maintenance of hardware.
- **Use market-based approaches where feasible and build private sector capacity:** The gap in achieving universal basic water supply and sanitation coverage in Haiti is much larger than can be filled by donor funding, and it is unlikely that the Haitian government will commit significant resources to this area in the next five years. Therefore, creating sustainable services requires working through the private sector at all levels and understanding basic WASH as a service value chain that presents numerous untapped business opportunities.
- **Increase emphasis on sanitation, including safe disposal of waste:** In addition to the low rate of access to improved sanitation, safe collection, transport, and treatment of fecal waste is practically non-existent throughout Haiti. Few donors are investing in improving the management of fecal waste in urban areas, a critical step to reducing the spread of cholera. USAID will therefore increase its emphasis on sanitation over this five-year plan and National Sanitation Strategy.

## Geography

Access to improved water services and sanitation facilities are low throughout Haiti; however, USAID/Haiti will not be able to address this challenge nationwide. Therefore, priority geographies were selected on the basis of need and opportunity for sustained impact through coordination with other donors and USAID-funded programs. The types of communes to be targeted fall into two categories: 1) priority cholera hotspots and 2) Hurricane Matthew affected areas. Consistent with the GOH Cholera Elimination Plan, the majority of investments, especially those related to infrastructure, will be located in the urban and peri-urban areas of each commune.

## Implementing mechanisms

USAID/Haiti will achieve these goals primarily through a flagship WASH activity, the Haiti WASH Project, planned to begin in 2017. Supporting activities utilize water funds in order to achieve health and hygiene goals and strengthen governance.

- Haiti WASH Project (Expected award in 2017): The purpose of this activity is to increase access to safe water and sanitation on a sustainable basis, with an emphasis on priority cholera hotspot communes identified by the government and those recovering from cyclical disasters such as Hurricane Matthew. This activity will provide technical assistance to sub-national government institutions and municipalities to manage services, expand water distribution and sanitation treatment infrastructure, and support public and private water and sanitation service providers to improve their operations.
- Urban Planning to Generate Resilience Against Disaster Events (UPGRADE) (Sept. 2016–Sept. 2019, Cooperative Agreement): With USAID/OFDA and USAID/Haiti co-funding, the

Pan American Development Foundation is implementing this urban resilience program, which will include a significant WASH component to deliver clean water through the rehabilitation of public water supply networks and schools and churches that serve as disaster shelters. It will also support sanitation marketing and rehabilitation of sanitation systems as part of the GOH's Hygiene Friendly Schools Initiative and support school-based hygiene behavior change to reduce the risk of waterborne diseases.

- Haiti Drought Response (UNICEF PIO, June 2016–Dec. 2017): This project improves sustainable access to drinking water by strategic borehole drilling, building or rehabilitating water networks and water spring catchments, and improving public health through upgrading the wastewater treatment systems in two hospitals.
- Sustaining Health Outcomes through Private Sector (SHOPS) (Oct. 1, 2015–Sept. 30, 2020): Through SHOPS Plus, USAID will allocate a proportion of its WASH funding to support the promotion and sales of socially marketed water treatment products, and the broadcasting of hygiene messages through mass media campaigns and interpersonal communication sessions to prevent cholera and other diarrheal diseases.
- Services de Santé de Qualité pour Haïti (SSQH) (March 17, 2014–March 16, 2018): Through SSQH, USAID will use WASH funding to support the prevention and management of cholera and other diarrheal cases and the detection of early signs of dehydration at the community level. USAID works through community health workers to promote behavior change communication and invest in social marketing of key products to support the adoption of these behaviors.
- Community-Driven Development (CDD) (OAS/PADE, Sept. 2017–Aug. 2019): A new two-year, joint effort between local authorities and civil society to identify community development and investment priorities that will ultimately spur jobs, improve WASH service delivery, and better meet the needs of the local population.

### *Expected results*

USAID's activities are expected to provide over 250,000 Haitians with sustainable access to improved water supply, and help 75,000 Haitians gain access to improved sanitation by 2022. The results reported reflect targets at the time of this document's production, however, targets may be updated on an annual basis.

The Haiti Country Plan is costed based on prior year resources still available for programming, the FY 2017 estimated allocation of \$9.8 million, and the FY 2018 President's Budget Request of \$9.9 million.

### *Other USG Investments to Advance this Country Plan*

Since the initial cholera outbreak, much of the donor attention has been focused on response efforts:

- USAID/Office of Foreign Disaster Assistance (OFDA): OFDA supported the cholera response efforts in 2010–2011 and again immediately following Hurricane Matthew by providing logistics support and relief commodities with the goal of preventing the spread of disease and decreasing the number of cases requiring hospitalization.
- Centers for Disease Control and Prevention (CDC): The CDC has funded cholera and WASH interventions to support the involvement of local health workers in cholera surveillance and response activities, including creating an inventory of community water systems,

collecting and analyzing data on functionality and chlorination of community water systems, and producing chlorine solution for home treatment. The CDC has also funded disease surveillance, laboratory services, and outbreak case investigation. This support is complemented by technical assistance from CDC Haiti and CDC headquarters subject matter experts, all of whom work closely with Haitian counterparts in DINEPA to address gaps in local systems, including improved data in the future as needed.