

**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

USAID/OFDA HAITI ONE-YEAR WATER, SANITATION, AND HYGIENE (WASH) OVERVIEW – JANUARY 12, 2011

Low water supply and sanitation coverage and weak public institutions, coupled with unchecked urbanization and population growth, contributed to WASH indicators in Haiti being among the least advanced in the Western Hemisphere prior to the earthquake. Haiti is one of the world's only countries where access to facilities that meet international standards for improved sanitation decreased significantly during the past decade, with only 16 percent of Haitians estimated to have had pre-earthquake access to improved sanitation. The January 12, 2010, earthquake severely impacted WASH conditions, as displaced individuals crowded into densely populated spontaneous settlements that lacked access to safe water and sanitation, creating a concern that communicable disease would spread and result in a second wave of death. That worst-case scenario was avoided due to the large international response in the WASH, health, and nutrition sectors. As of January 12, 2011, USAID/OFDA had provided nearly \$30 million for WASH programs benefitting earthquake-affected Haitians, making USAID/OFDA the largest single donor in the WASH sector.



Displaced children use a USAID/OFDA-provided hand-washing station. (Trevor White, USAID)

ACCESS TO WATER AND SANITATION AND BEHAVIOR CHANGE

Immediately following the earthquake, relief agencies prioritized providing safe water to spontaneous settlements. Lack of water can cause panic and lead people to drink from unsafe sources, resulting in rising disease rates. International humanitarian partners and the Government of Haiti quickly mobilized private water trucks to deliver chlorinated water to displacement sites, developing a fleet of more than 50 trucks managed by relief organizations—including USAID/OFDA grantees—within a few days. USAID/OFDA partners and others installed water bladders at spontaneous settlements to increase water delivery efficiency and water storage capacity as agencies delivered 4.2 million liters of clean, chlorinated water to camps per day. In addition, humanitarian agencies subsidized small, private water vendors to re-establish businesses and assisted in repairing piped water networks, further increasing access to safe water.

With support from USAID/OFDA and other donors, non-governmental organizations (NGOs) overcame challenges to sanitation interventions—including a lack of pre-earthquake sanitation infrastructure, a lack of space for latrine installation in the largely urban affected areas, and landowner resistance to latrine installation in camps on their property—to develop appropriate latrine designs and construct more than 11,500 emergency latrines in and around the largest and densest camps. Doing so helped manage human waste in the locations with the greatest risks. USAID/OFDA grantees and others later began to construct improved communal latrines near newly established transitional shelters to encourage movement away from camps and back to neighborhoods.

USAID/OFDA-funded NGOs complemented WASH infrastructure construction and hygiene kit distribution with hygiene messaging to ensure that populations in densely populated camps knew and applied behaviors that would reduce the transmission of disease.

The combination of enhanced WASH infrastructure access, hygiene education efforts, and health and nutrition programs prevented the predicted second wave of death after the earthquake and laid the groundwork for responding to the cholera epidemic that later originated and spread most quickly in areas not affected by the earthquake.

CHOLERA RESPONSE

While the arrival of cholera in Haiti was not a result of the earthquake, having programs and partners already in place for earthquake-related WASH needs allowed USAID/OFDA to respond quickly to treat and slow the spread of cholera cases. As of January 12, 2011, USAID/OFDA had provided an additional nearly \$7 million for cholera-related WASH activities to conduct hygiene promotion, disinfect homes, provide water chlorination and water quality monitoring, and distribute hygiene products, water containers, and oral rehydration solution. Haiti's overall cholera case fatality rate (CFR) was 2.1 percent as of January 7, while the CFR in Port-au-Prince, which hosts the majority of displacement camps, was 0.9 percent. The lower CFR in Port-au-Prince reflects the greater accessibility of health facilities in the earthquake-affected capital city than in rural areas. The cholera attack rate in earthquake-affected areas has also been lower than in other areas, which may be attributable to better access to safe drinking water, hygiene education, and sanitation facilities. USAID/OFDA WASH grantees remain on alert and continue to work to ensure that a safe supply of water is available and good hygiene practices are followed in camps.

LOOKING FORWARD

Emergency WASH programs initially prevented an outbreak of communicable disease among camp residents, provided the affected population with access to clean water and more sanitation facilities, and generated a lasting impact through hygiene promotion activities that taught people sustainable behaviors to reduce disease transmission. Haiti experienced considerable WASH needs before the earthquake, however, which were only exacerbated by the disaster. A long-term development plan is required to address Haiti's WASH requirements as emergency services phase out during the coming year, and the need for sustainable improvements to WASH services throughout Haiti remains.