

Haiti

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	10.17 M
Urban population (2012)^a	5.58 M
Rural population (2012)^a	4.60 M
Population growth rate (2012)^a	1.40%
Gross domestic product USD (2012)^b	7.84 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	56.5
Under 5 mortality / 1,000 live births (2012)^c	75.6
Life expectancy at birth (2012)^d	62 yrs
Diarrhoea deaths attributable to WASH (2012)^e	2790

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	24%
Use of drinking-water from improved sources (2012)^f	62%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

Sanitation, drinking-water and hygiene status overview^{*}

Haiti has shown some progress in access to improved sanitation and drinking-water, however, progress has been greatly setback by the 2010 earthquake, and is unlikely to be sufficient to meet the MDGs. The importance of WASH was particularly clear in Haiti when a cholera epidemic swept through the country shortly after the 2010 earthquake.

From a governance perspective, many of the fundamental elements are in place. There is a national plan or policy for WASH with set targets. There are four ministries that have an active role in WASH, with a coordination mechanism that meets 2–3 times a year. There is, however, a need for additional technical assistance to reinforce the coordination mechanism.

Monitoring both in terms of use and availability of data is a major issue in Haiti, with a lack of financial and human resources being the most significant barrier.

There is also a lack of capacity in human resources for WASH that is particularly limiting for both governance – policy and coordination and also regulation. The capacity constraints are in most part due to a lack of financial resources and the emigration of skilled workers.

In terms of financing, there is currently less than 50% of funds available to meet targets. The lack of financing is further exacerbated by the capacity and constraints in Haiti to disburse funds.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

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Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS

	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Agriculture, Natural Resources and Rural Development (MARNDR)	✓		
National Directorate of Drinking-Water and Sanitation (DINEPA)		✓	
Ministry of National Education and Vocational Training		✓	✓
Ministry of Public Health and Population (MSPP)			✓

Number of ministries and national institutions with responsibilities in WASH: **4**









Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✗ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES

	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	35	
Rural sanitation	✓	30	
Sanitation in schools	✓	50	
Sanitation in health facilities	✓	60	
Urban drinking-water supply	✓	60	
Rural drinking-water supply	✓	30	
Drinking-water in schools	✓	70	
Drinking-water in health facilities		65	
Hygiene promotion	✓	80	
Hygiene promotion in schools	✓	80	
Hygiene promotion in health facilities	✓	80	

There are several specific plans implemented addressing the issues of improving and sustaining services.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
	Low  High
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is only limited data available and used for sanitation and only limited data available for drinking-water.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment					
Use of performance indicators^a					
Data availability for decision-making^a					Health sector
Policy and strategy making	●		✗		●
Resource allocation	●		✗		NA
National standards	NA		✗		NA
Response to WASH related disease outbreak	NA		NA		●
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	●	✗	
Independent auditing management procedures with verification	NA	NA	✗	✗	
Internal monitoring of formal service providers	●	●			
Communication^a					
Performance reviews made public			●	✗	
Customer satisfaction reviews made public	✗	✗	✗	✗	

^a ✗ Few. ● Some. ✓ Most.
^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.
 NA: Not applicable.

III. Human resources

Human resource strategies are in development for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and the emigration of skilled workers abroad.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	●		●		●
Strategy defines gaps and actions needed to improve^a	●		●		●
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	✗		✗		✗
Availability of education/training organisations	●		●		●
Skilled graduates	●		●		●
Preference by skilled graduates to work in other sectors	●		●		●
Emigration of skilled workers abroad	✗		✗		✗
Skilled workers do not want to live and work in rural areas	●		●		●
Recruitment practices	●		●		●
Other					

^a ✗ No. ● In development. ✓ Yes.
^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor commitments. There is also an insufficiency of funds to meet MDG targets.

FINANCING

Financing plan for WASH
Assessment of financing sources and strategies ^a
Use of available funding (absorption)
Estimated % of domestic commitments used ^b
Estimated % of donor commitments used ^b
Sufficiency of finance
WASH finance sufficient to meet MDG targets ^b

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
●	●	●	●
●	●	●	●
✗	✗	✗	✗
✗	✗	✗	✗

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	NA
Health ²	7.2
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, two disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

Laws
Recognize human right in legislation
Participation and reporting ^a
Clearly defined procedures for participation
Extent to which users participate in planning
Effective complaint mechanisms

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✓	✓	✓	✓
●	✗	●	✗
✗	✗	✗	✗

DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. People living in slums or informal settlements

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

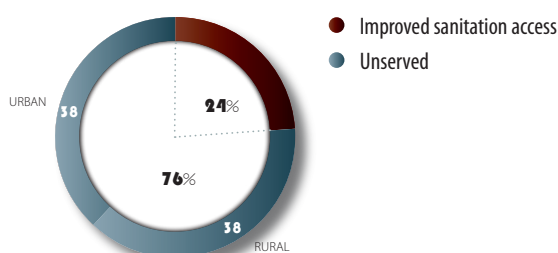
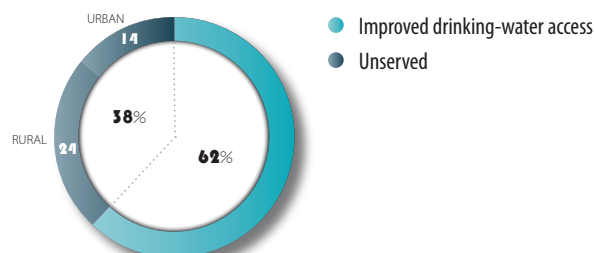


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.