



**HANWASH**

Haiti National Water, Sanitation  
and Hygiene Initiative

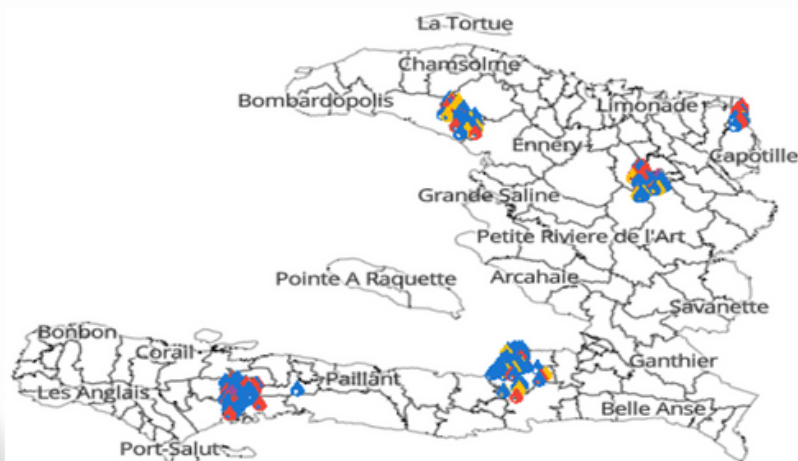


RÉPUBLIQUE D'HAÏTI  
**DINEPA**

Direction Nationale  
de l'Eau Potable  
et de l'Assainissement

# BASELINE STUDY

**TO ASSESS ACCESS TO WASH SERVICES IN FIVE  
MUNICIPALITIES WHERE HANWASH OPERATES  
(CAVAILLON, LÉOGÂNE, PIGNON, TERRE-NEUVE, FERRIER)**



**FINAL REPORT**

**THIS REPORT IS PREPARED  
INDEPENDENTLY BY THE FIRM GUYNEMER  
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## Executive Summary

### **Project and study context**

As part of the implementation of the Water, Sanitation, and Hygiene (WASH) project in five municipalities served by the HANWASH organization (Cavaillon, Léogâne, Pignon, Terre-Neuve, and Ferrier) in Haiti, this institution is working in collaboration with the National Directorate of Drinking Water and Sanitation (DINEPA). This program is led by Rotary with the technical and financial support of volunteers to ensure universal access to safe drinking water and adequate sanitation in Haiti by 2030.

The actions aim to "improve access to sanitation, hygiene, and improved water services for households and public facilities in targeted rural areas in order to prevent rapid spread. Water, sanitation, and hygiene interventions will be carried out in rural communities and public facilities, places of large gatherings in rural areas, to enable rural populations and users of these facilities and public places to be free from certain waterborne and/or contagious diseases such as diarrhea and typhoid."

The program baseline survey was conducted in the geographic intervention areas of HANWASH, covered by four OREPAs (South, West, Artibonite, and North) and in five departments, including: South, West, Artibonite, North, and Northeast. A total of five communes and twenty-four (24) communal sections belonging to these five OREPAs were targeted for the study.

It is funded by HANWASH, a development organization in the field of drinking water, sanitation, and hygiene in Haiti. It is carried out by Guynemer Développement Groupe (GDG), a Haitian consulting, technical support, and training firm deeply committed to Haiti's development.

This study, given its participatory and inclusive nature, involves numerous actors including the National Directorate of Drinking Water and Sanitation (DINEPA), the Ministry of Public Health and Population (MSPP) and the Ministry of National Education and Professional Training (MENFP).

This report therefore presents the situation regarding access to drinking water, sanitation and hygiene in households, schools, health facilities and communities in the 5 aforementioned HANWASH intervention communes.

### **Methodology used**

The methodology adopted for this study was based on a participatory approach, involving at the highest level, the project steering committee, HANWASH, and DINEPA. In accordance with the terms of reference, it then alternated qualitative and quantitative approaches through interviews with water point managers, regional directors of OREPAs, local authorities, and household surveys.



Five (5) types of surveys were therefore carried out in the twenty-four (24) communal sections of the study: i) A community survey which consisted of observations in the localities and interviews with key informants in each of the communal sections of the sample [eighteen (18) sections in total], ii) a survey on water points/systems which was based on observation and interviews with those in charge of water supply where one thousand seven hundred and thirty-nine (1 739) water point questionnaires were filled out; iii) a household survey which targeted one thousand seven hundred and twenty-five (1 725) households; iv) a school survey which was carried out in two hundred and forty-three (243) schools ; and finally, v) a health facility survey which reached thirty-five (35) health centers.

### **Results and analysis at water point level**

During the study, 1 703 water access points were surveyed across the five communes where HANWASH operates. The majority of these water points are boreholes equipped with pumps, representing 40.5% of the surveyed water points. Public fountains account for 12.4%, unprotected wells for 11.9%, unprotected springs for 10.7%, and protected wells for 9.5%.

Indeed, according to the study data, the management of water points at the level of the 5 communes covered by HANWASH is ensured in 15.91% of cases by members of the community, 9.28% by water point committees, 2.00% by CAEPA.

According to the survey results, 64.2% of water points are functional, 6.4% are partially functional and 29.4% are non-functional.

Indeed, out of the 64.2% of functional water points and the 6.4% partially functional in the 5 municipalities of the study, we took a 100 ml sample from each water point to perform e.coli tests; and the tests revealed that there is the presence of e. coli in the water in 45% of the samples taken.

### **Results and analyses on access to EPAH services at household level**

The survey of 1 720 households across the five municipalities provides a better understanding of the geographical distribution of populations between urban and rural areas. A significant majority of households in the sample, 1 256, reside in rural areas, representing 73% of the total. The remaining 464 households (27%) are located in urban areas.

Overall, 67.3% of households have access to enhanced services (safely managed, basic, or limited water), compared to 32.7% with no services (non-enhanced or surface water). However, this overall figure masks significant disparities. Pignon has the highest coverage with 89.2% of households having enhanced services, followed by Ferrier (84.2%), while Terre-Neuve lags considerably behind with only 53.6% of households having enhanced services and nearly half (46.4%) without access to any service.

In terms of typology according to the SDG scale, safely managed services remain generally low, representing only 4.83% at the aggregate level. This highest level of the hierarchy is more frequent in Pignon (13.29%) and marginal in Cavaillon (4.05%) and Terre-Neuve (4.60%), while it is non-existent in Ferrier (0.0%). Access to a basic service is the predominant modality, with 48.78% of

households having it. The highest values are observed in Ferrier (75.41%) and Pignon (63.29%). Conversely, Terre-Neuve shows a limited proportion (21.84%), confirming its structural deficit in reliable water infrastructure.

Limited services affect 13.72% of households, reflecting constrained access (supply time >30 minutes). The situation is particularly pronounced in Terre-Neuve (27.20%) and Cavaillon (20.25%), while Ferrier stands out with only 8.74%. The use of unimproved water sources remains a concern in several municipalities: an average of 28.08% of households are exposed to them, reaching 46.36% in Terre-Neuve and 36.45% in Cavaillon, compared to only 10.84% in Pignon. Finally, direct use of surface water, considered the lowest level on the SDG scale, is virtually non-existent except in Léogâne, where 11.81% of households use it.

Overall, public taps or standpipes are the most frequently used water source (22.0% overall), with a relatively balanced distribution: 22.5% in rural areas versus 20.7% in urban areas. However, some sources differ significantly depending on the environment. Water kiosks are very common in urban areas (33.0%) but less so in rural areas (6.8%), illustrating the urbanization of water sales points. Conversely, unprotected sources account for 19.7% of water use in rural areas, compared to only 0.6% in urban areas, highlighting more precarious access in rural areas. Similarly, surface water is used exclusively in rural areas (6.3%), an indicator of vulnerability. In urban areas, residents make greater use of sources such as drinking water sachets (11.4% versus 4.8% in rural areas) and connections within housing development (5.0% versus 1.0%). Furthermore, boreholes or tubular wells remain important in both areas, but more so in rural areas (18.7%). In short, while urban areas offer more structured access via kiosks and drinking water sachets, rural areas still rely heavily on unimproved sources.

Overall, more than half of households with access to improved water services collect water in 5 to 30 minutes, representing approximately 55% in total. However, variations exist depending on local contexts: in some municipalities such as Ferrier or Léogâne, this proportion exceeds 58%, reflecting a relative improvement in access.

Of a total of 1 720 respondents, adults represent the majority of household water collectors, with 596 adult women (34.7%) and 426 adult men (24.8%).

The data reveals that 76.9% of households with access to a basic and improved water service have continuous water availability (24 hours a day, 7 days a week), while approximately 16.6% have daily but intermittent access.

## **Results and analysis on access to EPAH services in schools**

At the time of the study, at the level of the 5 municipalities covered, only 20.58% of schools have a basic level of access, 10.29% have limited access and 69.14% have no access to water service.

32.10% of schools have a basic level of access, 39.92% have limited access and 27.98% have no level of sanitation service on the campus.

26.75% of schools have a basic level of access, 30.86% have limited access and 42.39% have no level of hygiene service on the campus.

Of the 243 schools that took part in the study, the majority (81%) were private, compared to only 19% public. 61% of the surveyed schools were located in rural areas and 39% in urban areas.

Among the schools surveyed in this study, all have boys and girls as students, with 52% girls and 48% boys, and also have a staff composed of women and men, respectively 36% and 64%.

69% of the schools surveyed have a water supply point for the various needs of the students, compared to 31% of schools where water is not available.

### **Results and analyses on access to EPAH services in healthcare facilities**

At the time of the study, at the level of the 5 municipalities, only 60% of schools have a basic level of access and 40% have limited access.

97.14% of the health institutions surveyed have a basic level of access, compared to 2.86% that have limited access.

54.29% of care institutions have a basic level of service, compared to 45.71% that have limited access to hygiene services in their facility.

Depending on the level of care offered by the institutions, they are categorized into several types. In the context of this study in the HANWASH intervention communes, 40% of the health institutions surveyed are health centers without beds, 31.43% are primary health centers with beds, 11.43% are referral hospitals, 11.43% are mobile clinics, and 5.71% are specialized clinics.

At the level of the 5 municipalities, 48.57% of health establishments have a water supply point for the various needs, compared to 51.43% of health facilities where water is not available.

Of the 35 healthcare facilities that took part in the study, 86% had a residual chlorine level in their water below 0.1 mg/L, indicating the use of poor-quality water; 6% used low-quality water with a residual chlorine level between 0.1 mg/L and 0.5 mg/L; and 8% used excessively chlorinated water with a residual chlorine level above 1 mg/L. No healthcare facility had the required residual chlorine level in its water.

31.43% of the surveyed healthcare facilities had at least one toilet, while only 68.57% had none. The most common type of toilet was the flush toilet, found in 82% of the facilities. 9% of healthcare facilities had improved ventilated pit latrines, and 9% had slabless pit latrines.

## **Conclusion and recommendations**

This study clearly met the needs expressed through the objectives assigned to it, namely to highlight the situation, conditions and access to drinking water, sanitation and hygiene (WASH) services in the HANWASH intervention communes.

Across all the municipalities observed, a significant proportion of households remain in a situation of open defecation, a practice which represents a major public health issue.

The data confirm that rural areas are significantly lagging behind in sanitation, with increased use of risky practices such as open defecation and a lower proportion of access to improved services, whether basic or safely managed.

The study highlights very limited coverage of handwashing facilities among the households surveyed. The vast majority of households have no handwashing facilities near toilets or latrines. This trend is more pronounced in rural areas than in urban areas.

In schools that have access to water in the 5 municipalities, a small proportion claimed to have water treatment practices.

In the 5 municipalities, most health facilities do not have a water supply point for their various needs and therefore water is not available.

This situation raises concerns, and the recommendations emphasize a set of actions to be taken to resolve the situation, including:

### **For households and communities:**

- Improving water availability in communities will increase the rate of adequate access to water for households.
- Improve access to water for those who do not yet have access and improve the quality of service for those who already have access;
- Improve household knowledge and practices regarding the transport, storage, treatment and preservation of water at home;
- Increase access to and use of toilets in intervention areas through a community approach where people will be able to change their behavior by deciding together how they will create a clean and hygienic environment that benefits everyone;
- Promote the installation of handwashing stations in households;
- Strengthen water point management committees and promote the participation of at least 30% women;
- Advocate for women to be integrated into the management of newly constructed or rehabilitated water supply systems.

## **For Schools**

Implementing WASH programs<sup>1</sup> in schools that allow students to have:

- A reliable water system or point that can provide sufficient water for the various needs of schoolchildren, particularly hand washing and drinking;
- A sufficient number of separate toilets for boys, girls, and teachers must meet the criteria of accessibility, privacy, safety, and cleanliness. The toilets must be adapted to the needs of all students, including young children, children with disabilities, and girls who have reached puberty.
- Handwashing stations, including those near toilets, to facilitate and encourage students to wash their hands after using the toilet.
- Hygiene classes to instill in students the knowledge and good hygiene practices and encourage them to share the knowledge within their families and communities.

## **Health centers**

- To establish a water treatment system in health centers and facilitate the availability of water throughout the year in health centers;
- Set up handwashing stations in health centers at least 5m from toilets with water and soap or other detergent.
- Raising awareness and training health center managers on menstrual hygiene management.
- Build improved toilets reserved for women in health centers.

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1. Water, Sanitation, Hygiene

## Glossary

### 1. **Household:**

A household is a group of people living together in the same dwelling for at least six months, sharing food and recognizing the same authority figure, whether male or female. Household members may include people who have recently arrived with the intention of staying, but exclude temporary visitors. The concept of a "household" differs from that of a "family", since it can also comprise unrelated individuals cohabiting.

The criteria for determining household membership are as follows:

- a) Anyone living in the household for at least six months.
- b) Members temporarily absent for less than six months.
- c) New arrivals intending to settle there permanently.
- d) Anyone living with the household at the time of the interview who has nowhere else to go.

Certain specific cases can make this identification more complex. For example, an employee who lives and eats in the employer's household is considered part of a household, whereas they are excluded if they prepare their own food. Unrelated roommates living together and sharing meals also constitute a household.

Other situations require distinguishing between households: the wives of polygamous couples living separately, or married children who move elsewhere, even temporarily, are members of their new households. Similarly, people who share meals in one dwelling and sleep elsewhere belong to the household where they eat. Finally, a person living alone is also considered a single household.

### 2. **Head of Household:**

The head of household is the person who leads or makes decisions for the household. This role may be assigned based on age, gender, economic status (such as being the primary breadwinner), or other factors. It is up to the interviewee to designate who the head of household is, as long as he/she is a member of the household.

Sometimes the person designated as head of household does not meet the definition of a household member in this context. If this person has resided or worked abroad, or is absent for more than three months, they cannot be considered the head of household. In this case, the current head of household is identified from among the members present. Similarly, a person who has spent the last six months in detention or an institution cannot be recognized



as either a member or the head of household. It is then necessary to ask who is assuming this role in their absence.

In certain situations, such as when a woman lives in a common-law relationship (cohabitation) with a man who shares meals with another partner, this man is considered a member of his partner's household. The woman in the common-law relationship is then the head of her own household, unless another arrangement exists with a family member (father, brother, etc.).

### 3. **Water point:**

A water point refers to a specific location where water is available and accessible for human or other use. It can take various forms depending on the source and how the water is collected, stored, and distributed.

Water points are essential to meet basic human needs, including consumption and hygiene. The availability and accessibility of safe and clean water points are important for public health and the general well-being of populations.

In regions where water is scarce or difficult to obtain, access to water points can be a major issue and can influence lifestyles, migration, and even conflict. Effective planning and management of water points are therefore essential to ensure the sustainability of water supplies and the preservation of community health and safety.

4. **Improved water point:** Improved water points which can provide safe drinking water due to their design and construction (Household outlets, Public kiosks/fountains, Protected wells, Captured springs, Hand pumps or boreholes).
5. **Functional water point:** Water point providing water every day.
6. **Drinking Water:** Water intended for human consumption without risk to health.
7. **Water quality:** Water state characterized by the absence of microorganisms. The quality of drinking water is therefore controlled at all stages between the natural environment and the water source.
8. **Bathroom :** Refers to the private or public sanitation facility where a person can relieve themselves of their bodily waste (urine, feces, etc.)
9. **Improved sanitation facilities:** Flushing toilet, ventilated latrines respecting the privacy and safety of the person using them.

10. **Unimproved sanitation facilities:** Latrines without a slab (hole), unventilated latrines
11. **Functional sanitary facilities:** A device by which any person (adult woman and man, child, disabled person) relieves their bowels in complete privacy and safety.
12. **Sanitary facilities:** Integrated public sanitation installation in a public space including toilet cubicles and handwashing points.
13. **Access to sanitation:** Using a sanitary facility safely and privately.
14. **Access to basic sanitation not improved:** Use of an unimproved, unshared sanitation facility. This is sometimes called unimproved access.
15. **Limited access to sanitation:** Use of improved sanitation facilities shared with other households.
16. **Access to improved sanitation:** An improved, non-shared sanitation facility is used and excreta is managed safely.
17. **Improved access to drinking water:** Access to the public drinking water service for a household via a home connection, taking into account the quantity.
18. **Basic or elemental access to water:** A household's access to a permanent water point within a 30-minute round-trip walk, including waiting time. (cf: JMP)
19. **Sanitation:** Sanitation refers to wastewater and excreta management.
20. **Safely managed water access:** Drinking water from an improved source located on the household premises, available 24/7, free from fecal contamination (and priority chemicals) (see: JMP).
21. **Safely managed sanitation access:** The use of improved sanitation facilities that are not shared by multiple families and in which excreta are stored and treated on-site or transported and treated off-site. (cf: JMP)
22. **Connections at the neighbor's house:** Access to water obtained from a domestic connection belonging to another household, usually through informal arrangement or sharing of water point.
23. **Connections within the housing estate, in the courtyard or on the plot:** Connection to

the water network located in the immediate vicinity of the accommodation, allowing collective or shared access between several households within the same residential space.

24. **Domestic connections:** Direct connection of the water network to the main dwelling of the household, ensuring access to running water inside the dwelling.
25. **Rainwater collection:** A system for capturing, storing and conserving rainwater, used as a water source for domestic needs.
26. **Bottled water:** Water packaged in sealed containers, produced and distributed by companies approved for human consumption.
27. **Water in sachets:** Water packaged in sealed plastic bags, intended for direct consumption and generally produced on a small scale.
28. **Water delivered – Tanker truck:** Water transported and distributed by motorized vehicle equipped with a tank, generally used when distribution networks are absent or failing.
29. **Surface waters:** Water from natural sources exposed to the open air, such as rivers, lakes or ponds, generally unprotected against contamination.
30. **Drilling or tubular well:** A deep, mechanically excavated structure, equipped with a pipe and sometimes a pump, allowing the capture of groundwater.
31. **Water distribution kiosk:** Fixed point set up and managed for the sale or controlled distribution of drinking water, often supplied by a public network or a protected source.
32. **Unprotected well:** Groundwater intake structure not secured against infiltration or external contamination, without a suitable curb or cover.
33. **Protected well:** Well equipped with physical features designed to prevent contamination, such as a curb, a cover and proper drainage.
34. **Public tap/standpipe:** A communal water point connected to a supply network, installed in a public space and accessible to several households.
35. **Unprotected source:** Natural emergence of water without a device to protect against pollution or surface infiltration.
36. **Protected source:** A water source has been developed and secured to prevent any contamination, notably through the construction of a catchment area, drainage and a fence.

## Acronyms, symbols and abbreviations

ACAT	Community-Based Approach to Total Sanitation
AL	Local Authorities
ASEC	Assembly of the Communal Section
CAEPA	Drinking Water Supply and Sanitation Committee
CASEC	Board of Directors of the Communal Section
CTED	Home Water Conservation and Treatment
DAL	Open Defecation
DINEPA	National Directorate for Drinking Water and Sanitation
EAH	Water, Sanitation and Hygiene - WASH in English
EMMUS	Mortality, Morbidity and Service Utilization Survey
GDG	Guynemer Development Group
GPS	Global Positioning System
HANWASH	National Initiative for Water, Sanitation and Hygiene in Haiti
HDI	Human Development Index
IHSI	Haitian Institute of Statistics and Informatics
MENFP	Ministry of National Education and Professional Training
MSPP	Ministry of Public Health and Population
SDG	Sustainable Development Goals
WHO	World Health Organization
NGO	Non-Governmental Organization
UN	United Nations
OREPA	Regional Offices for Drinking Water and Sanitation
UNDP	United Nations Development Programme
RGPH	General Population and Housing Census
SDE	Enumeration sections
TEPAC	Drinking Water and Sanitation Technician for Municipalities
UNICEF	United Nations of International Children's Emergency Fund (in English) or United Nations Children's Fund
USAID	United States Agency for International Development or in French, <i>Agence Américaine pour le Développement International</i>
WASH	Water, Sanitation and Hygiene

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## **1. Introduction and presentation of the study**

### **1.1. Brief introduction to the report**

This study constitutes the baseline survey to assess access to "Water, Sanitation and Hygiene" (WASH) services in five HANWASH intervention communes (Cavaillon, Léogâne, Pignon, Terre-Neuve, Ferrier) in Haiti.

It is supported by HANWASH, which is the National Initiative for Water, Sanitation and Hygiene in Haiti. The study was carried out by the firm, Guynemer Développement Groupe (GDG), which is a Haitian research, consulting, technical support and training office deeply committed to the development of Haiti.

This study, by its participatory and inclusive approach, involves many actors in the EPAH ecosystem in Haiti, including households, water point committees and community leaders, health and school establishment managers, SAEP operators, CASEC, mayors, OREPA directors, and other EPAH actors at communal level.

This report therefore presents the situation regarding access to drinking water, sanitation and hygiene in households, schools, health facilities and communities in the 5 aforementioned HANWASH intervention communes.

### **1.2. Presentation of HANWASH (its history, mission, vision, and theory of change)**

HANWASH, the National Initiative for Water, Sanitation, and Hygiene in Haiti, is a national program established through a collaboration between Rotary International District 7020 and the National Directorate of Drinking Water and Sanitation (DINEPA). Based on the WASH implementation model developed by the non-governmental organization, Haiti Outreach, HANWASH serves as a platform to bring together local and international partners. This collaboration aims to facilitate the transfer of knowledge and skills while empowering local communities and leaders to effectively manage WASH infrastructure.

HANWASH's objective is "To increase access to safe, sustainable, and affordable drinking water, sanitation, and hygiene (WASH) services in Haiti." In collaboration with various partners, HANWASH's investments are made in accordance with national policies, international best practices in the water, sanitation, and hygiene sector, and a set of core values based on local leadership and sound business principles. Through a combination of strategic planning, total community engagement, and targeted interventions, HANWASH aims to ensure that every individual in its intervention communities has access to safe drinking water and adequate sanitation facilities, thereby promoting public health, environmental sustainability, and overall well-being.

HANWASH, Inc. is a Florida-registered nonprofit organization and qualifies as a public charity under Section 501(c)(3) of the United States Internal Revenue Code (IRC), with Tax Identification Number 84-4393469, and offices located at 8200 Seminole Boulevard, Seminole, Florida 33772.

### **1.3. Problem statement, context and rationale of the study**

Haiti has a Human Development Index of 0.535 and ranks 163 out of 191 countries in 2022. According to the latest report of the Mortality, Morbidity and Service Utilization Survey (EMMUS VI, 2017) commissioned by the Ministry of Public Health and Population (MSPP), access rates to an improved drinking water source were 95% in urban areas in 2017 compared to 75% in 2012 and 60% in rural areas in 2017 compared to 47% in 2012 with an average of 73% for the whole country in 2017 compared to 62% in 2012 (Sources: the 2012 data come from EMMUS V and the 2017 data come from EMMUS VI).

However, when the new indicators for "basic service" (improved source less than 30 minutes round trip, including waiting time) are added to the service coverage figures, the access rate decreases. Furthermore, when considering the "safely managed" service level (improved water source located on-site (within the dwelling) and water free from fecal contamination and priority contaminants), Haiti cannot provide an access rate for this service level. In fact, 30% of households spend at least 30 minutes traveling to reach an improved water source (Source: EMMUS VI).

Regarding sanitation, the situation remains alarming, although significant improvements have been made over the past six years. Indeed, the rate of access to improved, non-shared sanitation facilities was 33% nationwide in 2017, with 43% in urban areas compared to 31% in 2012 and 23% in rural areas in 2017 compared to 16% in 2012 (Source: EMMUS VI). Open defecation therefore remains a common practice for a large majority of the population, particularly in rural areas.

Regarding hygiene practices, although 82% of households surveyed during EMMUS VI had a "place" or "equipment" to wash their hands, only 25% of them had water, soap or detergents on site (Source: EMMUS VI).

It is within this context that, through a combination of strategic planning, total community engagement, and targeted interventions, HANWASH aims to ensure that every individual in its intervention communities has access to safe drinking water and adequate sanitation facilities, thereby promoting public health, environmental sustainability, and overall well-being. The actions planned by HANWASH in this regard are part of multiple initiatives aimed at increasing access to water, sanitation, and hygiene for the population, particularly poor rural populations.

As with any program, the initial phase requires establishing a baseline based on information provided by participants and other stakeholders to understand the starting point. This baseline should quantitatively and qualitatively define the initial situation in relation to the program's key



areas and indicators, according to the established monitoring and evaluation plan. It should establish the baseline level for the program's key indicators and serve as a starting point for measuring performance and the resulting change. The survey results can be used for advocacy and to refine strategies and approaches aimed at maximizing the impact of the action while minimizing negative effects.

In light of this, HANWASH requested the completion of this WASH baseline study for its WASH Program which operates in five municipalities: Cavaillon, L  og  ne, Pignon, Terre-Neuve, Ferrier.

## **1.4. Study objectives**

### **1.4.1. General objective**

This baseline study was conducted to measure the current conditions of drinking water, sanitation and hygiene services in the five (5) HANWASH intervention municipalities (Cavaillon, L  og  ne, Pignon, Terre-Neuve, Ferrier), and to provide a starting point for measuring the results and performance of investments made under the HANWASH initiative.

### **1.4.2. Specific objectives**

Specifically, this study aims to:

- 1) Conduct an inventory and inspection of all existing drinking water infrastructure in the HANWASH intervention areas (excluding L  og  ne) to update the respective municipal action plans and estimate the proportion of the population in each target municipality having at least basic access to drinking water service.
- 2) Establish a reference value for the performance indicators of the HANWASH initiative.
- 3) Identify knowledge, attitudes and practices related to water, sanitation and hygiene (WASH) among households, schools and health facilities in the intervention communities, as well as obstacles to the adoption of healthy practices.
- 4) Analyze the baseline data and provide recommendations for setting performance targets for the indicators of the HANWASH initiative.
- 5) Identify and document in a database the most relevant WASH actors (government agencies, NGOs, private sector companies, community organizations, international agencies) that are currently implementing WASH projects in the HANWASH intervention communes.

## **1.5. Primary and secondary research questions**

The main questions of the study are:

**Table 1: List of research questions for the HANWASH baseline study**

<b>Pillar 1000: "Strengthening the demand for and management of WASH services in the target municipalities"</b>	
<b>Main questions</b>	<b>Secondary questions</b>
<ul style="list-style-type: none"> <li>❖ What are the main factors influencing the demand for WASH services in the municipalities where HANWASH operates?</li> <li>❖ How effective are the structures and management practices currently in place for WASH services?</li> </ul>	<ul style="list-style-type: none"> <li>❖ What management structures are in place for WASH services?</li> <li>❖ To what extent are WASH service providers transparent and accountable to customers?</li> <li>❖ What are the main obstacles to the performance of WASH service providers in the target municipalities?</li> </ul>
<b>Pillar 2000: "Improving household access to, and use of sustainable, affordable and safe water, sanitation and hygiene services"</b>	
What is the state of existing water systems, water points, sanitation and hygiene facilities in the target municipalities in terms of service supply?	<ul style="list-style-type: none"> <li>❖ What percentage of households in the target municipalities have access to at least basic drinking water services?</li> <li>❖ What percentage of households in the target municipalities have access to at least basic sanitation services?</li> </ul>
<b>Pillar 3000: "Extension of the scope of interventions and resources invested through collective action with other national and international actors"</b>	
<ul style="list-style-type: none"> <li>❖ What financial mechanisms are in place to finance WASH services in the municipalities where HANWASH operates?</li> <li>❖ What other national and international actors are involved in WASH initiatives in the municipalities where HANWASH operates?</li> </ul>	

## 1.6. Target groups and scope of the study

The survey was conducted in 5 communes spread across 5 geographical departments of Haiti. These 5 communes are the target areas of HANWASH.

**Table 2: List of departments, municipalities and communal sections targeted by the baseline study**

<b>Departments</b>	<b>Municipalities</b>	<b>Communal sections</b>
West	Léogâne	1st Section Dessources, 2nd Section Petite Rivière, 3rd Section Grande Rivière, 4th Section Fond de Boudin, 5th Section Palmiste à Vin, 6th Section Orangers, 7th Section Parques, 8th Section Beauséjour, 9th Section Citronniers, 10th Section Fond d'Oie, 11th Section Gros Morne, 12th Section Cormiers and 13th Section Petit Harpon
South	Cavaillon	1st Section Boileau, 2nd Section Martineau, 3rd Section Gros Marin, 4th Section Mare Henri, 5th Section Laroque

North	Pignon	1st Section Savannette, 2nd Section La Belle Mère
Northeast	Ferrier	1st Section Bas Maribahoux
Artibonite	Terre-Neuve	1st Section Doland, 2nd Section Bois Neuf, 3rd Section Lagon

## 1.7. Report Contents

This baseline study report is structured in five chapters. The first chapter provides an introduction to the report. The second chapter presents the methodology used in the study. The third chapter presents the list of indicators to be included in the study.

The fourth chapter describes the results and analysis at the surveyed water points level; the fifth one presents the results and analyses on access to EPAH services at household level; the sixth one deals with the results and analysis on access to EPAH services in schools; and the seventh chapter presents the results and analyses on access to EPAH services in health facilities.

Chapter eight presents and analyzes the results of interviews conducted with local authorities, OREPA directors, SAEP operators, and Rotary Club presidents. Chapter nine presents and discusses the baseline values of the HANWASH indicators and the five-year performance targets proposal.

The penultimate chapter deals with the EPAH (WASH) actors identified in the five municipalities where HANWASH intervenes. Finally, the last chapter presents the conclusions and recommendations of the study.

## 2. Methodological approach to the study

### 2.1. Materials and Methods

#### 2.1.1. Approach elements

This study employed a mixed-methods approach, combining quantitative methods (primary data collected in the field through surveys of households, water points, schools, and health facilities) with qualitative methods (data gathered from key informants through semi-structured interviews). In addition, we used a documentary review. These methods were applied concurrently, and the information collected enriched the analysis and allowed for cross-checking, thus ensuring the consistency of the data.

Furthermore, the study adopted a Participatory Approach, through the involvement of all stakeholders (HANWASH, DINEPA, MSPP, MENFP, TEPAC, water committee members - CAEPA, CPE, Local Authorities (including town halls and CASEC), Community Action Committees (community leaders, community organizations, etc.) throughout the entire process of collecting information and preparing the study report.

### 2.1.2. Data collection methods

Three data collection methods were adopted for this study:

#### 1) The documentary review

The documentary review considered key documents in the field of water, sanitation and hygiene (WASH). Part of the documentary review consisted of identifying regular, reliable/quality data that can explain the information collected in the field.

In fact, the documentary review allowed us to incorporate general considerations into the specific case study of Haiti. Furthermore, it enabled us to gather secondary data from relevant previous studies related to our research topic, and this data also informed the study's analyses, particularly regarding data triangulation.

#### 2) The Surveys

In relation to the specific objectives targeted, a total of six (6) types of surveys were defined for the study:

- 1) **Interviews with key informants:** Semi-structured interviews with key informants such as: representatives of DINEPA (OREPA, TEPAC, etc.), local authorities (mayors, ASECs, CASECs), and other actors in the WASH sector at municipal level, with a view to taking stock of the actors in the WASH sector.
- 2) **Household-level survey regarding access to and use of sanitation facilities, handwashing and drinking water (and its storage) and hygiene practices** (Survey with the head of household and water quality testing at the surveyed households);
- 3) **Survey in schools:** Observations of the school's water infrastructure and interviews with the officials of the targeted schools;
- 4) **Survey in healthcare facilities** in terms of the presence, condition, functionality, quality, use and management of sanitation, hygiene and drinking water facilities in health institutions;
- 5) **Survey for water points and water systems** (Observation and interviews with those responsible for water supply and performance of water potability tests (E. coli test))
- 6) **Direct field observations**

Field visits were also conducted to directly understand the practical situations of access to drinking water, sanitation and hygiene in the localities, communal sections and communes targeted by the baseline, etc.

## 7) The Water Quality Test

At the household level, residual chlorine tests were conducted for all surveyed households. Water quality tests aimed to assess the quality of water used by households, particularly residual chlorine at the point of consumption.

At all water points in the 5 municipalities, the E. coli (EC) test was carried out using the Aquagenx kit. The Aquagenx CBT EC + TC NPP kit detects the presence or absence of E. coli in the water at the point of access.

### 2.1.3. Data collection tools and techniques

#### A) Survey questionnaires

The survey comprises several questionnaires designed to meet the objectives defined in this baseline. Therefore, a specific tool is required for each survey, as indicated in the target population section.

Each questionnaire is divided into several modules corresponding to a specific data collection method (interview, observation, etc.).

The complete set of survey questionnaires is attached to this report, but the modules are defined in the table below.

**Table 3 : Structure of survey questionnaires**

Surveys	Content	Estimated collection time (average)
<b>Survey with key informants</b>	Observation of the municipality and interviews with key informants in the municipality (Mayor, OREPA Director, ASEC, CASEC, Professional Operator of SAEPs)	30 Minutes
<b>Household Survey</b>	Household information, income, health and domestic hygiene, household social norms and access to water; Observation related to sanitation and domestic hygiene;	45-60 Minutes
<b>School Survey</b>	General information about the school; Interview with the school administrator; Observation of water, sanitation and hygiene access facilities;	60-120 Minutes
<b>Healthcare Facility Survey</b>	Information on the healthcare facility, interview with a key informant, and observation of water, sanitation, and hygiene access facilities.	45-60 Minutes
<b>Water Point Survey</b>	Observation, Interview with the officials of the Water Point Committee, where applicable;	30 Minutes

Surveys	Content	Estimated collection time (average)
	Information on the water source and carrying out potability tests.	
<b>Survey for the inventory of WASH actors</b>	Interview with key informants in the municipality (Mayor, ASEC, CASEC, OREPA, CAEPA) for the inventory of WASH actors.	30 Minutes

### B) Selection of the sample of households to be surveyed

The final sample of households to be surveyed under this baseline is 1 725. The following table presents the sample of household surveys.

**Table 4: Sample of household to be surveyed**

Commune	Population totale	Nbre de ménages	Racine carré nbre de ménages	Pi	Échantillon recalculé	Nbre de SDE recalculé
Ferrier	14 642	3 457	59	0,11	182	13
Terre Neuve	31 252	6 885	83	0,15	256	18
Cavaillon	48 687	11 371	107	0,19	330	22
Léogâne	199 813	46 439	215	0,39	666	45
Pignon	43 263	8 895	94	0,17	292	20
<b>Total</b>	<b>337 657</b>	<b>77 047</b>	<b>558</b>	<b>1</b>	<b>1 725</b>	<b>118</b>

### C) Proposed sample size for the other components

The following table presents a summary of the distribution of the survey sample by component:

**Table 5: Sample of surveys based on components**

Component Types of surveys	Population	Sample	Comments
<b>Key Informant Survey</b>	29	29	5 municipalities and 24 communal sections (Town Halls, CASEC)
<b>Water Point Survey</b>	All water points in the targeted communal sections	N / A	This is an inventory of the water points identified in the five municipalities of intervention.
<b>Survey in schools</b>	All schools in the targeted communal sections	All schools in the targeted communal sections	At the time of the study, some schools were closed and some officials at other schools were not giving their consent. A total of 24 schools visited did not participate in the study.
<b>Survey in healthcare facilities</b>	All health facilities in the targeted communal sections	All health facilities in the targeted communal sections	Some healthcare facility managers did not want to participate in the



Component Types of surveys	Population	Sample	Comments
			survey. Five healthcare facilities did not give their consent.
<b>Survey for the inventory of WASH actors</b>	All municipalities and communal sections	All the actors	5 communes and 24 communal sections. Key informants: Mayors, CASEC, OREPA, CAEPA.

## D) Water quality test

At the household level, residual chlorine tests are conducted for all surveyed households. Water quality tests aimed to assess water quality conditions in the systems and water supply points used by households, particularly the free residual chlorine at the point of consumption.

At all water points in the 5 municipalities, the E. coli (EC) test was carried out using the Aquagenx kit. The Aquagenx CBT EC + TC NPP kit detects the presence or absence of E. coli in the water at the point of access.

Water potability tests were carried out at schools and health facilities in the municipalities covered by the study.

### 2.1.4. Methods for calculating JMP indicators

#### 2.1.4.1. Indicator 1. Household access to drinking water service

##### A. Categorization rules (by household)

1. **Choosing the main source:** for each household (i) we retain the main source of drinking water (answer from the questionnaire).
2. **Source classification** (adapted excerpt from your list) — assign each type of source to a JMP category:

SERVICE LEVEL	DEFINITION
<b>SAFELY MANAGED SERVICES</b>	Drinking water from an improved water source accessible at home, available on demand, and free from fecal matter and contamination by priority chemicals
<b>BASIC SERVICES</b>	Drinking water from an improved source, provided the collection time does not exceed 30 minutes for a round trip, including waiting time.
<b>LIMITED SERVICES</b>	Drinking water from an improved source for which collection exceeds 30 minutes for a round trip, including waiting time.

SERVICE LEVEL	DEFINITION
UNIMPROVED SERVICES	Drinking water from an unprotected well or unprotected spring.
SURFACE WATER SERVICES	Drinking water taken directly from a river, dam, lake, pond, stream, canal, or irrigation canal.

3. **Boolean indicators per household:** for each household (i) create the indicators:

- (I1 = 1) if household classified as "safely managed", otherwise 0.
- (I2 = 1) if "basic", otherwise 0.
- (I3 = 1) if "limited", otherwise 0.
- (I4 = 1) if "not improved", otherwise 0.
- (I5 = 1) if "surface water".

#### 2.1.4.2. Indicator 2. Household access to sanitation services

##### B. Categorization rules (by household)

1. **Choosing the main source:** for each household (i) we retain information on the use/ownership and type of toilet (questionnaire response).
2. **Source classification** (adapted excerpt from your list) — assign each type of source to a JMP category:

SERVICE LEVEL	DEFINITION
SAFELY MANAGED SERVICES	Use of improved facilities that are not shared with other households and where excreta is treated and managed on-site or removed and treated off-site
BASIC SERVICES	Use of improved facilities not shared with other households
LIMITED SERVICES	Use of improved facilities shared with other households.
UNIMPROVED SERVICES	Use of pit latrines without a slab or platform, hanging latrines, or bucket latrines

SERVICE LEVEL	DEFINITION
<b>OPEN DEFECATION</b>	Disposal of human excreta in fields, forests, bushes, bodies of water, beaches, or other open areas, or with solid waste.

3. **Boolean indicators per household:** for each household (i) create the indicators:
- (I1 = 1) if household classified as "service managed securely", otherwise 0.
  - (I2 = 1) if "basic", otherwise 0.
  - (I3 = 1) if "limited", otherwise 0.
  - (I4 = 1) if "not improved", otherwise 0.
  - (I5 = 1) if "outdoors".

#### 2.1.4.3. Indicator 3. Household access to hygiene services

##### C. Categorization rules (by household)

1. **Choosing the main source:** for each household (i) we retain on the availability of handwashing point with water and soap (questionnaire response).
2. **Source classification** (adapted excerpt from your list) — assign each type of source to a JMP category:

SERVICE LEVEL	DEFINITION
<b>BASIC SERVICES</b>	Handwashing facility with soap and water available at home.
<b>LIMITED SERVICES</b>	Handwashing facility without soap and water available at home.
<b>NO FACILITY</b>	No handwashing facility available at home.

4. **Boolean indicators per household:** for each household (i) create the indicators:
- (I1 = 1) if household classified as "basic service", otherwise 0.
  - (I3 = 1) if "limited", otherwise 0.
  - (I4 = 1) if "no installation".

## 2.2. Data collection

### 2.2.1. Documentary review

The documentary review considered documents related to the study's objective, such as surveys already conducted in the country in the field of WASH. The following main documents were consulted:

- 1) Strategic Sectoral Plan for Drinking Water and Sanitation in Haiti;
- 2) Strategic guidance document for sanitation in Haiti;
- 3) Intersectoral Strategic Plan for Hygiene Promotion;
- 1) Strategic Development Plan for Haiti (PSDH).

### 2.2.2. Surveys

#### A) Household survey

The survey data collection was carried out by 36 field data collectors (surveyors) and 9 supervisors. There was one supervisor for each team of 4 field data collectors. These were deployed across the communes and communal sections targeted by the survey (See Appendix 4: Deployment Plan for more details). Data collection took place from January 13 to 31, 2025, for a total of 11 days (11 days in the South region, from January 13 to 24, and 11 days in the North region, from January 20 to 31), including a rest day on Sunday. During the data processing and analysis phase, a follow-up field visit was conducted between June 18 and July 6, 2025, to supplement and correct some of the data collected during the initial data collection phase at the school and health institutions.

Two independent data collection coordinators, equipped with a vehicle, were responsible for monitoring data collection in all 5 departments targeted by the survey, assisting in problem resolution and making any necessary adjustments.

Prior to the deployment of the field data collectors and supervisors in the field, training was provided to the latter on the basic concepts of drinking water, sanitation and hygiene, survey techniques, administration of questionnaires, water quality tests, etc. (See more details in Annex 2 ; Training manual as well as the PowerPoint files presenting the training modules, and Annex 3 Training agenda).

The data was entered directly in the field, as collection was carried out using an Android application: mWater. All variables were labeled, and codes were assigned. The field data collectors used tablets for data collection.

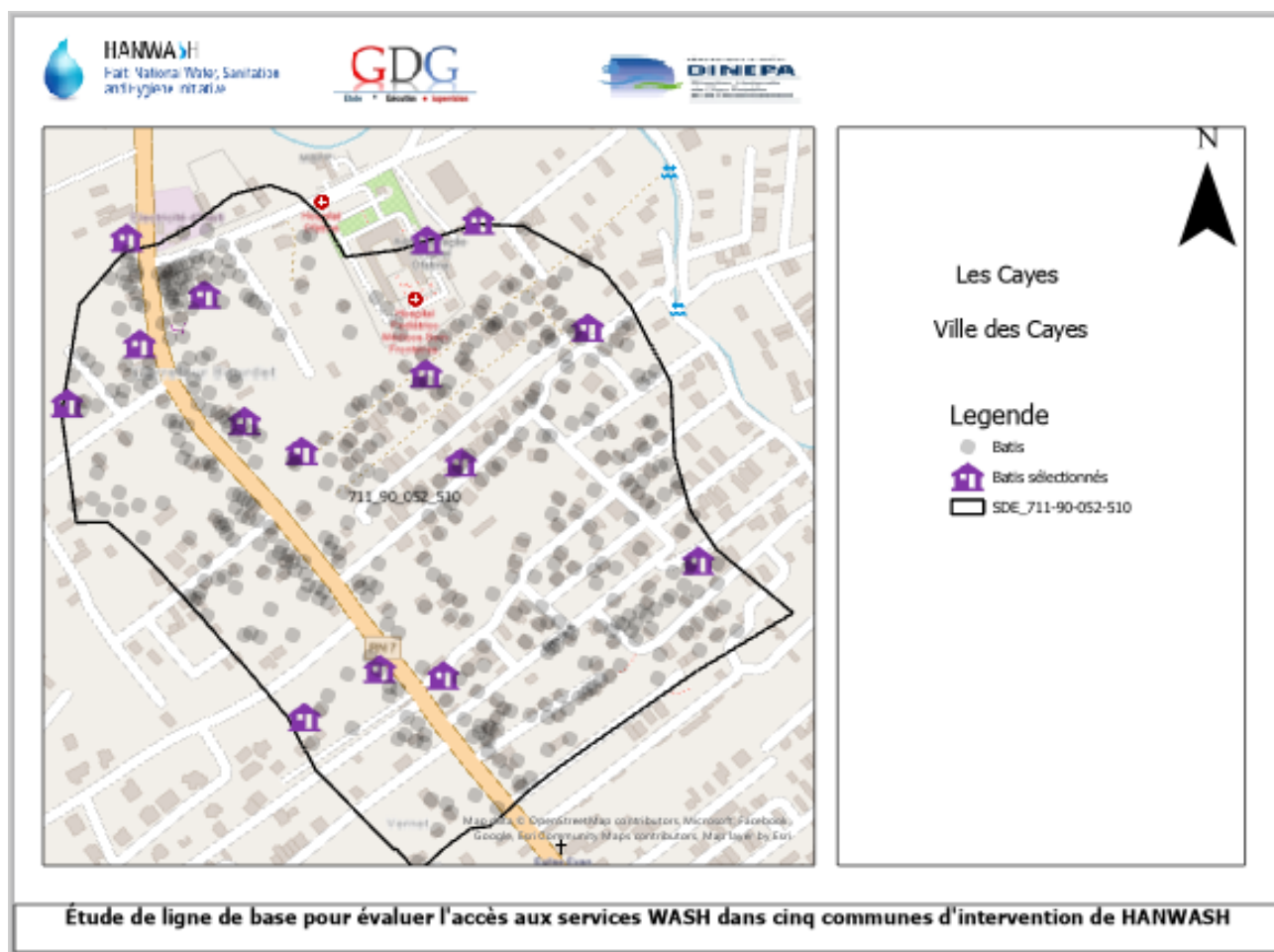
#### B) Household Selection Tools and Methods

GDG has provided the teams with mapping tools and applications to facilitate the deployment, identification and selection of target households with precision.

i. **The SDE map in PDF format**

The sketch opposite is the SDE map. It provides details on each selected SDE, such as the code, the set of buildings, the selected buildings or sample, the SDE boundary and the location.

**Figure 1: Map of enumeration sections (SDE)**



ii. **The Locus Pro application and KML files**

The Locus Pro application is a navigation application that allowed teams to go precisely to the selected SDE or building. To do this, they simply imported the KML files of the SDEs or buildings into the application.

iii. **Household selection**

Once the team is directed to the SDE using the application, the supervisor verifies that they are indeed inside the SDE. At this point, the supervisor distributes the GPS coordinates of the selected

buildings to the team members. If the building is a residence, the interviewer chooses a household with a member who is available and able to participate in the interview.

After reading the consent form, if the respondent consents, the interviewer administers the questionnaire according to the guidelines and standards taught during data collection staff training. However, if the building is not a residential structure (school, public building, commercial building, church, etc.), the interviewer selects the next building to the right.

### **C) Interview procedures**

Planning visits by study managers were conducted at the beginning of the data collection process to ensure proper implementation of the survey procedures defined by informing local leaders about the survey.

In practice, the procedure described comprises three main points:

1. Informed consent for each interview: All potential respondents (head of household or other) will be informed of the study and their consent will be requested for participation in the study.
2. Application of the questionnaire. Questionnaire respondents must be over 18 years of age.
3. Observation of field data collectors by supervisors.

Supervisory visits by those in charge of the study were also carried out throughout the duration of the investigation to ensure compliance with procedures and ethical principles.

#### **2.2.3. Household water quality testing**

Investigators conducted free residual chlorine tests at the household level. Residual chlorine tests were performed for all households surveyed. These tests aim to assess water quality conditions at the water access points used by households, specifically the free residual chlorine at the point of consumption.

At all water points in the 5 municipalities, the E. coli (EC) test was carried out using the Aquagenx kit. The Aquagenx CBT EC + TC NPP kit detects the presence or absence of E. coli in the water at the point of access.

Residual chlorine tests were also carried out at schools and health facilities, which were the target of the study.



#### **2.2.4. Direct observations**

In addition to surveys, on-site observations were carried out in order to better understand the reality on the ground and to provide recommendations adapted to the context of each municipality and to the needs and priorities in terms of sanitation and water.

Observation of drinking water supply points and systems was carried out to measure accessibility, functionality and types of facilities.

Observing open defecation practices made it possible to assess this practice within communities and households and the use of toilets by all households.

#### **2.3. Data processing and analysis**

GDG used statistical inference to generalize the conclusions drawn from the sample results to the entire study population by estimating, from the frequency calculated for the sample, a confidence interval around that frequency, with a chosen probability of containing the frequency across the entire population. Parametric methods and a simple regression model were used.

Data collection was carried out using the mwater software. This platform allows us to collect data safely while having the flexibility to ensure quality control and use GIS techniques throughout the study.

Collected on tablets via mwater, the data is first transferred to the application's server, the web platform, and then to SPSS for quality control by the GDG statistician. It forms a dataset where the rows represent statistical individuals and the columns represent the variables used to explore the problem.

The data is presented in a rectangular format where one entry corresponds to one respondent. A copy of the cleaned data, along with the software used, is available on mWater, and HANWASH has access to the console and can share it with DINEPA at central level, the OREPAs, and the municipal authorities (mayors). Data analysis was carried out by GDG in collaboration with HANWASH and via the mWater application.

On mWater, the data are first cleaned, and non-response cases are handled depending on the question and the distribution of responses, either using linear extrapolation or by using the mean or a plausible value replacement method, before calculating all the indicators. The population was categorized according to socioeconomic groups for most indicators. Data analysis is performed using running frequencies for the indicators in the project's logical framework.

Chi-square tests are used to examine associations between variables/indicators.

Once the dataset was cleaned, the analysis plan was immediately defined. The computer outputs are generated following the sequential order of the variables in the questionnaire used during the survey. Each output (table, graph, etc.) is accompanied by an explanatory text.

The analysis report is based primarily on simple tables, cross-tabulations, and graphical representations, given their relatively easy comprehension.

## **2.4. Data quality assurance**

The GDG statistician managed the survey throughout the data collection phase to ensure quality control during data collection through reviews of completed questionnaires, verification of data entry according to the validated software, review of the data control process and providing feedback to the interviewers and survey manager to ensure the timely completion of the survey.

Quality control is fundamental to this study to ensure data accuracy. This control is ensured at several levels: first, supervisors monitor the quality of the interviews conducted by interviewers with respondents. This involves verifying the consistency of responses for each questionnaire before synchronizing the validated survey forms on the server that will be used to host the data.

The second check was performed by the data managers, who verified the consistency of the synchronized questionnaires one by one. Finally, the statistician analyzed the data approved by the data managers on a daily basis. The cleaning stage involved systematically verifying all consistency checks against logical jumps. Simple frequency tables were constructed to verify the consistency of the entire dataset.

All questionnaires were validated at a higher level (supervisor and manager) using the mWater application. Once consistency checks were performed, the next step was structuring the database. Each variable has a name, a label, or a tag, and the values of variables associated with closed-ended questions each have a numerical code. Variables associated with open-ended or semi-open-ended questions are all closed-ended, coded, and labeled.

## **2.5. Ethical considerations**

Data collection was carried out in strict compliance with ethical rules. The following basic principles were respected:

- Informed consent: Given that the data collection targeted individuals over 18 years of age, consent was requested from respondents. Participation in the data collection was voluntary and fully informed. Respondents obtained their consent before participating. Prior to the survey, the purpose of the survey and the data processing, as well as the average duration of the interactions, were explained by the interviewer.
- Respect for the principle of "Do no harm": this means avoiding at all costs, even unintentionally, causing any harm to the participants in the data collection.

- Minimizing the risk of discomfort for interviewees: Interviews were conducted at times and dates convenient for participants. Interviewers were also trained and required to strictly adhere to the target groups.
- Confidentiality and data protection: the data collected will remain anonymous, respondents will not be identifiable through their names.

## 2.6. Limitations of the survey, constraints and measures taken

The main limitations and potential shortcomings of the survey and the means of mitigation are as follows:

**Table 6: Limitations and constraints of the study and measures taken**

<b>Risk factors</b>	<b>Mitigation measures/means</b>
Difficulties in finding materials and equipment for water quality treatment in Haiti and delays in their delivery to Haiti	<ul style="list-style-type: none"> <li>❖ Purchasing water quality tests for households and water points from abroad.</li> <li>❖ Use carrier services for transport from the USA to Haiti.</li> <li>❖ Daily follow-up with the carrier to ensure timely transport and customs clearance.</li> </ul>
Risks related to insecurity and socio-political unrest	<ul style="list-style-type: none"> <li>❖ Conducting remote interviews (Zoom, Google Meet and Microsoft Teams) for meetings and interviews in Port-au-Prince with DINEPA.</li> <li>❖ Round-trip air travel for consultants to avoid passing through Martissant and Morne Cabri.</li> <li>❖ Respect for the security principles of the United Nations.</li> </ul>
Severe Weather and Natural Disasters (The study was conducted during cyclone season)	<ul style="list-style-type: none"> <li>❖ Consideration of measures for prevention and adaptation to natural disasters.</li> <li>❖ Compliance with the measures issued by the General Directorate of Civil Protection.</li> </ul>
Difficulties accessing the sample areas	<ul style="list-style-type: none"> <li>❖ The main limitation of this study is the limited accessibility of the sampled areas in rural regions during the rainy season due to poor road conditions and accessibility issues. Every effort was made to visit all sampled areas, within the constraints established to ensure the safety of the field data collectors and supervisors.</li> </ul>
Fuel scarcity and rising prices in the departments targeted by the survey	<ul style="list-style-type: none"> <li>❖ Strategic travel planning, grouping field missions to optimize fuel usage;</li> <li>❖ Seeking alternative sources of fuel supply, such as reliable local suppliers or partnerships with other organizations that can help solve this problem.</li> </ul>
Information withholding and bias in the responses provided	<ul style="list-style-type: none"> <li>❖ Reassure participants that the information collected will be confidential and ensure confidentiality;</li> <li>❖ The data collected was focused on facts rather than statements that are difficult to verify.</li> </ul>
Risks related to data availability and reliability	<ul style="list-style-type: none"> <li>❖ Proceed by triangulating information and data sources to improve data reliability;</li> <li>❖ Adapt the methodology according to the availability of data.</li> </ul>

### 3. Presentation of the indicators to be completed as part of the study

In this chapter we take care to present the main indicators of the study.

- Indicators related to Intermediate Outcome 1000 (Pillar 1): Strengthening demand and management of WASH services in municipalities.

Indicator	Definition
Percentage of approved interventions implemented in accordance with municipal action plans.	<i>Percentage of interventions that received official approval/mission from city halls through a letter of request or other written documents, that have been implemented or are being implemented by HANWASH or its partners.</i>
Number of municipalities with action plans that explicitly include each aspect of W, S, H, WRM (water, sanitation, hygiene, water resource management).	<i>Many municipalities have comprehensive action plans that explicitly address the four aspects of WASH: water, sanitation, hygiene and water resource management.</i>
Percentage of service providers under the HANWASH initiative monitored in accordance with DINEPA/OREPA guidelines accepted by the mayor's office	<i>This indicator measures the percentage of service providers who regularly (i.e. monthly) submit reports to DINEPA and local authorities, in accordance with DINEPA's requirements in terms of indicators to be captured and data to be shared.</i>
Percentage of intervention service providers who are fully responsible in accordance with DINEPA/OREPA and mayoral requirements	<i>Percentage of intervention service providers who achieved a responsibility rating of 11 out of 11.</i>
Percentage of users satisfied with the quality, affordability, and reliability of the WASH services provided	<i>This indicator measures the proportion of customers in the municipalities served who are satisfied with the quality, affordability, and reliability of the WASH services provided.</i>
Average number of days required to resolve hydraulic infrastructure failures	<i>This indicator measures the average time required for service providers to resolve a failure of hydraulic infrastructure.</i>
Average number of days of drinking water service provided during the month by service providers	<i>This indicator measures the average number of days of drinking water service provided to users during the month by service providers.</i>
Water charge collection rates (broken down by type of service provider)	<i>Percentage of total water charges successfully collected from subscribers by service providers during a quarter, compared to the total amount billed or expected during that period. This indicator is broken down by type of service provider (CPE, professional operator, CAEPA, CTE).</i>
Number of municipalities that organized an annual evaluation of service providers with key stakeholders during the past year	<i>This indicator measures the number of municipalities in the area covered by the program that have held at least one formal and documented annual meeting in the past 12 months to assess the performance of water and sanitation service providers.</i>

- Indicators related to Interim Result 2000 (Pillar 2): Improvement of household access to, and use of, sustainable, affordable and safe water, sanitation and hygiene services.

Indicator	Definition
Percentage of the population of the targeted municipalities benefiting from at least a basic drinking water supply service.	<p><i>Percentage of the population of the targeted municipalities having access to at least one basic drinking water service, defined as an improved water source located within 30 minutes round trip.</i></p> <p><i>"...at least a basic drinking water service":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved water source (according to JMP classification)</i></li> <li><i>2) Less than 30 minutes round trip</i></li> </ol> <p><i>Note: This also includes basic and safely managed water services.</i></p>
Percentage of the population of the targeted municipalities benefiting from a safely managed drinking water supply service.	<p><i>Percentage of the population of the targeted municipalities having access to a safely managed drinking water service, defined as an improved water source accessible on site, available when needed and free from contamination.</i></p> <p><i>"Safely managed drinking water service":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved water source (according to JMP classification)</i></li> <li><i>2) Accessible on site</i></li> <li><i>3) Available when needed</i></li> <li><i>4) Free from E. coli and priority contaminants</i></li> </ol>
Percentage of the targeted water points that are functional, potable and whose budget is balanced or in surplus after two years.	<p><i>Percentage of targeted water points that are functional, potable and financially viable (balanced or surplus budget) after two years of operation.</i></p> <p><i>1a) Functional: The water point is in good working order and regularly supplies water in accordance with the original design specifications. OR</i></p> <p><i>1b) Partially functional but requiring repairs: the water point provides water regularly (possibly at reduced capacity), but repairs are needed due to a maintenance problem or a change in conditions on the site.</i></p> <p><i>2) "Potable": free from E. Coli and priority contaminants, as measured by water potability tests carried out quarterly by the water point committee.</i></p> <p><i>3) "Financially viable (balanced or surplus budget)": see the PowerPoint presentation with the definition of the financial viability of community-managed water points.</i></p> <p><i>4) "After 2 years": two years from the date of inauguration of each water point involved.</i></p>

Percentage of intervention communities verified as being free of open defecation (OD)	<p><i>Percentage of targeted communities verified as being free of open defecation (ODF) by the municipality's WASH committee.</i></p> <p><i>"ODF verified":</i></p> <p><i>0) Verification carried out by the WASH committee of the municipality.</i></p> <p><i>1) 100% of households have toilets that have been used at least once.</i></p> <p><i>2) The toilets meet minimum standards of hygiene, privacy and safety and comply with DINEPA minimum standards.</i></p> <p><i>3) The defecation areas identified during the contact visits showed no signs of fecal matter.</i></p> <p><i>4) Schools attended by 80% of children comply with hygiene standards.</i></p> <p><i>5) The main market frequented by the population has a usable sanitary block or an official procedure has been undertaken for this purpose.</i></p> <p><i>6) The community is willing to maintain an ODF state.</i></p>
Percentage of intervention communities certified as being free of open defecation (OD)	<i>Percentage of the targeted communities certified "open defecation free" (ODF) by the municipal committee and OREPA, and having retained this verified status for at least one year.</i>
Percentage of the population in the targeted municipalities benefiting from at least one basic sanitation service	<p><i>Percentage of the population of the targeted municipalities having access to at least one basic sanitation service, defined as improved and non-shared facilities.</i></p> <p><i>...at least a basic sanitation service:</i></p> <p><i>Basic</i></p> <p><i>1) Improved (according to the JMP classification)</i></p> <p><i>2) Not shared</i></p> <p><i>3) [At the household level]</i></p> <p><i>Note: Includes basic and safely managed sanitation services.</i></p>
Number of people benefiting from a basic sanitation service in the targeted municipalities	<p><i>Number of people newly gaining access to basic sanitation services in the municipalities covered by the program, thanks to HANWASH interventions.</i></p> <p><i>"Basic sanitation services":</i></p> <p><i>1) Improved (according to the JMP classification)</i></p> <p><i>2) Not shared</i></p> <p><i>3) At household level</i></p>



<p>Percentage of schools benefiting from at least basic drinking water, sanitation and hygiene services</p>	<p><i>Percentage of schools in the targeted municipalities with basic drinking water, sanitation and hygiene services, meeting the WHO/UNICEF JMP (Joint Monitoring Program) criteria for schools.</i></p> <p><i>"Basic drinking water service":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Currently available</i></li> </ol> <p><i>"Basic sanitation service":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Usable</i></li> <li><i>3) Separate toilets for girls and boys available</i></li> </ol> <p><i>"Basic hygiene service":</i></p> <ol style="list-style-type: none"> <li><i>1) Availability of handwashing facilities</i></li> <li><i>2) Presence of soap and water</i></li> </ol>
<p>Percentage of health facilities benefiting from at least basic drinking water, sanitation and hygiene services</p>	<p><i>Percentage of health facilities in the targeted areas with basic drinking water, sanitation and hygiene services, meeting the WHO/UNICEF JMP (Joint Monitoring Program) criteria for health facilities.</i></p> <p><i>"Basic drinking water services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) On site</i></li> <li><i>3) Currently available</i></li> </ol> <p><i>"Basic sanitation services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Usable</i></li> <li><i>3) Reserved for staff</i></li> <li><i>4) Separated by sex with facilities for menstrual hygiene</i></li> <li><i>5) Accessible to users with reduced mobility</i></li> </ol> <p><i>"Basic hygiene service":</i></p> <p><i>...In healthcare settings</i></p> <ol style="list-style-type: none"> <li><i>1) Existing facilities</i></li> <li><i>2) Soap and water or alcohol-based hand sanitizer available</i></li> </ol> <p><i>...In the toilets</i></p> <ol style="list-style-type: none"> <li><i>1) Within 5m of the toilet</i></li> <li><i>2) Existing facilities</i></li> <li><i>3) Soap and water present</i></li> </ol>

Many schools now benefit from a basic drinking water service	<p><i>Number of newly equipped schools with basic drinking water supply services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.</i></p> <p><i>"Basic drinking water supply services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Currently available</i></li> <li><i>3) Drinking</i></li> </ol>
Many healthcare facilities now benefit from basic drinking water services	<p><i>Number of newly equipped health facilities with basic drinking water supply services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.</i></p> <p><i>"Basic drinking water supply services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) On site</i></li> <li><i>3) Currently available</i></li> <li><i>4) Drinking</i></li> </ol>
Many schools now benefit from basic sanitation services	<p><i>Number of newly equipped schools with basic sanitation services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.</i></p> <p><i>"Basic sanitation services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Usable</i></li> <li><i>3) Separate toilets for girls and boys available</i></li> </ol>
Number of health facilities now benefiting from basic sanitation services	<p><i>Number of newly equipped health facilities with basic sanitation services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.</i></p> <p><i>"Basic sanitation services":</i></p> <ol style="list-style-type: none"> <li><i>1) Improved</i></li> <li><i>2) Usable</i></li> <li><i>3) Separate areas for staff and patients</i></li> <li><i>4) Separated by sex with menstrual hygiene facilities</i></li> <li><i>5) Accessible to users with reduced mobility</i></li> </ol>

Many schools now benefit from basic hygiene services	<p><i>Number of newly equipped schools with basic hygiene services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.</i></p> <p><i>"Basic hygiene":</i></p> <ol style="list-style-type: none"> <li><i>1) Availability of handwashing facilities</i></li> <li><i>2) Presence of soap and water</i></li> </ol>
Many healthcare facilities now benefit from basic hygiene services	<p><i>"Number of newly equipped health facilities with basic hygiene services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.</i></p> <p><i>"Basic hygiene":</i></p> <p><i>...In healthcare settings</i></p> <ol style="list-style-type: none"> <li><i>1) Existing facilities</i></li> <li><i>2) Soap and water or alcohol-based hand sanitizer available</i></li> </ol> <p><i>...In the toilets</i></p> <ol style="list-style-type: none"> <li><i>1) Within 5 m of the toilet</i></li> <li><i>2) Existing facilities</i></li> <li><i>3) Soap and water present »</i></li> </ol>

🚩 Indicators related to Intermediate Outcome 3000 (Pillar 3): Extension of reach and resources through collective action with other national and international actors.

Indicator	Definition
Cumulative amount of funds committed in accordance with HANWASH's core values, based on a memorandum of understanding signed with HANWASH	<i>Cumulative amount (in US dollars) committed to projects aligned with HANWASH's core values: local leadership, collaboration, systematic approach, impact and commitment.</i>
Percentage of implementing partners in HANWASH program areas that have signed the DINEPA framework agreement.	<p><i>Percentage of implementing partners in the areas covered by the HANWASH program who have signed the DINEPA Framework Agreement, thus ensuring compliance with national standards.</i></p> <p><i>(Number of implementing partners who have signed the Framework Agreement / Total number of implementing partners in the areas covered by the HANWASH program) x 100</i></p>

## 4. Results and analysis at the water point level

This section of the report deals with the results and analysis at the level of the water points (disaggregated by municipality of intervention).

### 4.1. Distribution of surveyed water points by type and management structure

To have access to basic or lower than basic water, the population uses improved water points (Kiosk, Fountain, Borehole equipped with Pump, Protected Well, Protected Springs, Rainwater basins) and unimproved water points (Unprotected Well, Unprotected Springs, River).

At the time of the study, 1 703 water access points were surveyed across the 5 targeted communes where HANWASH operates. The majority of these water points are boreholes equipped with pumps, representing 40.5% of the surveyed water points. Other water points included public fountains (12.4%), unprotected wells (11.9%), unprotected springs (10.7%), protected wells (9.5%), kiosks (6.0%), protected springs (4.9%), household connections in the yard (2.4%), rainwater basins (0.8%), rivers (0.5%), and household connections inside the house (0.3%). Note that 76.8% of these surveyed access points are improved water points compared to 23.2% of non-improved water points.

**Table 7: Distribution of surveyed water points in municipalities by type**

Distribution of water points in municipalities by type							
	Cavaillon	Léogâne	Terre-Neuve	Ferrier	Pignon	Total	Percentage
Kiosk	28	34	23	2	15	102	6.0%
Fountain	79	75	40	5	12	211	12.4%
Drilling equipment with pump	103	298	2	86	201	690	40.5%
Protected well	17	83	13	12	36	161	9.5%
Unprotected well	4	110	14	63	12	203	11.9%
Protected sources	39	12	23	1	9	84	4.9%
Unprotected sources	60	7	81	1	34	183	10.7%
Impluvium	7	1	2	4		14	0.8%
River		1		8		9	0.5%
Home connection inside the house		3			2	5	0.3%
Home delivery on the courtyard	5	23	1	1	11	41	2.4%
Total	342	647	199	183	332	1703	100.0%

Effective management of water points is essential to ensure the operation and sustainability of the drinking water service in the community, whether in terms of infrastructure upkeep and maintenance, financial management, or accountability to users. Water points are managed either by community structures that have signed an agreement with the water sector authority (DINEPA), by DINEPA through the CTEs (Territorial Water Committees), or by local committees or private management bodies. Of the 1 703 water points inventoried, 49.21% have a management model against 50.79% which do not have a formal management structure.

Indeed, according to the study data, the management of water points in the 5 targeted municipalities where HANWASH operates is ensured in 15.91% cases reported by members of the community, 9.28% by water point committees, 2.00% by CAEPA, 1.17% by professional operators, 0.18% by CTEs and 20.67% of the water points surveyed at the level of the 5 municipalities are managed by private individuals.

**Table 8: Water point management methods by municipality**

Distribution of water points in municipalities by Management Method								
Municipality	Unsigned committee	CPE	CAEPA	OP	CTE	Private	No Management	Total
Cavaillon	1.00%	2.06%	0.59%	0.00%	0.00%	2.06%	14.39%	<b>20.08%</b>
Ferrier	0.00%	0.65%	0.06%	0.65%	0.00%	2.88%	6.52%	<b>10.75%</b>
Léogâne	11.80%	1.88%	0.18%	0.18%	0.18%	11.51%	12.27%	<b>37.99%</b>
Pignon	2.70%	4.52%	0.18%	0.35%	0.00%	4.05%	7.69%	<b>19.50%</b>
Terre-Neuve	0.41%	0.18%	1.00%	0.00%	0.00%	0.18%	9.92%	<b>11.69%</b>
<b>Total</b>	<b>15.91%</b>	<b>9.28%</b>	<b>2.00%</b>	<b>1.17%</b>	<b>0.18%</b>	<b>20.67%</b>	<b>50.79%</b>	<b>100.00%</b>

## 4.2. Distribution of surveyed water points by type and functionality status

For the purposes of this study, a water point is considered functional if there was water available at the time of the survey, or it provides water to the community according to the scheduled distribution schedule.

According to the survey results, 64.2% of water points are functional, 6.4% are partially functional and 29.4% are non-functional.

**Table 9: Distribution of water points in municipalities by functional status**

Municipality	Total number of water points inventoried	Functional	Partially functional	Non-functional	Total
Cavaillon	342	11.7%	0.6%	7.8%	<b>20.08%</b>
Ferrier	183	5.6%	0.4%	4.8%	<b>10.75%</b>
Léogâne	647	28.4%	2.4%	7.2%	<b>37.99%</b>

Municipality	Total number of water points inventoried	Functional	Partially functional	Non-functional	Total
Pignon	332	10.8%	1.4%	7.3%	<b>19.50%</b>
Terre-Neuve	199	7.8%	1.6%	2.3%	<b>11.69%</b>
Total	1 703	64.2%	6.4%	29.4%	100%

### 4.3. Distribution and analysis of surveyed water points by potability status

As an essential element for life, water must be available to the population in sufficient quantities, and its quality is equally important to prevent the spread of waterborne diseases. Microbiological analysis using the compartmentalized bag method from Aquagenx allows for the detection of *E. coli* in water samples. It should be noted that *Escherichia coli* (*E. coli*), which is a bacterium found in the digestive tract of humans, mammals, and birds. While the majority of *E. coli* strains are harmless, some can cause severe cases of diarrhea and, in some cases, death. Indeed, in the five municipalities covered by the study, we collected a 100 ml sample from each of the 64.2% functional and 6.4% partially functional water points to test for *E. coli*; the tests revealed the presence of *E. coli* in 45% of the samples.

**Table 10: Distribution of water points in municipalities according to potability status**

Distribution of water points in municipalities according to potability status				
Municipality	Total PE tested	Presence of <i>E. coli</i>	Absence of <i>E. coli</i>	Percentage
Cavaillon	214	9%	11%	20%
Ferrier	97	4%	5%	9%
Léogâne	494	22%	23%	45%
Pignon	155	4%	10%	14%
Terre-Neuve	137	6%	6%	12%
Total	1 097	45%	55%	100%

## 5. Results and analyses on access to WASH services at household level

This section focuses on results and analyses of access to WASH services at household level.

### 5.1. Characteristics of the households surveyed

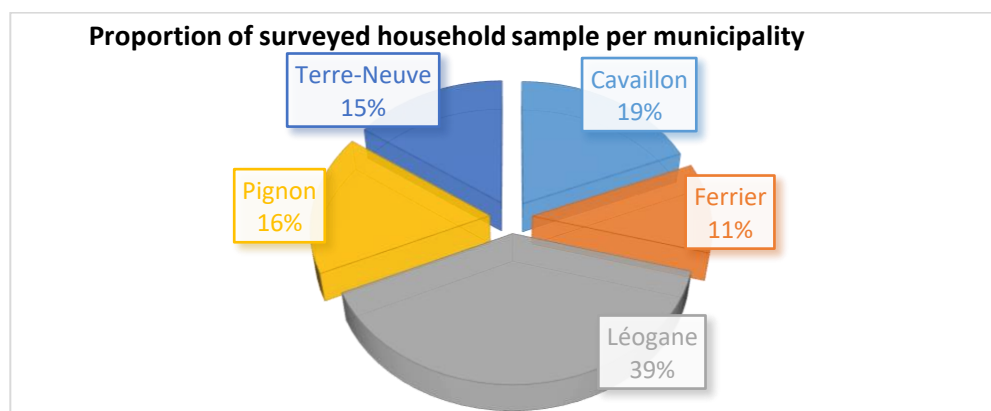
#### 5.1.1. Geographical distribution of surveyed households

The survey of 1 720 households across five municipalities provides a better understanding of the geographical distribution of populations between urban and rural areas. A significant majority of households in the sample, 1 256, reside in rural areas, representing 73% of the total. The remaining 464 households (27%) are located in urban areas.



Léogâne stands out as the most represented municipality in the survey, with 669 households interviewed, representing nearly 39% of the total sample, 75% of which reside in rural areas. Cavaillon comes in second with 321 households (19% of the total), the vast majority (81%) of which also live in rural areas. The municipalities of Pignon and Terre-Neuve follow, with 286 and 261 households surveyed respectively; the rural proportion reaches nearly 69% in Pignon and exceeds 94% in Terre-Neuve. Conversely, Ferrier is the only municipality where the urban population is in the majority, representing 72.1% of the households surveyed (See Table 12 and Figure 2).

**Figure 2: Geographical distribution of surveyed households by municipality**



Reference: HANWASH Baseline Survey – July 2025

**Table 11 : Geographical distribution of surveyed households by municipality and by type of residence**

Municipality		Living environment		
		Rural	Urban	Total
Cavaillon	Effective	260	61	321
	%	81.0%	19.0%	100.0%
Ferrier	Effective	51	132	183
	%	27.9%	72.1%	100.0%
Léogâne	Effective	502	167	669
	%	75.0%	25.0%	100.0%
Pignon	Effective	197	89	286
	%	68.9%	31.1%	100.0%
Terre-Neuve	Effective	246	15	261
	%	94.3%	5.7%	100.0%
Total	Effective	1256	464	1720
	%	73.0%	27.0%	100.0%

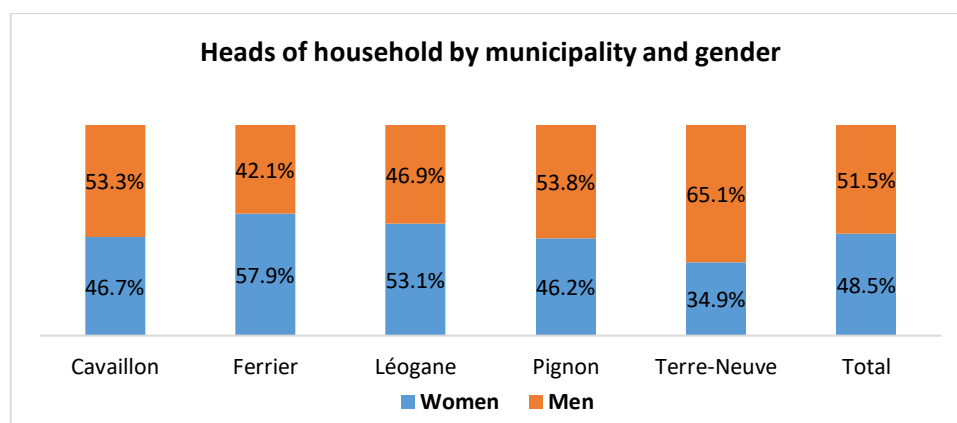
Reference: HANWASH Baseline Survey – July 2025

### 5.1.2. Distribution of heads of household by gender

Analysis of the distribution of heads of household<sup>2</sup> by gender breakdown (see Figure 3) reveals a generally balanced situation, with a slight male predominance: 51.5% of household heads are men, compared to 48.5% women. This apparent parity at overall level, however, masks marked differences between municipalities.

- **Ferrier and Léogâne** stands out from the rest of the municipalities, with a majority of women at the head of households (57.9% for Ferrier versus 53.1% for Léogâne).
- Conversely, the situation is different in the other municipalities: Cavaillon: 53.3% of household heads are men; Pignon: 53.8% of household heads are male; Terre-Neuve shows the strongest male dominance, with 65.1% of household heads being men.

**Figure 3: Distribution of heads of household by municipality and by gender**



*Reference: HANWASH Baseline Survey – July 2025*

### 5.1.3. Distribution of heads of household by employability status

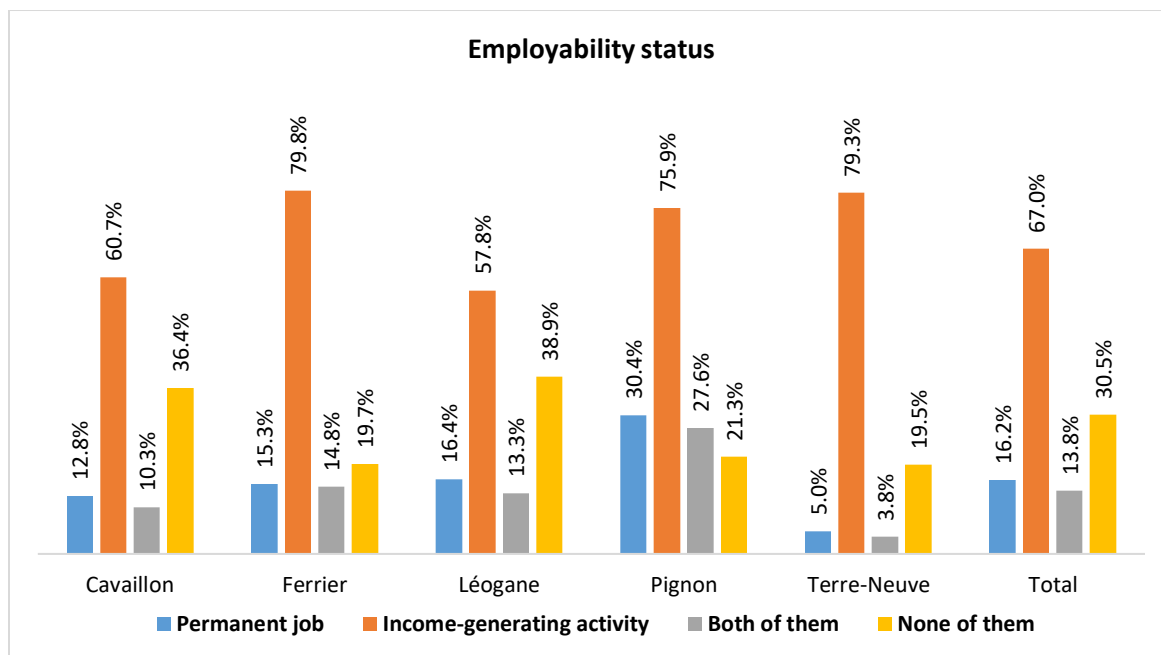
Analysis of the economic activities reported by the surveyed households shows that the majority of household heads do not have permanent employment but instead engage in income-generating activities (IGAs). On average, 67.0% of respondents reported having an IGA, compared to only 16.2% with permanent employment and 13.8% combining both types of activities. Furthermore, 30.5% of household heads have neither permanent employment nor an IGA, representing a significant proportion of households potentially in a situation of economic vulnerability.

The disparities between municipalities are striking. Pignon stands out with the highest proportion of household heads with permanent employment (30.4%) and those holding both types of jobs (27.6%), suggesting a somewhat more diversified economic fabric. Terre-Neuve, conversely, has

2. The head of household is the person who directs or makes decisions for the household. This role may be assigned based on age, gender, economic status (such as being the primary breadwinner), or other factors. It is up to the interviewee to designate who the head of household is, as long as it is a member of the household.

the lowest proportion of household heads with permanent employment (5.0%) and those holding both types of jobs (3.8%), although 79.3% of them have income-generating activities (IGAs). Ferrier also has a high rate of IGAs (79.8%), but only 15.3% have permanent employment. In Léogâne and Cavaillon, the situation is relatively moderate, with 16.4% and 12.8% of households having permanent employment respectively, but also relatively high rates of households with no source of income (38.9% and 36.4% respectively) (See Figure 4).

**Figure 4: Distribution of heads of households by employability status**



Reference: HANWASH Baseline Survey – July 2025

#### 5.1.4. Average household size in the target municipalities

The demographic data of the households surveyed in the five municipalities reveals a relatively homogeneous family composition, with an average size ranging from 4.8 to 5.4 people per household. On average, a typical household comprises 5.0 people.

In Cavaillon and Ferrier, households average 5.1 people, with a similar distribution of children under five (1.0 boy and 0.9 girl in Cavaillon; 0.8 each in Ferrier). Adults aged 18 and over make up the majority in each household, with 1.6 to 1.7 women in Cavaillon and 1.5 to 1.7 men in Ferrier, reflecting a full or extended family structure.

Léogâne and Terre-Neuve have a lower average household size (4.8 people), although Terre-Neuve has a slightly higher proportion of infants (1.3 boys and 1.0 girls), which could indicate a higher birth rate. Pignon, on the other hand, stands out with the highest average household size (5.4 people), driven by a balanced ratio of adults to children.

**Table 12: Average household size per municipality, gender and age group**

Municipality	Boy under 5 years old	Girl under 5 years old	Female, 18 years and older	Male, 18 years and older	Boys aged 5 to 17	Girls aged 5 to 17	Total
<b>Cavaillon</b>	1.0	0.9	1.6	1.7	0.3	0.4	5.1
<b>Ferrier</b>	0.8	0.8	1.7	1.5	0.3	0.3	5.1
<b>Léogâne</b>	0.9	0.9	1.7	1.4	0.4	0.5	4.8
<b>Pignon</b>	1.0	0.8	1.6	1.3	0.4	0.4	5.4
<b>Terre-Neuve</b>	1.3	1.0	1.6	1.5	0.5	0.5	4.8
<b>Total</b>	1.0	0.9	1.7	1.5	0.4	0.4	5.0

Source: HANWASH Baseline Survey – July 2025

## 5.2. Household access to drinking water service

### 5.2.1. Distribution of households by level of access to drinking water service (based on JMP classification)

The JMP uses service scales to assess and compare progress made in different countries in terms of household, school, and health facility access to drinking water, sanitation, and hygiene services. The drinking water scale distinguishes five service levels, ranging from surface water use (no service) to safely managed drinking water supply services, corresponding to the global indicator for SDG target 6.1.

**Figure 5: SDG scale for drinking water services**

SERVICE LEVEL	DEFINITION
<b>SAFELY MANAGED SERVICES</b>	Drinking water from an improved water source accessible at home, available on demand, and free from fecal matter and contamination by priority chemicals
<b>BASIC SERVICES</b>	Drinking water from an improved source, provided the collection time does not exceed 30 minutes for a round trip, including waiting time.
<b>LIMITED SERVICES</b>	Drinking water from an improved source for which collection exceeds 30 minutes for a round trip, including waiting time.
<b>UNIMPROVED SERVICES</b>	Drinking water from an unprotected well or unprotected spring.
<b>SURFACE WATER SERVICES</b>	Drinking water taken directly from a river, dam, lake, pond, stream, canal, or irrigation canal.

Reference: *Progress in water, sanitation and household hygiene*

Overall, 67.3% of households have access to enhanced services (safely managed, basic, or limited water), compared to 32.7% with no services (non-enhanced or surface water). However, this overall figure masks significant disparities. Pignon has the highest coverage with 89.2% of households having enhanced services, followed by Ferrier (84.2%), while Terre-Neuve lags considerably behind with only 53.6% of households having enhanced services and nearly half (46.4%) without access to any service.

In terms of typology according to the SDG scale, safely managed services remain generally low, representing only 4.83% at the aggregate level. This highest level of the hierarchy is more frequent in Pignon (13.29%) and marginal in Cavaillon (4.05%) and Terre-Neuve (4.60%), while it is non-existent in Ferrier (0.0%). Access to a basic service is the predominant modality, with 48.78% of households having it. The highest values are observed in Ferrier (75.41%) and Pignon (63.29%). Conversely, Terre-Neuve shows a limited proportion (21.84%), confirming its structural deficit in reliable water infrastructure.

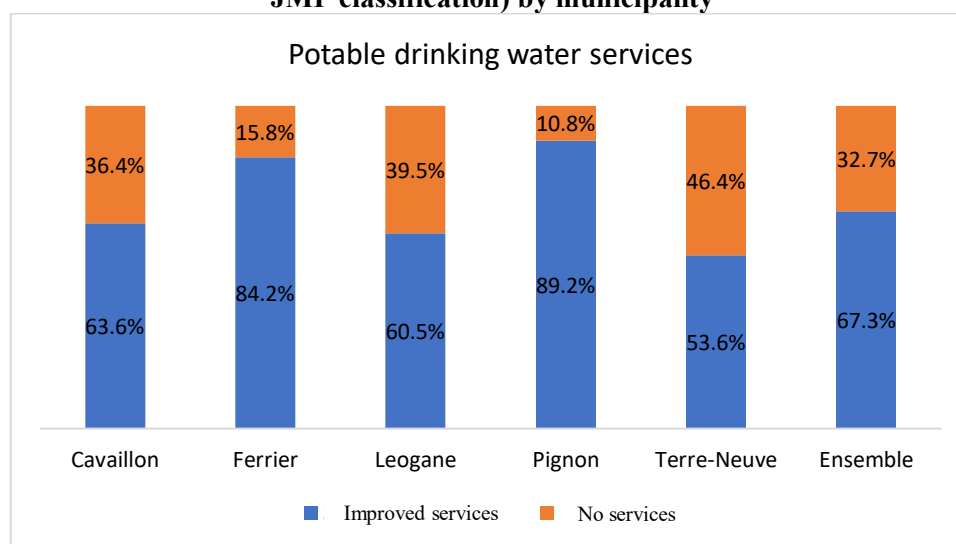
Limited services affect 13.72% of households, reflecting constrained access (supply time >30 minutes). The situation is particularly pronounced in Terre-Neuve (27.20%) and Cavaillon (20.25%), while Ferrier stands out with only 8.74%. The use of unimproved water sources remains a concern in several municipalities: an average of 28.08% of households are exposed to them, reaching 46.36% in Terre-Neuve and 36.45% in Cavaillon, compared to only 10.84% in Pignon. Finally, direct use of surface water, considered the lowest level on the SDG scale, is virtually non-existent except in L  og  ne, where 11.81% of households use it.

**Table 13: Distribution of households by level of access to drinking water service (according to the JMP classification) by municipality and by type of residence**

	<b>Cavaillon</b>	<b>Ferrier</b>	<b>L��og��ne</b>	<b>Pignon</b>	<b>Terre-Neuve</b>	<b>Together</b>
<b>Rural</b>	<b>81.00%</b>	<b>27.87%</b>	<b>75.04%</b>	<b>68.88%</b>	<b>94.25%</b>	<b>73.02%</b>
Managed safely	1.87%	0.00%	1.05%	3.15%	3.45%	1.80%
Basic	31.78%	14.21%	36.02%	48.25%	20.31%	32.56%
Limit	14.33%	2.19%	5.83%	12.24%	24.52%	10.93%
Unimproved	33.02%	11.48%	20.33%	5.24%	45.98%	23.14%
Surface water	0.00%	0.00%	11.81%	0.00%	0.00%	4.59%
<b>Urban</b>	<b>19.00%</b>	<b>72.13%</b>	<b>24.96%</b>	<b>31.12%</b>	<b>5.75%</b>	<b>26.98%</b>
Managed safely	2.18%	0.00%	1.94%	10.14%	1.15%	3.02%
Basic	7.48%	61.20%	14.35%	15.03%	1.53%	16.22%
Limit	5.92%	6.56%	1.35%	0.35%	2.68%	2.79%
Unimproved	3.43%	4.37%	7.32%	5.59%	0.38%	4.94%
Surface water	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Together</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Managed safely	4.05%	0.00%	2.99%	13.29%	4.60%	4.83%
Basic	39.25%	75.41%	50.37%	63.29%	21.84%	48.78%
Limit	20.25%	8.74%	7.17%	12.59%	27.20%	13.72%
Unimproved	36.45%	15.85%	27.65%	10.84%	46.36%	28.08%
Surface water	0.00%	0.00%	11.81%	0.00%	0.00%	4.59%

*Reference: HANWASH Baseline Survey – July 2025*

**Figure 6: Distribution of households according to the type of drinking water services (based on the JMP classification) by municipality**



Source: HANWASH Baseline Survey – July 2025

### 5.2.2. Distribution of surveyed households by municipality and type of water point used for drinking

Overall, public taps or standpipes are the most frequently used water source (22.0% overall), with a relatively balanced distribution: 22.5% in rural areas versus 20.7% in urban areas. However, some sources differ significantly depending on the environment. Water kiosks are very common in urban areas (33.0%) but less so in rural areas (6.8%), illustrating the urbanization of water sales points. Conversely, unprotected sources account for 19.7% of water use in rural areas, compared to only 0.6% in urban areas, highlighting more precarious access in rural areas. Similarly, surface water is used exclusively in rural areas (6.3%), an indicator of vulnerability. In urban areas, residents make greater use of sources such as sachet water (11.4% versus 4.8% in rural areas) and connections within housing developments (5.0% versus 1.0%). Furthermore, boreholes or tubular wells remain important in both areas, but more so in rural areas (18.7%). In short, while urban areas offer more structured access via kiosks and water sachets, rural areas still rely heavily on unimproved sources.

Comparing the types of drinking water points across the five municipalities studied reveals highly contrasting profiles in terms of water access. Cavaillon stands out due to its strong reliance on natural springs: 29% of households use an unprotected spring and 24% a protected one. Public taps (11.5%) and boreholes or tube wells (14.6%) complete the main means of supply. In Ferrier, the picture is more diverse and structured. The municipality shows a high rate of use of water distribution kiosks (39.9%) and boreholes (22.4%), with significant use of water delivered by tanker truck (7.1%) – much higher than elsewhere.



Léogâne, for its part, stands out for the high prevalence of public taps (26.6%) and the significant use of drinking water sachets (12.7%) and surface water (11.8%). Kiosks are also relatively common there (12.6%). In Pignon, the vast majority (41.6%) obtain their water from boreholes or tube wells, well above the rates in other municipalities. Kiosks (20.3%) and domestic connections (3.1%) supplement the supply. The use of connections from a neighbor's property or in a yard is also more frequent here.

Finally, Terre-Neuve presents a concerning situation: 45.2% of households rely on unprotected sources, and only 9.2% have access to a protected source. However, public taps remain the most common source (39.8%), particularly in urban areas. (See Table 13)

**Table 14: Distribution of households by municipality, type of residence and type of water point used for drinking water**

Types of water points used for drinking		Rural	Urban	Together
Cavaillon	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Other (specify)	1.5%	1.6%	1.6%
	Connections at the neighbor's	0.0%	3.3%	0.6%
	Connections within the housing estate, in the courtyard or on the plot	1.2%	6.6%	2.2%
	Home connections	1.2%	1.6%	1.2%
	Bottled water	1.2%	8.2%	2.5%
	Water in sachets	2.3%	6.6%	3.1%
	Water delivered - Trolley equipped with a small tank/barrel	0.0%	1.6%	0.3%
	Drilling or tubular well	10.8%	31.1%	14.6%
	Water distribution kiosk	5.8%	14.8%	7.5%
	Protected well	2.3%	0.0%	1.9%
	Public tap/water fountain	8.5%	24.6%	11.5%
	Unprotected source	35.8%	0.0%	29.0%
	Protected source	29.6%	0.0%	24.0%
Ferrier	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Bottled water	0.0%	0.8%	0.5%
	Water in sachets	9.8%	3.8%	5.5%
	Water delivered - Tanker truck	21.6%	1.5%	7.1%
	Drilling or tubular well	23.5%	22.0%	22.4%
	Water distribution kiosk	13.7%	50.0%	39.9%
	Unprotected well	9.8%	0.0%	2.7%
	Protected well	2.0%	0.0%	0.5%
Léogâne	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Other (specify)	8.8%	1.2%	6.9%
	Connections at the neighbor's	0.6%	3.6%	1.3%
	Connections within the housing estate, in the courtyard or on the plot	0.6%	4.2%	1.5%
	Home connections	0.2%	0.0%	0.1%
	Rainwater collection	1.6%	0.0%	1.2%
	Bottled water	0.2%	1.8%	0.6%
	Water in sachets	9.2%	23.4%	12.7%
	Water delivered - Trolley equipped with a small tank/barrel	0.4%	0.6%	0.4%
	Surface waters	15.7%	0.0%	11.8%

	Drilling or tubular well	16.7%	4.8%	13.8%
	Water distribution kiosk	6.6%	30.5%	12.6%
	Unprotected well	3.6%	1.2%	3.0%
	Protected well	2.6%	3.6%	2.8%
	Public tap/water fountain	27.5%	24.0%	26.6%
	Unprotected source	5.0%	1.2%	4.0%
	Protected source	0.8%	0.0%	0.6%
	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Other (specify)	0.5%	0.0%	0.3%
	Connections at the neighbor's	0.5%	15.7%	5.2%
	Connections within the housing estate, in the courtyard or on the plot	1.5%	12.4%	4.9%
	Home connections	2.5%	4.5%	3.1%
	Water in sachets	1.5%	5.6%	2.8%
	Water delivered - Trolley equipped with a small tank/barrel	0.0%	11.2%	3.5%
	Drilling or tubular well	56.3%	9.0%	41.6%
	Water distribution kiosk	15.7%	30.3%	20.3%
	Protected well	1.0%	0.0%	0.7%
	Public tap/water fountain	9.6%	1.1%	7.0%
	Unprotected source	5.6%	1.1%	4.2%
	Protected source	5.1%	9.0%	6.3%
Terre-Neuve	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Other (specify)	0.4%	0.0%	0.4%
	Connections at the neighbor's	0.4%	13.3%	1.1%
	Connections within the housing estate, in the courtyard or on the plot	1.6%	6.7%	1.9%
	Home connections	1.6%	0.0%	1.5%
	Water delivered - Trolley equipped with a small tank/barrel	0.0%	6.7%	0.4%
	Unprotected well	0.4%	0.0%	0.4%
	Public tap/water fountain	37.8%	73.3%	39.8%
	Unprotected source	48.0%	0.0%	45.2%
	Protected source	9.8%	0.0%	9.2%
Together	<b>Subtotal</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Other (specify)	4.0%	0.6%	3.1%
	Connections at the neighbor's	0.4%	5.2%	1.7%
	Connections within the housing estate, in the courtyard or on the plot	1.0%	5.0%	2.1%
	Home connections	1.0%	1.1%	1.0%
	Rainwater collection	0.6%	0.0%	0.5%
	Bottled water	0.3%	1.9%	0.8%
	Water in sachets	4.8%	11.4%	6.6%
	Water delivered - Tanker truck	0.9%	0.4%	0.8%
	Water delivered - Trolley equipped with a small tank/barrel	0.2%	2.8%	0.9%
	Surface waters	6.3%	0.0%	4.6%
	Drilling or tubular well	18.7%	13.8%	17.4%
	Water distribution kiosk	6.8%	33.0%	13.9%
	Unprotected well	1.9%	0.4%	1.5%
	Protected well	1.8%	1.3%	1.6%
	Public tap/water fountain	22.5%	20.7%	22.0%
	Unprotected source	19.7%	0.6%	14.5%
	Protected source	9.2%	1.7%	7.2%

Reference: HANWASH Baseline Survey – July 2025

### 5.2.3. Distribution of households by municipality and by water collection time

Table 15 illustrates the distribution of households with access to basic and improved water services according to water collection time, by municipality and by residential area.

Overall, more than half of households with access to improved water services collect water in 5 to 30 minutes, representing approximately 55% in total. However, variations exist depending on local contexts: in some municipalities such as Ferrier or Léogâne, this proportion exceeds 58%, reflecting a relative improvement in access.

Households spending less than 5 minutes collecting water represent 24.1% of the total, but this proportion reaches 31.9% in urban areas, compared to 20.3% in rural areas. This confirms that urban areas benefit from greater proximity to water points or more frequent household connections. Municipalities like Pignon and Léogâne particularly illustrate this situation, with high rates of urban households having rapid access to water.

Conversely, 20% of households spend more than 30 minutes collecting waste, mainly in rural areas (24.3%) and in municipalities like Terre-Neuve or Cavaillon, where more than half of households have to travel long distances.

**Table 15: Distribution of surveyed households by municipality, type of residence and water collection time**

	Rural	Urban	Total
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Less than 5 minutes (or very little time)	13.6%	16.0%	14.2%
Between 5 and 30 minutes	56.5%	46.0%	53.9%
More than 30 minutes	29.9%	38.0%	31.9%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Less than 5 minutes (or very little time)	26.7%	16.1%	18.2%
Between 5 and 30 minutes	60.0%	74.2%	71.4%
More than 30 minutes	13.3%	9.7%	10.4%
<b>Leogane</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Less than 5 minutes (or very little time)	25.1%	40.7%	29.6%
Between 5 and 30 minutes	61.3%	51.7%	58.5%
More than 30 minutes	13.2%	3.4%	10.4%
The members are not going to fetch water.	0.0%	1.7%	0.5%
I don't know	0.3%	2.5%	1.0%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Less than 5 minutes (or very little time)	25.8%	60.3%	35.7%
Between 5 and 30 minutes	54.9%	38.4%	50.2%
More than 30 minutes	19.2%	1.4%	14.1%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Less than 5 minutes (or very little time)	7.9%	7.1%	7.9%

Between 5 and 30 minutes	38.1%	42.9%	38.6%
More than 30 minutes	52.4%	50.0%	52.1%
The members are not going to fetch water.	1.6%	0.0%	1.4%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Between 5 and 30 minutes	55.1%	55.4%	55.2%
The members are not going to fetch water.	0.3%	0.5%	0.3%
Less than 5 minutes (or very little time)	20.3%	31.9%	24.1%
I don't know	0.1%	0.8%	0.3%
More than 30 minutes	24.3%	11.3%	20.0%

*Reference: HANWASH Baseline Survey – July 2025*

#### 5.2.4. Gender analysis<sup>3</sup> of the person who collects water for the household

Of the 1 720 respondents, adults constituted the majority of household water collectors, with 596 adult women (34.7%) and 426 adult men (24.8%). In Léogâne, adult men slightly outnumbered adult women (203, or 30.3%) (199, or 29.7%) in collecting water, while in Cavaillon, 111 adult men (34.6%) performed this task compared to 86 adult women (26.8%). In contrast, in Ferrier, adult women represented 67 cases (36.6%) compared to only 25 adult men (13.7%), indicating a greater responsibility among women. In Terre-Neuve, more than half (57.9%) of household water collectors were adult women.

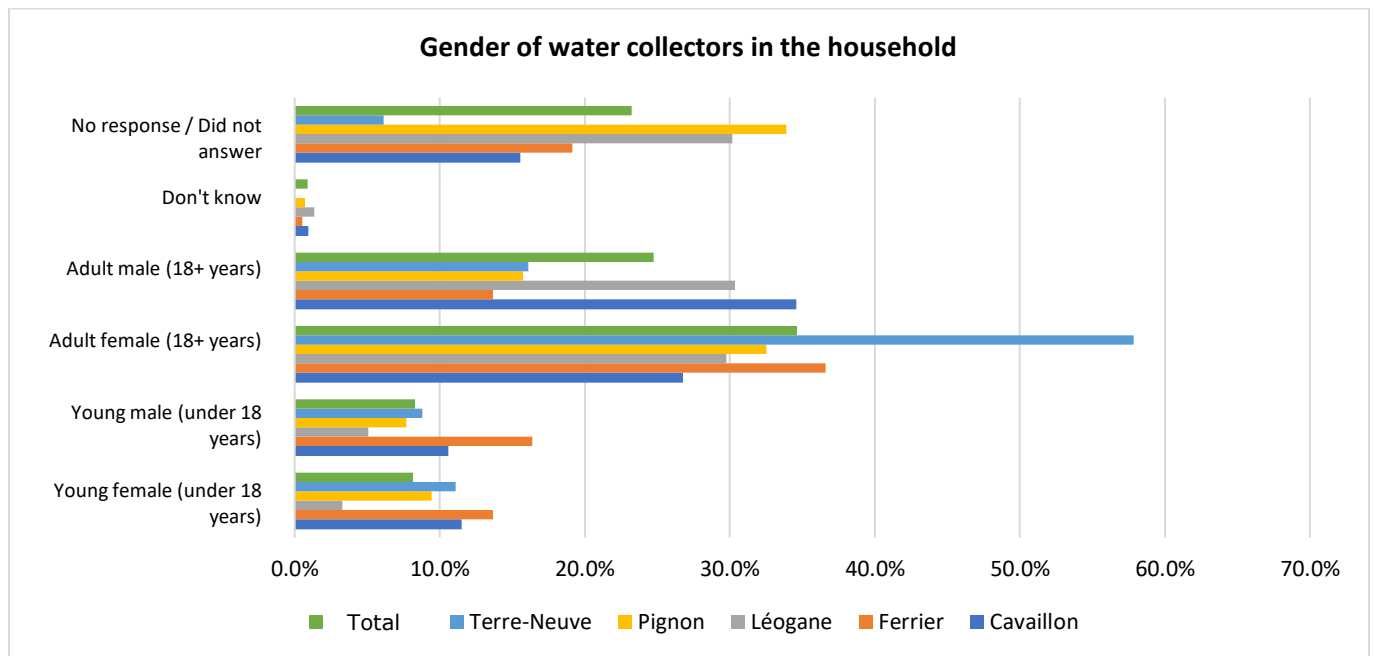
Among young people, participation is more balanced between the sexes: 143 boys (8.3%) and 140 girls (8.1%) collect water overall, showing that this responsibility is shared fairly equally among the youngest, even if their contribution remains less than that of adults.

Although adult women are generally the main water collectors (34.7%), this responsibility varies greatly between municipalities, with a stronger male presence in Léogâne and Cavaillon.

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3. The term gender refers to the roles, behaviors, expressions, and identities that society constructs for men, women, girls, boys, and people of diverse sexes and genders. Gender influences how people perceive themselves and others, how they act and interact, and the distribution of power and resources in society. Gender identity is neither binary (girl/woman, boy/man) nor static.

**Figure 7: Analysis of the gender of water collectors in the household**



*Reference: HANWASH Baseline Survey – July 2025*

#### 5.2.5. Analysis of water availability at the main water points used by households

The data reveals that 76.9% of households with access to a basic and improved water service have continuous water availability (24 hours a day, 7 days a week), while approximately 16.6% have daily but intermittent access.

Indeed, continuous access to water is significantly more frequent in rural areas (82.3%) than in urban areas (66.0%). This may seem paradoxical, but it is often explained by urban dependence on public water networks subject to frequent outages, unlike some rural areas with permanent local water sources. Municipalities such as Cavaillon (89.7%) and Léogâne (84.0%) have the highest rates of continuous water supply.

Conversely, areas such as Ferrier and Terre-Neuve have more limited water availability, with 55.8% and 75.0% of households, respectively, having continuous access to water. In these municipalities, a significant portion of the population depends on a partial supply, either daily but

with restricted hours, or irregular. For example, in Ferrier, over 40% of households report daily but not continuous water availability.

Finally, households reporting unpredictable or rare access represent a marginal proportion (around 4%), indicating that total supply disruptions are infrequent.

**Table 16: Water availability at the main sources used by households during the week preceding the survey**

Line labels	Rural	Urban	Total
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	0.0%	2.0%	0.5%
Not every day, and the schedule is unpredictable.	1.3%	4.0%	2.0%
Not every day, but according to a predictable schedule.	0.0%	6.0%	1.5%
Every day, but not every hour of the day	4.5%	12.0%	6.4%
All day, every day (24/7)	94.2%	76.0%	89.7%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Not every day, and the schedule is unpredictable.	3.3%	1.6%	1.9%
Not every day, but according to a predictable schedule.	0.0%	0.8%	0.6%
Every day, but not every hour of the day	26.7%	45.2%	41.6%
All day, every day (24/7)	70.0%	52.4%	55.8%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Not every day, and the schedule is unpredictable.	1.7%	2.5%	2.0%
Not every day, but according to a predictable schedule.	0.7%	5.1%	2.0%
Rarely	1.7%	1.7%	1.7%
Every day, but not every hour of the day	8.7%	14.4%	10.4%
All day, every day (24/7)	87.1%	76.3%	84.0%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	1.6%	2.7%	2.0%
Not every day, and the schedule is unpredictable.	1.1%	2.7%	1.6%
Not every day, but according to a predictable schedule.	3.8%	5.5%	4.3%
Rarely	0.0%	6.8%	2.0%
Every day, but not every hour of the day	23.6%	13.7%	20.8%
All day, every day (24/7)	69.8%	68.5%	69.4%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	1.6%	0.0%	1.4%
Not every day, and the schedule is unpredictable.	4.0%	7.1%	4.3%
Not every day, but according to a predictable schedule.	0.8%	21.4%	2.9%
Rarely	1.6%	7.1%	2.1%
Every day, but not every hour of the day	14.3%	14.3%	14.3%
All day, every day (24/7)	77.8%	50.0%	75.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	0.6%	0.8%	0.7%



Not every day, and the schedule is unpredictable.	1.9%	2.6%	2.2%
Not every day, but according to a predictable schedule.	1.3%	4.5%	2.3%
Rarely	0.9%	2.1%	1.3%
Every day, but not every hour of the day	13.0%	24.0%	16.6%
All day, every day (24/7)	82.3%	66.0%	76.9%

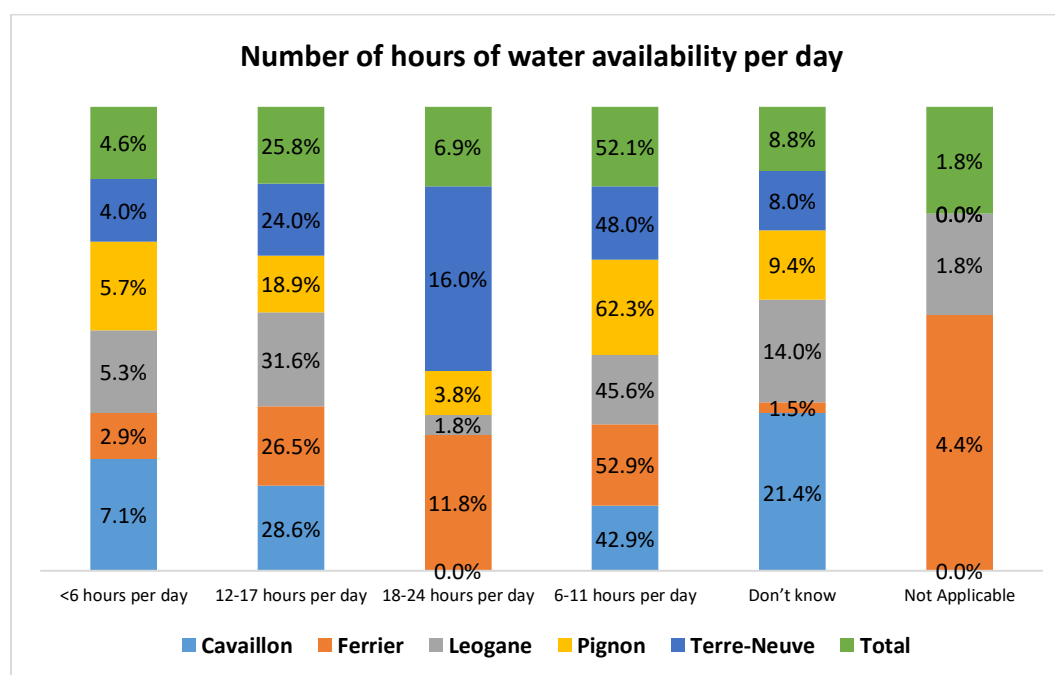
Reference: HANWASH Baseline Survey – July 2025

Among households that reported water is available at main sources every day but not at all times of day, the majority (52.1%) reported receiving water between 6 and 11 hours per day, illustrating a situation of moderate access. This trend is particularly pronounced in Pignon (62.3%), Ferrier (52.9%), and Terre-Neuve (48.0%).

Approximately a quarter of households (25.8%) report daily water availability of 12 to 17 hours. More specifically, in Léogâne (31.6%), Cavaillon (28.6%), and Terre-Neuve (24.0%), surveyed households are in this situation. Only 6.9% of households reported that water was available at the main source between 18 and 24 hours a day, with the highest rates in Terre-Neuve (16.0%) and Ferrier (11.8%).

Conversely, 4.6% of households have water available at their main sources for less than 6 hours a day, particularly in Cavaillon (7.1%) and Pignon (5.7%), reflecting significant insecurity in access. Furthermore, 8.8% of households could not estimate the daily duration of water availability, with marked uncertainty in Cavaillon (21.4%) and Léogâne (14.0%). (See Figure 8)

**Figure 8: Distribution of the average number of hours of water availability per day, at the main sources used by households**



Reference: HANWASH Baseline Survey – July 2025

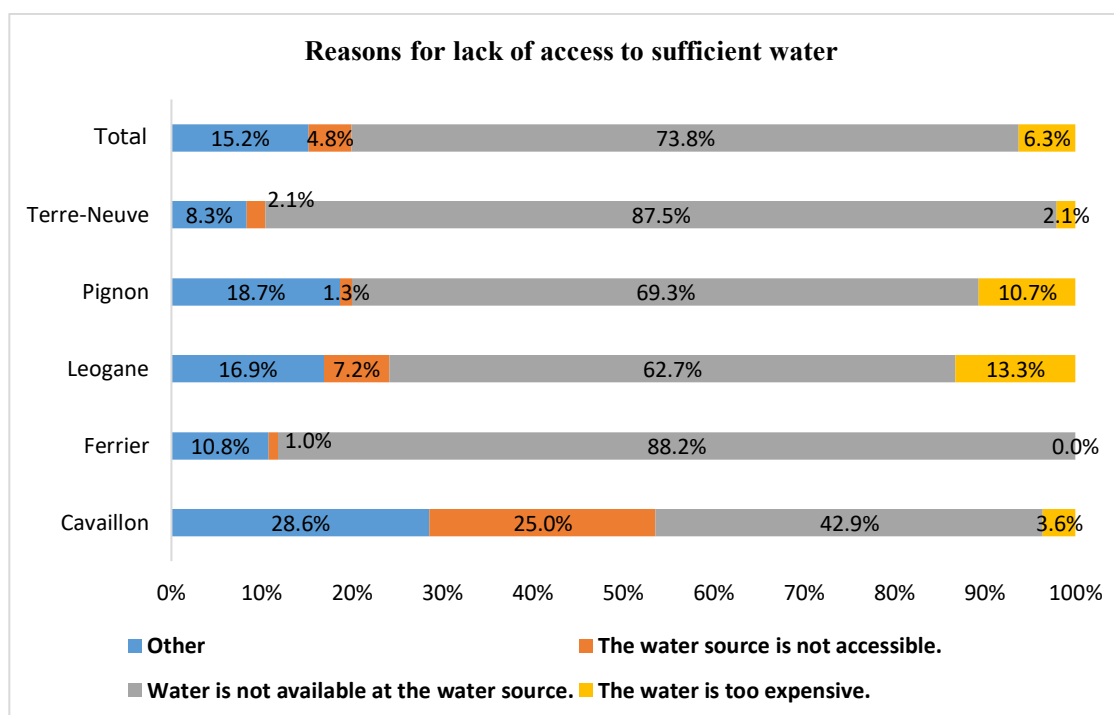
Across all the municipalities surveyed, the main reason cited by households for insufficient water is the unavailability of water at the source, mentioned by 73.8% of respondents. This structural constraint particularly affects Ferrier (88.2%), Terre-Neuve (87.5%), and Pignon (69.3%).

Secondly, 15.2% of households mention various reasons, classified in the "other" category. This proportion reaches 28.6% in Cavaillon and 18.7% in Pignon, suggesting specific problems not covered by the predefined categories, such as conflicts of use, poor water quality, or excessive distances.

Inaccessibility of the source is cited by 4.8% of households, with peaks of 25.0% in Cavaillon and 7.2% in Léogâne, which could reflect constraints related to topography, excessive distances, insecurity or non-functional infrastructure.

Finally, the cost of water is a barrier for 6.3% of households, although it remains marginal compared to other factors. However, it is a significant barrier in Léogâne (13.3%) and Pignon (10.7%), where some families may forgo purchasing water due to financial constraints.

**Figure 9 : Distribution of reasons for lack of access to sufficient water according to surveyed households**



Reference: HANWASH Baseline Survey – July 2025

### 5.2.6. Analysis of water conservation and treatment practices and methods at the household level

The breakdown of households according to the use of containers for storing drinking water shows that, overall, nearly 80% of households, in both rural and urban areas, report that these containers are not used for this purpose. Only a minority, around 17%, state that they use them to store drinking water, with notable local variations. In Cavaillon, storage is more frequent in rural areas (18.8%) than in urban areas (9.8%), while in Ferrier, practices are similar across both areas (approximately 30%).

In Léogâne, non-use is more pronounced in urban areas (10.8% versus 3.8%), and uncertainties only appear in rural areas. Pignon stands out with a very low use of storage ( $\approx 6\%$ ), contrasting with Terre-Neuve, where urban households make greater use of containers (33.3% versus 20.7% in rural areas).

**Painting17** Distribution of households according to whether the container used to store drinking water is used for other purposes, according to the type of residence

	Rural	Urban	Total
<b>Cavaillon</b>			
The household does not store drinking water	0.8%	0.0%	0.6%
No, it is not used for any other purpose.	80.4%	90.2%	82.2%
Yes, it is used for other purposes.	18.8%	9.8%	17.1%
<b>Ferrier</b>			
No, it is not used for any other purpose.	72.5%	69.7%	70.5%
Yes, it is used for other purposes.	27.5%	30.3%	29.5%
<b>Léogâne</b>			
The household does not store drinking water	3.8%	10.8%	5.5%
I don't know	0.4%	0.0%	0.3%
No, it is not used for any other purpose.	77.7%	74.3%	76.8%
Yes, it is used for other purposes.	18.1%	15.0%	17.3%
<b>Pignon</b>			
The household does not store drinking water	0.5%	0.0%	0.3%
I don't know	0.5%	0.0%	0.3%
No, it is not used for any other purpose.	92.4%	94.4%	93.0%
Yes, it is used for other purposes.	6.6%	5.6%	6.3%
<b>Terre-Neuve</b>			
The household does not store drinking water	1.2%	0.0%	1.1%
No, it is not used for any other purpose.	78.0%	66.7%	77.4%
Yes, it is used for other purposes.	20.7%	33.3%	21.5%
<b>Together</b>			
The household does not store drinking water	2.0%	3.9%	2.5%
I don't know	0.2%	0.0%	0.2%
No, it is not used for any other purpose.	80.4%	78.7%	79.9%
Yes, it is used for other purposes.	17.4%	17.5%	17.4%

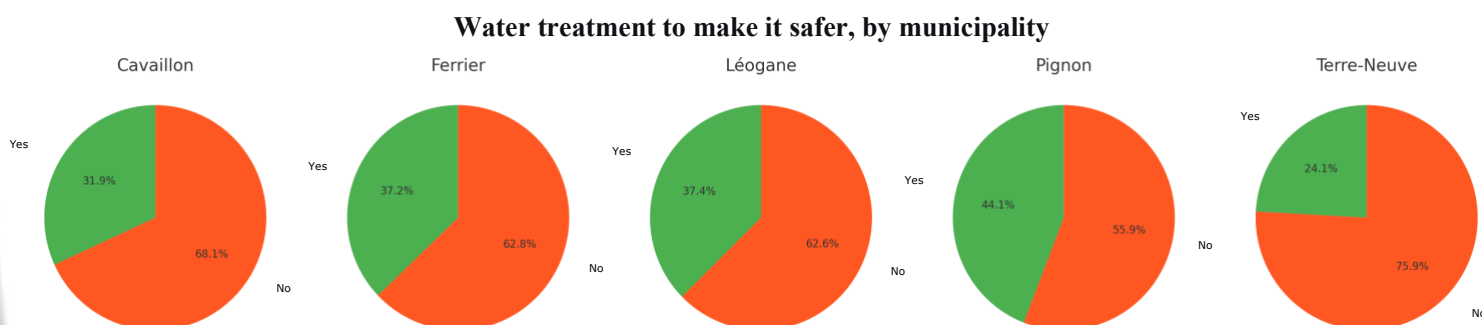
Reference: HANWASH Baseline Survey – July 2025

Analysis of water treatment practices reveals that nearly 35% of households surveyed report taking action to make water safer for consumption. This proportion is particularly high in Léogâne (37.4%) and Pignon (44.1%), two municipalities where water sources largely include unprotected or community-based points.

In contrast, in Ferrier and Terre-Neuve, a smaller proportion of households (37.2% and 24.1% respectively) use water treatment methods before consumption, although these localities also face challenges in accessing reliable drinking water. In Cavaillon, only 31.9% of households use water treatment methods, which may reflect either a perceived greater safety of access to water or a lack of awareness or resources to treat water effectively.

Finally, nearly two-thirds of households do not treat water at the point of consumption, thus exposing a large part of the population to potential water and health risks.

**Figure 10: Distribution of households according to whether or not they use a water treatment method to make it safer**



*Reference: HANWASH Baseline Survey – July 2025*

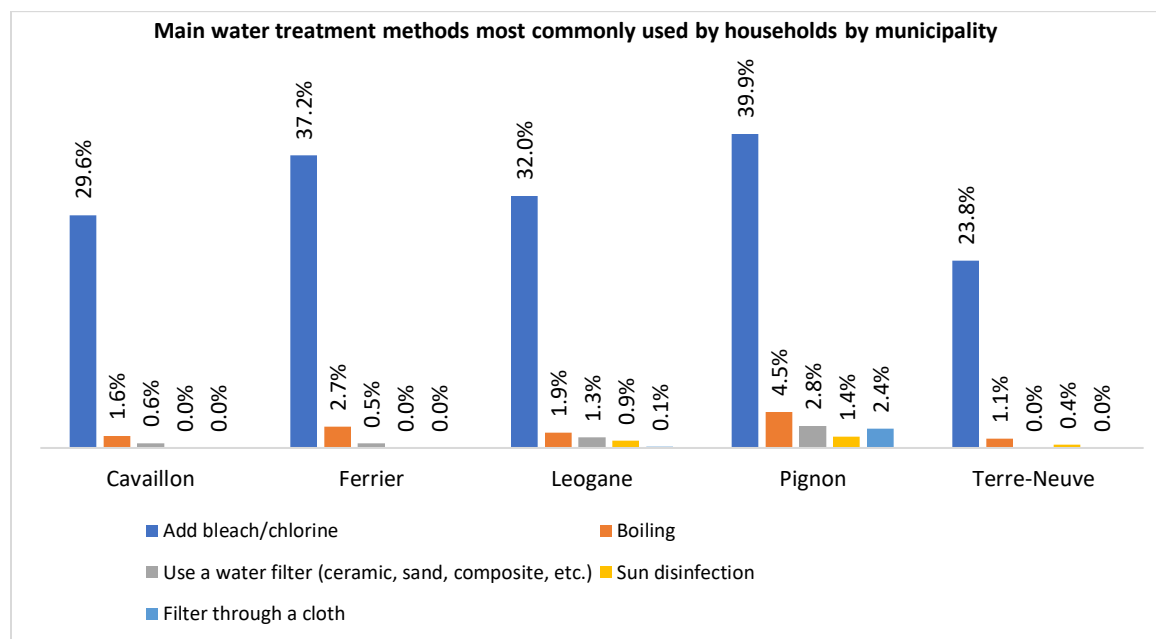
Overall, households overwhelmingly favor adding bleach or chlorine (32.2%) as a method for treating drinking water. Other practices remain marginal: boiling (2.3%), using water filters (1.2%), solar disinfection (0.6%), and filtering through a cloth (0.5%). Analysis by municipality confirms this trend, with some local variations. Pignon and Ferrier stand out for their high chlorine usage (39.9% and 37.2%, respectively), compared to only 23.8% in Terre-Neuve.

Boiling is slightly more frequent in Pignon (4.5%) but remains marginal elsewhere. The use of filters is rare, reaching a maximum of 2.8% in Pignon, and non-existent in Terre-Neuve. As for alternative methods, they are almost entirely absent: solar disinfection (0.9% in Léogâne and 1.4% in Pignon) or filtering with a cloth (2.4% in Pignon) concern only a minority.

**Figure 11: Main water treatment methods most commonly used by households**

Add bleach/chlorine	32.2%
Boiling	2.3%
Use a water filter (ceramic, sand, composite, etc.)	1.2%
Sun disinfection	0.6%
Filter through a cloth	0.5%

*Reference: HANWASH Baseline Survey – July 2025*



*Reference: HANWASH Baseline Survey – July 2025*

### 5.2.7. Analysis of household payment practices for access to water services, and factors hindering payment

81% of households report not paying for water, while 18.6% indicate being subject to charges.

Rural areas have a very high proportion of households that do not pay for water (83.4%), compared to 74.6% in urban areas. This likely reflects a greater reliance on natural sources (rivers, wells, springs) in rural areas, which are often free of charge, whereas urban areas more frequently use organized networks or suppliers associated with a billing system.

Pignon stands out sharply: nearly 53.2% of households there pay for water, with an even higher proportion in rural areas (nearly 60%). Conversely, Terre-Neuve and Cavaillon have very low payment rates, particularly in rural areas (5.3% and 6.5% respectively), suggesting essentially free access to water.

**Table 18 : Distribution of households according to whether they pay a tariff or water usage fees**

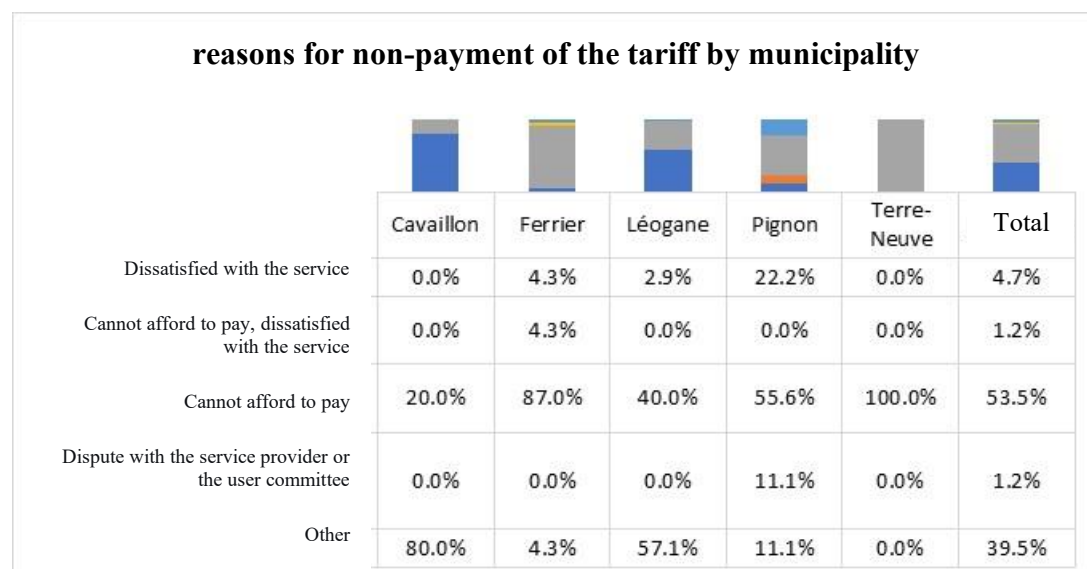
	Rural	Urban	Total
<b>Cavaillon</b>			
I don't know	0.00%	4.92%	0.93%
No	93.46%	60.66%	87.23%
Yes	6.54%	34.43%	11.84%
<b>Ferrier</b>			
No	88.24%	86.36%	86.89%
Yes	11.76%	13.64%	13.11%
<b>Léogâne</b>			
I don't know	0.40%	0.00%	0.30%
No	89.24%	77.25%	86.25%
Yes	10.36%	22.75%	13.45%
<b>Pignon</b>			
I don't know	0.51%	1.12%	0.70%
No	39.59%	60.67%	46.15%
Yes	59.90%	38.20%	53.15%
<b>Terre-Neuve</b>			
No	94.72%	80.00%	93.87%
Yes	5.28%	20.00%	6.13%
<b>Together</b>			
I don't know	0.24%	0.86%	0.41%
No	83.36%	74.57%	80.99%
Yes	16.40%	24.57%	18.60%

*Reference: HANWASH Baseline Survey – July 2025*

Among households reporting that they do not pay a water tariff or usage fee, 53.5% indicate that they cannot afford to pay. This constraint is particularly pronounced in Ferrier (87%) and Terre-Neuve (100%), where households' financial resources appear more limited. In Cavaillon, the main reason given is "Other" (80%), suggesting specific or contextual causes. In Léogâne and Pignon, dissatisfaction with the service appears more frequent, reaching 2.9% and 22.2% respectively for the "Not satisfied with the service" category. Finally, disputes with suppliers or user committees remain marginal (1.2%).



**Figure12: Distribution of households according to reasons for non-payment of the tariff by municipality**

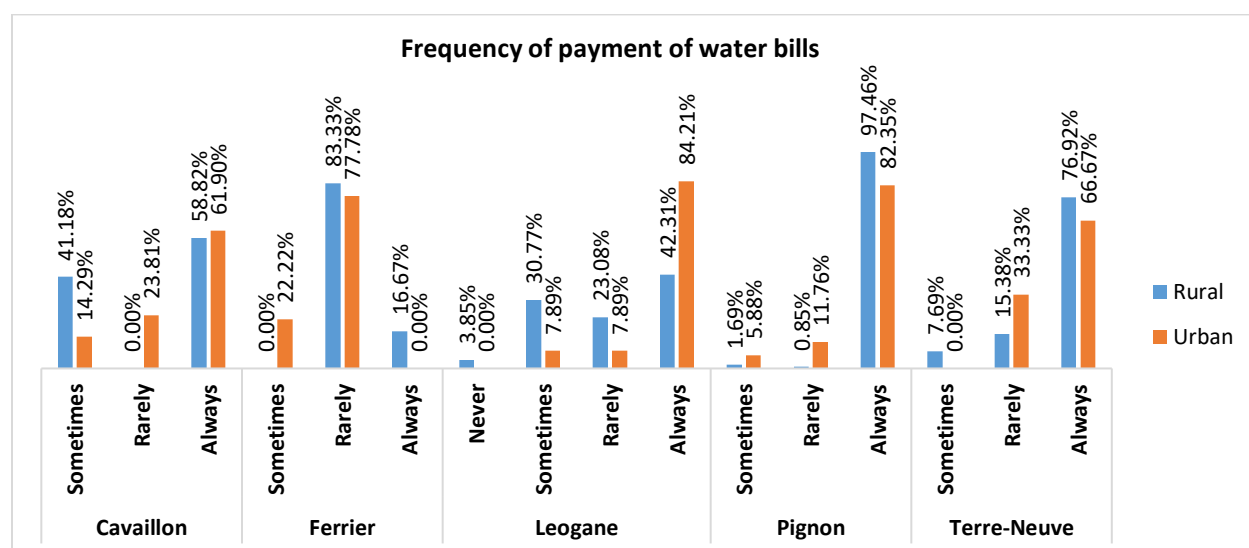


*Reference: HANWASH Baseline Survey – July 2025*

Data collected on the frequency of water usage fee payments shows that the majority of households in the category of those who pay for water report paying these fees regularly. Overall, nearly 73% of households say they "always" pay, indicating that paying for water is a fairly widespread practice. However, significant differences emerge when examining the results by municipality and by rural or urban area.

In Pignon, the situation is very clear: 94% of households in the category of those who say they pay water usage fees, or 53.15% of households surveyed in Pignon, stated that they always pay their water bills. In Cavaillon, approximately 60% of households who say they pay water usage fees say they always pay, but it is also noted that nearly 24% of urban households stated that they pay "rarely." In Ferrier, the majority of households that reported paying their water bills said they pay "rarely," and less than 5% stated that they always pay their bills. In Léogâne, 84% of urban households in the category of those who say they pay their water bills stated that they do so regularly, compared to only 42% of rural households. This may reflect a higher willingness to pay in urban areas than in rural areas of Léogâne. Finally, in Terre-Neuve, three-quarters of households that reported paying for water said they always did.

**Figure 13: Distribution of households by frequency of payment of their water bills**



Reference: HANWASH Baseline Survey – July 2025

### 5.2.8. Presentation and analysis of the results of residual chlorine tests carried out in the surveyed households

The residual chlorine test is a tool for measuring the concentration of free chlorine remaining in water after treatment. This residual chlorine ensures the continued protection of the water against microbiological contamination during storage or distribution. It is measured in milligrams per liter (mg/l), and its interpretation is based on the following thresholds:

**Table 19: Criteria for assessing residual chlorine levels**

Quality Test Results	Attribute given to water	Color code
0.0 mg per liter of water (mg/l)	Poor quality	Red
$0.1 \leq x < 0.49$	Low quality	Yellow
$0.5 \leq x \leq 1.0$	Qualitygood	Green
$x > 1.0$	Water described as "too chlorinated"	Purple

Reference: Water Quality Control Unit (CQE) of the Department of Service Management Support (UAGS) of DINEPA

Overall, water quality at household level (point of consumption) is alarming, with a very low proportion of analyzed water samples showing residual chlorine levels that meet recommended standards: only 0.3% of tested water samples are of good quality, with a residual chlorine concentration between 0.5 and 1.0 mg/l, with no significant difference between rural (0.4%) and urban (0.2%) areas. This situation is found in all municipalities, particularly in Cavaillon, Ferrier, and Terre-Neuve, where no analyzed water sample reaches the "good" quality threshold, whether in rural or urban areas. These results demonstrate that chlorine treatment of drinking water is not a practice adopted by Haitian households.

The proportion of water samples of “poor quality” varies depending on the environment. This proportion is higher in rural areas (9.4%) than in urban areas (6.0%), which is explained by the predominance of natural springs or rivers with little or no treatment in the countryside. Pignon, however, stands out with slightly better results, with 1.5% of water samples of good quality in rural areas and 1.1% in urban areas, and a significantly higher proportion of water samples of poor quality in rural areas (21.8%) than in urban areas (9.0%). Conversely, Terre-Neuve has the highest rates of poor water quality, exceeding 75% in both environments.

The proportion of samples without residual chlorine (“poor quality”) remains very high everywhere, but slightly lower in urban areas (64.2%) than in rural areas (67.8%), which reflects marginally better access to treatment systems in cities.

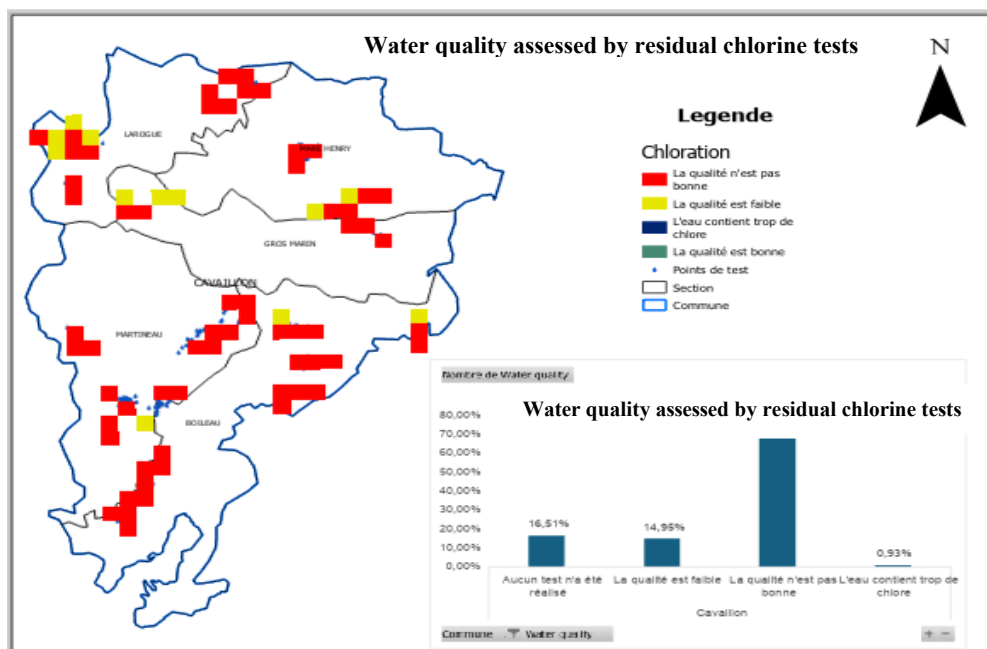
The tests were only carried out when approval was obtained from the respondent or a member of the household.

**Table 20 : Analysis of the results of residual chlorine tests carried out in the surveyed households by municipality and by type of residence**

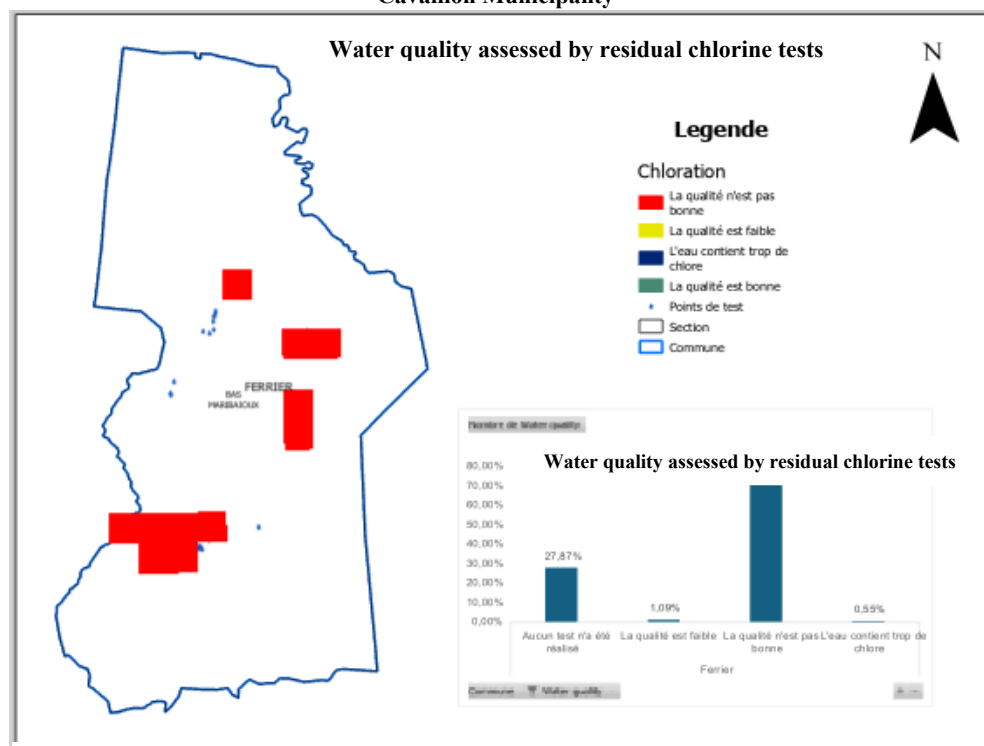
Municipality	Rural	Urban	Total
<b>Cavaillon 100% 100% 100%</b>			
The quality is good	0.0%	0.0%	0.0%
The quality is low	13.1%	23.0%	15.0%
The quality is poor	69.2%	60.7%	67.6%
The water contains too much chlorine	1.2%	0.0%	0.9%
No tests were carried out	16.5%	16.4%	16.5%
<b>Ferrier 100% 100% 100%</b>			
The quality is good	0.0%	0.0%	0.0%
The quality is low	0.0%	1.5%	1.1%
The quality is poor	68.6%	71.2%	70.5%
The water contains too much chlorine	0.0%	0.8%	0.5%
No tests were carried out	31.4%	26.5%	27.9%
<b>Léogâne 100% 100% 100%</b>			
The quality is good	0.4%	0.0%	0.3%
The quality is low	7.8%	1.8%	6.3%
The quality is poor	67.9%	67.7%	67.9%
The water contains too much chlorine	1.4%	1.2%	1.3%
No tests were carried out	22.5%	29.3%	24.2%
<b>Pignon 100% 100% 100%</b>			
The quality is good	1.5%	1.1%	1.4%
The quality is low	21.8%	9.0%	17.8%
The quality is poor	54.3%	47.2%	52.1%
The water contains too much chlorine	3.0%	0.0%	2.1%
No tests were carried out	19.3%	42.7%	26.6%
<b>Terre-Neuve 100% 100% 100%</b>			
The quality is good	0.0%	0.0%	0.0%
The quality is low	0.8%	6.7%	1.1%
The quality is poor	76.4%	80.0%	76.6%
The water contains too much chlorine	0.4%	0.0%	0.4%
No tests were carried out	22.4%	13.3%	21.8%

Together 100% 100% 100%				
The quality is good	0.4%	0.2%	0.3%	
The quality is low	9.4%	6.0%	8.5%	
The quality is poor	67.8%	64.2%	66.8%	
The water contains too much chlorine	1.4%	0.6%	1.2%	
No tests were carried out	21.1%	28.9%	23.2%	

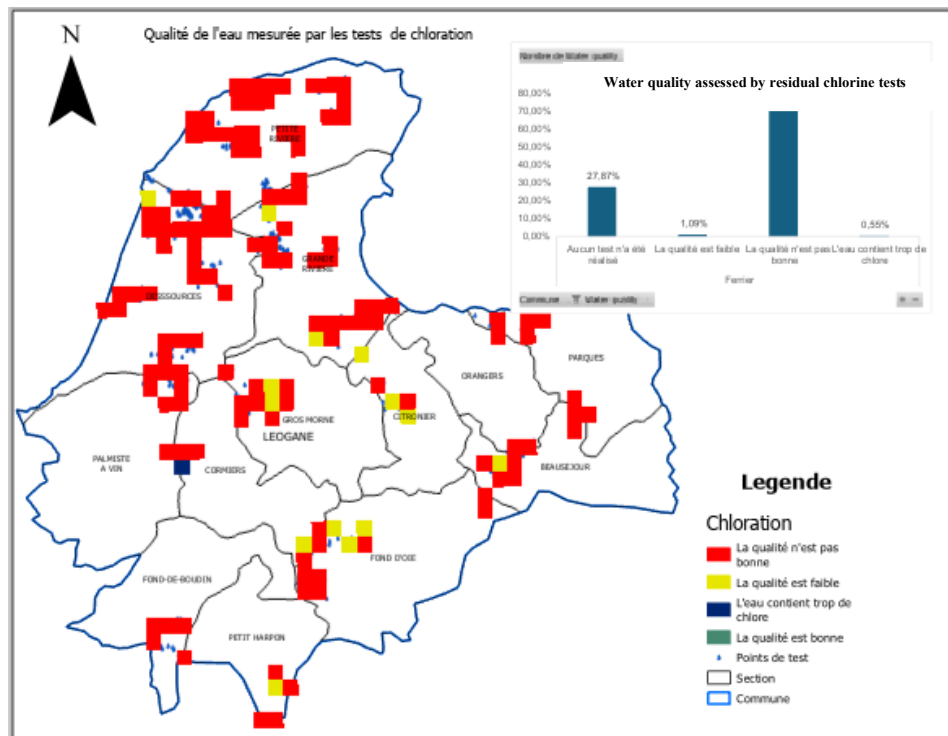
Reference: HANWASH Baseline Survey – July 2025



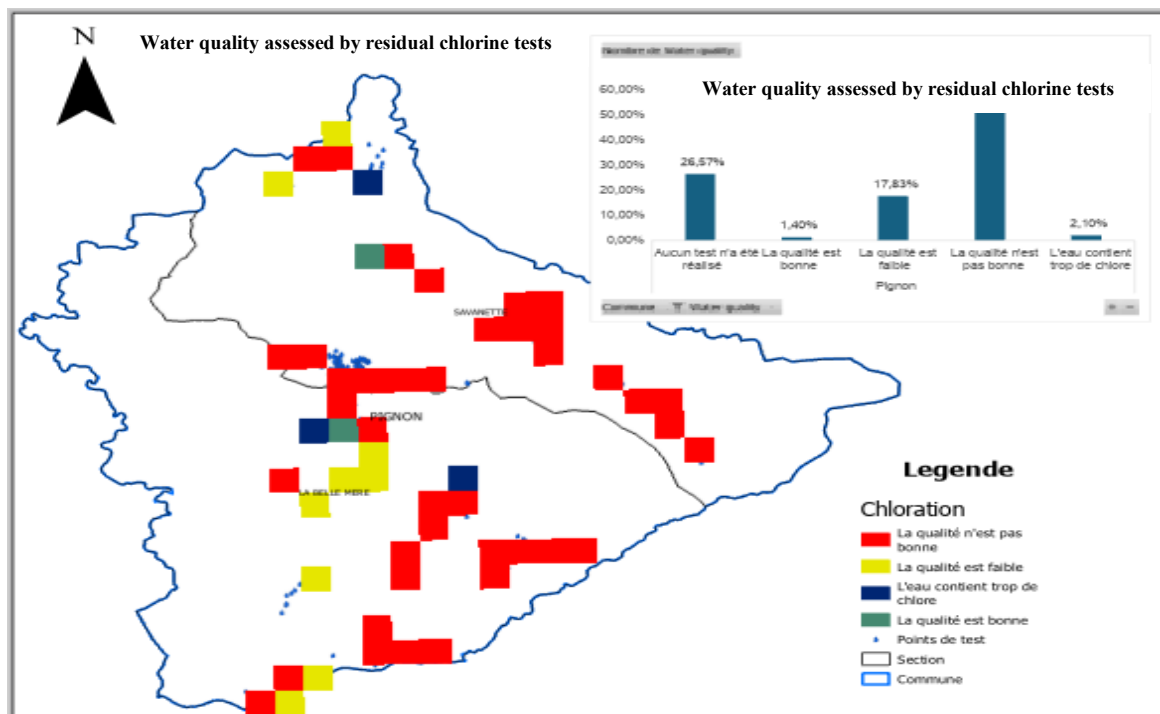
Cavillon Municipality



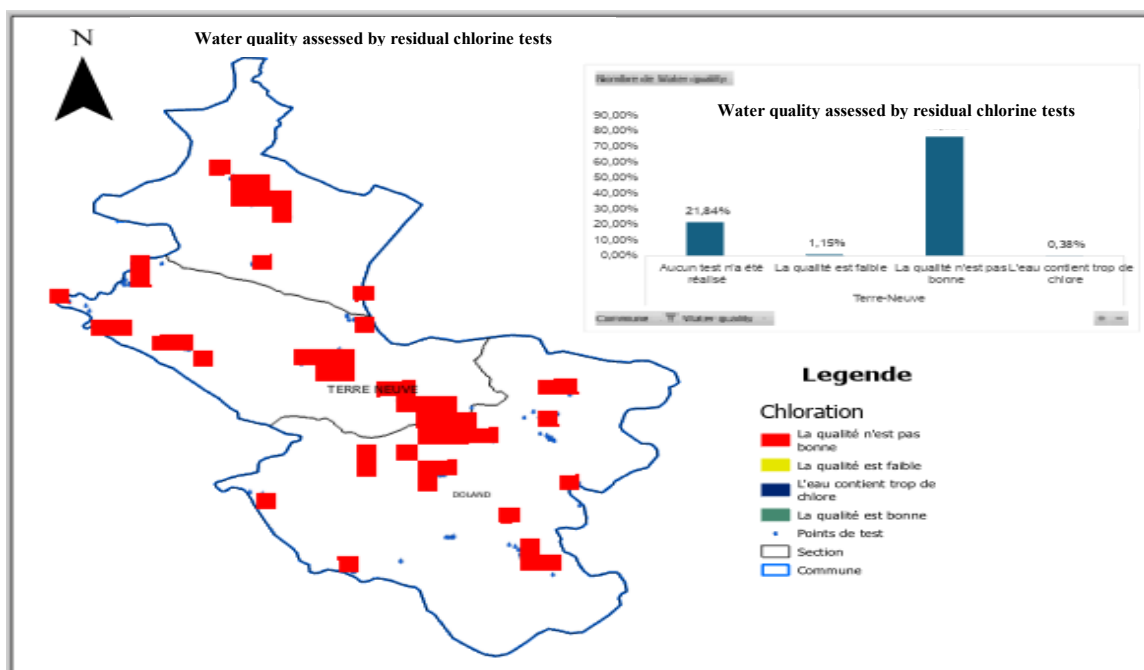
Ferrier Municipality



Léogâne Municipality



Pignon Commune



**Figure 14 : Terre-Neuve Commune**

The figures below reveal a worrying situation regarding drinking water quality at household level (point of consumption). Despite some differences, all the municipalities where HANWASH operates show a marked deficit in household water chlorination practices (points of consumption), with alarming proportions of poor-quality water samples. The results indicate a high risk of contamination, particularly for children and infants.

### 5.3. Household access to sanitation services

#### 5.3.1. Distribution of households by level of access to sanitation services (based on JMP classification)

The JMP's sanitation services scale distinguishes five service levels, ranging from "open defecation" (no service) to "safe management" of services, which corresponds to the global indicator for SDG target 6.2 on sanitation. It retains the classification by facility type (improved or unimproved) and adds further criteria related to the quality of sanitation services. For SDG monitoring purposes, the population using improved facilities is divided into three categories. If the improved facility is shared with other households, it is considered a "limited service."



**Figure 15: SDG scale related to sanitation services**

SERVICE LEVEL	DEFINITION
<b>SAFELY MANAGED SERVICES</b>	Use of improved facilities that are not shared with other households and where excreta is treated and managed on-site or removed and treated off-site
<b>BASIC SERVICES</b>	Use of improved facilities not shared with other households
<b>LIMITED SERVICES</b>	Use of improved facilities shared with other households.
<b>UNIMPROVED SERVICES</b>	Use of pit latrines without a slab or platform, hanging latrines, or bucket latrines
<b>OPEN DEFECACTION</b>	Disposal of human excreta in fields, forests, bushes, bodies of water, beaches, or other open areas, or with solid waste.

Source : *Progress in water, sanitation and household hygiene*

Analysis of household distribution according to level of access to sanitation services, based on the classification (JMP), highlights marked disparities between rural and urban areas, as well as between different municipalities. Overall, 26.8% of households still practice open defecation, a worrying indicator, particularly prevalent in rural areas (32.6%) compared to 11.0% in urban areas, illustrating the unequal access to improved sanitation services.

Basic services, meaning access to improved sanitation facilities not shared with other households, are available to 26.6% of households, with a clear advantage for urban areas (34.9%) compared to rural areas (23.5%). Limited services, corresponding to infrastructure shared between several households, affect 24.7% of households, more frequent in urban areas (33.4%) than in rural areas (21.4%). Unimproved services still represent 22.0% of households, demonstrating the persistent fragility of sanitation systems.

At the municipal level, Terre-Neuve has the most critical situation, with 66.7% of households practicing open defecation, followed by Ferrier (26.2%) and Cavaillon (34.0%). In contrast, Pignon (5.2%) and Léogâne (17.2%) have better sanitation levels. Access to basic services is highest in Pignon (33.2%) and Léogâne (30.3%), while it remains very low in Terre-Neuve (11.9%).

**Table 16: Distribution of households by level of access to sanitation services**

	Rural	Urban	Grand Total
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	40.4%	6.6%	34.0%
Basic services	21.9%	29.5%	23.4%
Limited services	16.5%	26.2%	18.4%
Services not improved	21.2%	37.7%	24.3%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	49.0%	17.4%	26.2%
Basic services	2.0%	39.4%	29.0%
Limited services	17.6%	23.5%	21.9%
Services not improved	31.4%	19.7%	23.0%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	18.5%	13.2%	17.2%
Basic services	31.7%	26.3%	30.3%
Limited services	32.7%	41.3%	34.8%
Services not improved	17.1%	19.2%	17.6%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	7.1%	1.1%	5.2%
Basic services	25.9%	49.4%	33.2%
Limited services	23.9%	39.3%	28.7%
Services not improved	43.1%	10.1%	32.9%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	70.3%	6.7%	66.7%
Basic services	11.0%	26.7%	11.9%
Limited services	2.4%	26.7%	3.8%
Services not improved	16.3%	40.0%	17.6%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Open defecation	32.6%	11.0%	26.8%
Basic services	23.5%	34.9%	26.6%
Limited services	21.4%	33.4%	24.7%
Services not improved	22.5%	20.7%	22.0%

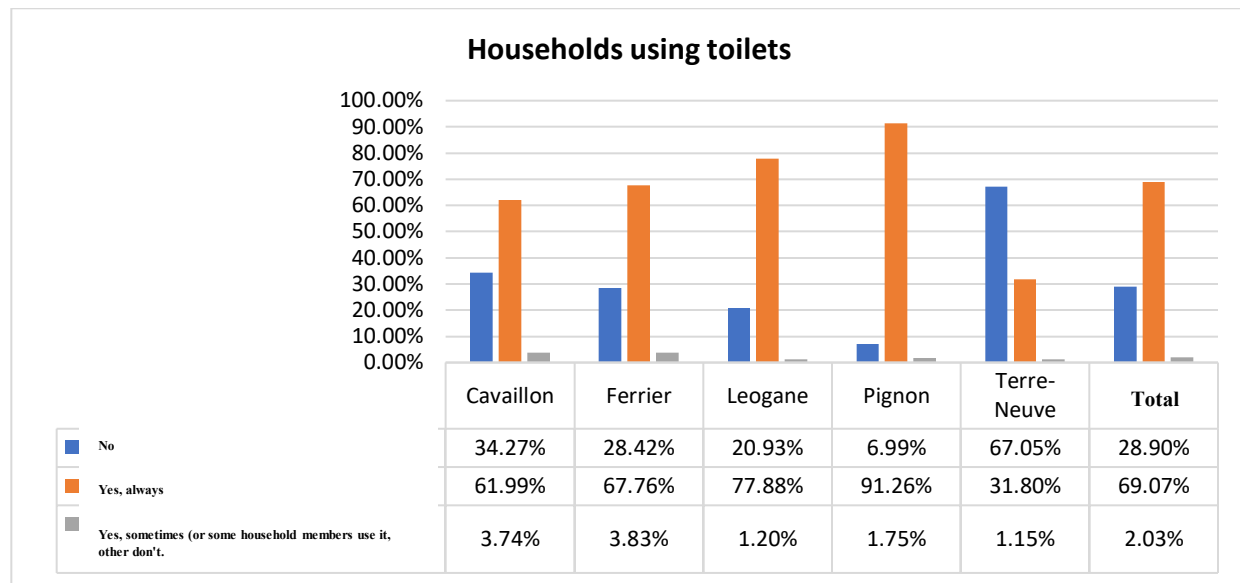
*Reference: HANWASH Baseline Survey – July 2025*

### 5.3.2. Analysis of household use and ownership (non-shared vs. shared, functional status) of a toilet/latrine

Overall, 69.1% of households report always using a toilet, with a marked difference between urban (83.4%) and rural (63.8%) areas. The lack of toilet use remains a concern in rural areas (34.3% compared to 14.2% in urban areas), reflecting inequalities in access to sanitation infrastructure.

By municipality, Pignon (91.3%) and Léogâne (77.9%) show the highest rates of systematic use. In contrast, Terre-Neuve (31.8%) and Cavaillon (62%) lag significantly behind, with 67.1% and 34.3% of households respectively not using toilets.

Figure 21: Distribution of households using toilets by municipality



Reference: HANWASH Baseline Survey – July 2025

Table 22: Distribution of households using toilets by type of residence

	Rural	Urban	Total
<b>No</b>	34.32%	14.22%	28.90%
<b>Yes, always</b>	63.77%	83.41%	69.07%
<b>Yes, sometimes (or some members use it but others don't)</b>	1.91%	2.37%	2.03%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

### 5.3.3. Distribution (proportion) of surveyed households by municipality and by type of toilet/latrine used

The data reveal a wide diversity of toilet and latrine types used by households in the five communes studied, with a clear predominance of pit latrines with slabs. On average, 61.4% of households use this type of latrine, making it the most widespread solution, both in rural (60.5%) and urban (63.4%) areas. More specifically, Léogâne (68.6%) and Pignon (52.9%) show the highest proportions of pit latrines with slabs in use. Ferrier exhibits a significant disparity between areas: only 18.8% of rural households have them, compared to 74.1% in urban areas, highlighting a marked imbalance in access between different environments.

Open-pit latrines (or pit latrines), indicators of inadequate sanitation, affect 15.3% of households, with peaks in Pignon (29.3%) and Terre-Neuve (34.8%). Flush toilets with drainage into septic tanks are more common in urban areas (14.1% compared to 3.6% in rural areas), particularly in Léogâne (33.3%), a sign of better access to modern infrastructure in the city.

The use of composting toilets remains marginal (4.1% overall), although more frequent in Terre-Neuve (11.6%) and Pignon (2.9%). Finally, wall-hung toilets or other alternative installations are virtually non-existent (less than 0.2%), reflecting their low adoption rate in the municipalities studied.

**Table 23: Distribution of surveyed households by municipality and by type of toilet/latrine used**

	Rural	Urban	Together
<b>Cavaillon</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Other (specify)	2.80%	0.00%	2.08%
Flush / Pour Flush: Flush to DK where	0.93%	0.00%	0.69%
Pit latrine: pit latrine without slab/open pit	24.30%	27.03%	25.00%
Other composting toilet	0.93%	0.00%	0.69%
Pit latrine: Pit latrine with slab	59.81%	59.46%	59.72%
Pit latrine: composting toilet	2.80%	5.41%	3.47%
Rinse/pour the rinse water: Rinse towards the septic tank	2.80%	5.41%	3.47%
Rinse/pour the rinse water: Rinse towards the latrines	3.74%	0.00%	2.78%
Rinse / Pour Rinse: Rinse into the drain	1.87%	2.70%	2.08%
<b>Ferrier</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Other (specify)	31.25%	1.18%	5.94%
Pit latrine: pit latrine without slab/open pit	31.25%	4.71%	8.91%
Pit latrine: Pit latrine with slab	18.75%	74.12%	65.35%
Pit latrine: composting toilet	6.25%	4.71%	4.95%
Rinse/pour the rinse water: Rinse towards the septic tank	0.00%	8.24%	6.93%
Rinse/pour the rinse water: Rinse towards the latrines	6.25%	3.53%	3.96%
Rinse / Pour Rinse: Rinse into the drain	0.00%	1.18%	0.99%
Twin pit without slab	6.25%	2.35%	2.97%
<b>Leogane</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Other (specify)	1.70%	0.00%	1.37%
Flush / Pour Flush: Flush to DK where	1.36%	0.00%	1.09%
Pit latrine: pit latrine without slab/open pit	2.04%	0.00%	1.64%
Pit latrine: Pit latrine with slab	74.49%	44.44%	68.58%
Pit latrine: composting toilet	3.40%	2.78%	3.28%
Rinse/pour the rinse water: Rinse towards the septic tank	6.12%	33.33%	11.48%
Rinse/pour the rinse water: Rinse towards the latrines	8.50%	9.72%	8.74%
Rinse / Pour Rinse: Rinse into the drain	2.04%	8.33%	3.28%
Rinse/Pour Rinse: Rinse to open the drain	0.00%	1.39%	0.27%
Twin pit without slab	0.34%	0.00%	0.27%
<b>Pignon</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Other (specify)	2.17%	0.00%	1.44%
Other answers: wall-hung toilets / wall-hung latrines	0.72%	0.00%	0.48%

Flush / Pour Flush: Flush to DK where	0.72%	2.86%	1.44%
Pit latrine: pit latrine without slab/open pit	42.75%	2.86%	29.33%
Other composting toilet	2.90%	0.00%	1.92%
Pit latrine: Pit latrine with slab	41.30%	75.71%	52.88%
Pit latrine: composting toilet	2.17%	4.29%	2.88%
Rinse/pour the rinse water: Rinse towards the septic tank	0.72%	8.57%	3.37%
Rinse/pour the rinse water: Rinse towards the latrines	0.72%	5.71%	2.40%
Rinse / Pour Rinse: Rinse into the drain	0.72%	0.00%	0.48%
Twin pit without slab	5.07%	0.00%	3.37%
<b>Terre-Neuve</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Pit latrine: pit latrine without slab/open pit	31.58%	50.00%	34.78%
Other composting toilet	3.51%	0.00%	2.90%
Pit latrine: Pit latrine with slab	47.37%	41.67%	46.38%
Pit latrine: composting toilet	14.04%	0.00%	11.59%
Rinse/pour the rinse water: Rinse towards the latrines	1.75%	0.00%	1.45%
Twin pit without slab	1.75%	8.33%	2.90%
<b>Together</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
Other (specify)	2.61%	0.36%	1.91%
Other answers: wall-hung toilets / wall-hung latrines	0.16%	0.00%	0.11%
Flush / Pour Flush: Flush to DK where	0.98%	0.72%	0.90%
Pit latrine: pit latrine without slab/open pit	18.63%	7.97%	15.32%
Other composting toilet	1.14%	0.00%	0.79%
Pit latrine: Pit latrine with slab	60.46%	63.41%	61.37%
Pit latrine: composting toilet	4.08%	3.99%	4.05%
Rinse/pour the rinse water: Rinse towards the septic tank	3.59%	14.13%	6.87%
Rinse/pour the rinse water: Rinse towards the latrines	5.23%	5.07%	5.18%
Rinse / Pour Rinse: Rinse into the drain	1.47%	2.90%	1.91%
Rinse/Pour Rinse: Rinse to open the drain	0.00%	0.36%	0.11%
Twin pit without slab	1.63%	1.09%	1.46%

Reference: HANWASH Baseline Survey – July 2025

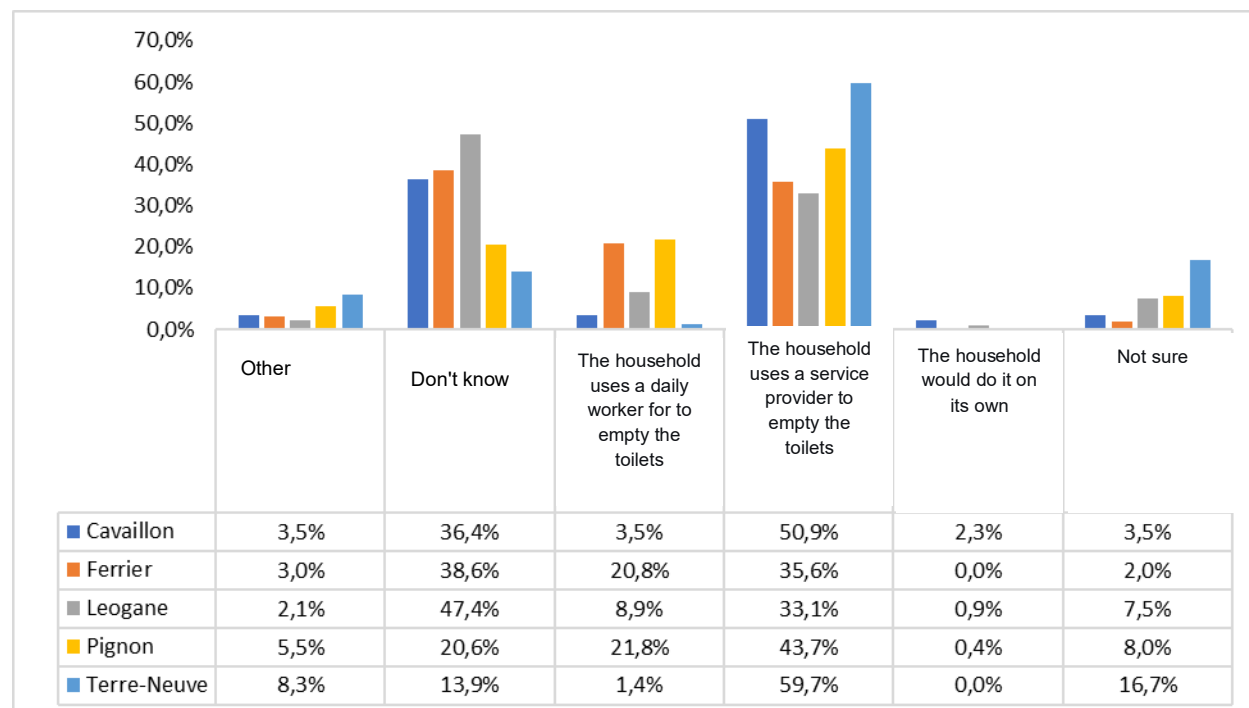
#### 5.3.4. Analysis of toilet/latrine emptying practices in the intervention municipalities

A large proportion of households (approximately 50.9% in Cavaillon, 35.6% in Ferrier, 33.1% in Léogâne, 43.7% in Pignon and 59.7% in Terre-Neuve) say that they would use a service provider for emptying.

Hiring a day laborer also remains a common practice in some municipalities, notably Pignon (21.8%) and Ferrier (20.8%), often due to proximity or the lower cost of this option. Households reporting that they empty their own toilets remain rare, with proportions below 3% in all municipalities.

A significant proportion of households do not know how to proceed if their latrines are full: 36.4% in Cavaillon, 38.6% in Ferrier, and 47.4% in Léogâne, indicating a lack of information or organization regarding sludge management. Finally, the responses "not sure" and "other" represent between 2% and 8% of households, depending on the municipality. These results highlight the need to strengthen awareness and sanitation services, particularly in areas where ignorance or informal practices prevail.

**Figure 24: Distribution of households according to practices adopted when toilets/latrines are full**



Reference: HANWASH Baseline Survey – July 2025

### 5.3.5. Analyses of household sanitation practices at the level of the intervention municipalities

Analysis of data on toilet use by all household members (excluding infants and young children) reveals high overall adoption, with 95.2% of households reporting that all members use toilets. This rate is slightly higher in urban areas (96.0%) compared to rural areas (94.8%).

At the municipal level, the results show slight variations. Léogâne has the highest rate at 97.1%, followed by Ferrier (96.2%) and Pignon (94.7%), indicating a near-universal level of use. In contrast, Cavaillon (91.9%) and especially Terre-Neuve (90.7%) have slightly lower rates, suggesting persistent inconsistencies in usage patterns among some households. In Terre-Neuve, the differences between urban areas are significant: 84.6% in urban areas compared to 91.8% in rural areas, which could be explained by differences in the quality or availability of infrastructure.



Households reporting that not all members use the toilet represent 3.9% in total, a modest but significant proportion, particularly in Terre-Neuve (7.0%) and Pignon (4.9%).

**Table 25: Distribution of households according to whether household members use toilets (excluding infants and young children)**

	Rural	Urban	Together
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	3.2%	0.0%	2.4%
No, not everyone	6.5%	3.6%	5.7%
Yes	90.3%	96.4%	91.9%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	3.8%	1.9%	2.3%
No, not everyone	0.0%	1.9%	1.5%
Yes	96.2%	96.2%	96.2%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	0.3%	0.0%	0.2%
No, not everyone	3.1%	1.5%	2.7%
Yes	96.7%	98.5%	97.1%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	0.6%	0.0%	0.4%
No, not everyone	3.9%	6.9%	4.9%
Yes	95.5%	93.1%	94.7%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	2.7%	0.0%	2.3%
No, not everyone	5.5%	15.4%	7.0%
Yes	91.8%	84.6%	90.7%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
I don't know	1.2%	0.5%	1.0%
No, not everyone	4.0%	3.5%	3.9%
Yes	94.8%	96.0%	95.2%

*Reference: HANWASH Baseline Survey – July 2025*

Among the less than 5% of households where not everyone uses the toilet, 57.4% indicate that some people are too young to use the toilet, a particularly dominant reason in Terre-Neuve (83.3%), Pignon (61.5%) and Léogâne (57.1%).

The preference for going outdoors or into the bush is the second main reason (19.1% overall), with peaks in Ferrier (50.0%) and Cavaillon (25.0%). This behavior, more prevalent in rural areas, can be attributed to cultural habits or a perceived lack of comfort in the facilities.

Problems with the condition or safety of toilets are also significant. 17.0% of these households report toilets in poor condition or unsafe, while 6.4% mention that they are not located in a safe area. Finally, a lack of privacy also affects 6.4% of households, particularly in Cavaillon and Terre-Neuve (16.7% each).

**Table 26: Distribution of households according to the reason why not everyone uses the toilet**

	Cavaillon	Ferrier	Léogâne	Pignon	Terre-Neuve	Total
<b>They are too young</b>	50.0%	0.0%	57.1%	61.5%	83.3%	57.4%
<b>Prefers to go outside / into the bush.</b>	25.0%	50.0%	14.3%	23.1%	0.0%	19.1%
<b>The toilets are not in a safe place.</b>	0.0%	50.0%	0.0%	7.7%	16.7%	6.4%
<b>The toilets are in poor condition or dangerous.</b>	25.0%	50.0%	7.1%	15.4%	16.7%	17.0%
<b>The toilets offer no privacy.</b>	16.7%	0.0%	0.0%	0.0%	16.7%	6.4%

Reference: HANWASH Baseline Survey – July 2025

Observation of the presence and quality of surrounding walls shows that 44.0% of households have toilets enclosed by walls providing sufficient privacy, while 33.0% have no walls at all, and 22.9% have walls that do not offer adequate privacy.

The differences between environments are significant: in urban areas, 58.3% of installations guarantee privacy compared to only 37.5% in rural areas, where 40.0% of households have no walls.

At municipal level, Léogâne stands out positively with 53.6% of toilets providing sufficient privacy and only 16.8% lacking walls. Conversely, Pignon (53.4% lacking walls) and Cavaillon (47.9% lacking walls) present the most precarious situations, reflecting a marked shortage of adequate sanitary facilities. In Ferrier, the situation is intermediate: 50.5% of toilets offer adequate privacy, but 22.8% lack walls. Finally, Terre-Neuve shows a contrasting situation with 39.1% providing privacy compared to 40.6% lacking walls.

**Table 27: Distribution of households according to whether their toilets should be surrounded by walls ensuring privacy**

	Rural	Urban	Together
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	20.6%	35.1%	24.3%
Yes, the walls exist and ensure privacy.	26.2%	32.4%	27.8%
No walls	53.3%	32.4%	47.9%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	12.5%	29.4%	26.7%
Yes, the walls exist and ensure privacy.	25.0%	55.3%	50.5%
No walls	62.5%	15.3%	22.8%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	30.8%	25.0%	29.7%
Yes, the walls exist and ensure privacy.	49.3%	70.8%	53.6%
No walls	19.9%	4.2%	16.8%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	9.4%	8.6%	9.1%

Unable to observe	0.7%	0.0%	0.5%
Yes, the walls exist and ensure privacy.	21.0%	68.6%	37.0%
No walls	68.8%	22.9%	53.4%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	15.8%	41.7%	20.3%
Yes, the walls exist and ensure privacy.	42.1%	25.0%	39.1%
No walls	42.1%	33.3%	40.6%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
The walls exist but do not offer sufficient privacy.	22.3%	24.3%	22.9%
Unable to observe	0.2%	0.0%	0.1%
Yes, the walls exist and ensure privacy.	37.5%	58.3%	44.0%
No walls	40.0%	17.4%	33.0%

Reference: HANWASH Baseline Survey – July 2025

Observation of traces of defecation in the open air around dwellings shows that 82.4% of households have no visible traces, compared to 8.2% where signs of defecation were observed, while in 9.4% of cases, observation could not be carried out.

Geographical disparities are marked: in urban areas, the situation is significantly better, with 89.0% of households free of traces of open defecation, compared to 80.0% in rural areas, where open defecation remains more frequent (8.7% versus 6.9% in urban areas). These differences reflect the disparities in access to functional and private toilets between rural and urban areas.

At the municipal level, Cavaillon stands out positively with 70.7% of households showing no visible traces of open defecation, despite a high rate of "unobserved" cases (27.1%). Ferrier (88.5%) and Léogâne (87.1%) also show good results, although a significant minority, 9.3% and 5.7% respectively, still show traces of open defecation. In contrast, Pignon (10.5%) and especially Terre-Neuve (18.8%) show concerning levels of open defecation.

**Table 28: Distribution of households according to whether traces of open defecation are found in the yard or on the household property**

	Rural	Urban	Together
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Unable to observe	32.7%	3.3%	27.1%
No	65.4%	93.4%	70.7%
Yes	1.9%	3.3%	2.2%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Unable to observe	0.0%	3.0%	2.2%
No	88.2%	88.6%	88.5%
Yes	11.8%	8.3%	9.3%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

	Rural	Urban	Together
Unable to observe	9.0%	1.8%	7.2%
No	85.6%	91.6%	87.1%
Yes	5.4%	6.6%	5.7%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Unable to observe	5.1%	11.2%	7.0%
No	83.2%	80.9%	82.5%
Yes	11.7%	7.9%	10.5%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Unable to observe	0.8%	0.0%	0.8%
No	79.7%	93.3%	80.5%
Yes	19.5%	6.7%	18.8%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Unable to observe	11.3%	4.1%	9.4%
No	80.0%	89.0%	82.4%
Yes	8.7%	6.9%	8.2%

Reference: HANWASH Baseline Survey – July 2025

A significant proportion of households do not have young children, up to 59.2% in Cavaillon, 47.5% in Ferrier, 43.4% in Léogâne, 31.8% in Pignon and 55.6% in Terre-Neuve, which directly influences the observed results.

Among households with young children, the most common practice is flushing excrement down the toilet, with rates ranging from 10.7% in Terre-Neuve to 41.3% in Pignon, and reaching 35.0% in Ferrier and 27.2% in Léogâne. This practice is more frequent in urban Cavaillon (24.6%) compared to rural Cavaillon (13.8%), and in urban Ferrier (39.4%) compared to rural Ferrier (23.5%).

However, unhygienic practices remain a concern. Leaving excrement exposed to the air is still common in several municipalities: 13.7% in Cavaillon, 9.3% in Ferrier, and 19.5% in Terre-Neuve, reflecting a major health risk. Burial is also practiced, albeit to a lesser extent (from 2.3% in Léogâne to 5.0% in Terre-Neuve), while the use of toileting facilities for infants remains limited, although it is increasing in Léogâne (12.6%) and Pignon (18.5%).

**Table 29: Distribution of households according to practices for disposing of young children's excrement, by municipality and place of residence**

	Rural	Urban	Together
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Other	0.8%	0.0%	0.6%
Diaper / diaper / cloth washed at the water point	0.8%	0.0%	0.6%
Buried	3.8%	3.3%	3.7%
Left in open	16.5%	1.6%	13.7%
Thrown in the trash	0.0%	1.6%	0.3%
Put it in the drain	1.2%	0.0%	0.9%
Put in the toilet	13.8%	24.6%	15.9%
No young children in the household	60.0%	55.7%	59.2%
Used child toilet	3.1%	13.1%	5.0%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Other	0.0%	1.5%	1.1%
Buried	9.8%	3.0%	4.9%
Left in open	19.6%	5.3%	9.3%
Put in the toilet	23.5%	39.4%	35.0%
No young children in the household	43.1%	49.2%	47.5%
Used child toilet	3.9%	1.5%	2.2%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Other	1.2%	0.0%	0.9%
Buried	2.2%	2.5%	2.3%
Left in open	9.4%	7.5%	9.0%
Thrown in the trash	2.2%	6.2%	3.2%
Put it in the drain	1.0%	3.1%	1.5%
Put in the toilet	27.7%	25.5%	27.2%
No young children in the household	45.6%	36.6%	43.4%
Used child toilet	10.6%	18.6%	12.6%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Other	1.5%	0.0%	1.0%
Diaper / diaper / cloth washed at the water point	0.5%	0.0%	0.3%
Buried	5.1%	0.0%	3.5%
Left in open	2.0%	2.2%	2.1%
Thrown in the trash	0.5%	1.1%	0.7%
Put in the toilet	37.1%	50.6%	41.3%
I don't know	0.0%	2.2%	0.7%
No young children in the household	29.9%	36.0%	31.8%
Used child toilet	23.4%	7.9%	18.5%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Other	1.2%	6.7%	1.5%

Buried	5.3%	0.0%	5.0%
Left in open	20.7%	0.0%	19.5%
Thrown in the trash	1.6%	0.0%	1.5%
Put it in the drain	1.6%	0.0%	1.5%
Put in the toilet	10.2%	20.0%	10.7%
No young children in the household	58.1%	13.3%	55.6%
Used child toilet	1.2%	60.0%	4.6%
<b>Total</b>			

Reference: HANWASH Baseline Survey – July 2025

## 5.4. Household access to handwashing points and adoption of good hygiene practices

### 5.4.1. Distribution of households by level of access to hygiene services (according to the JMP classification)

The JMP's hygiene services scale distinguishes three levels of service, ranging from "no facilities" to "basic facilities," which corresponds to the global indicator for SDG target 6.2 on hygiene. Households with a handwashing facility equipped with soap and water available at home are considered users of basic hygiene services according to SDG criteria. Households with access to a handwashing facility lacking soap and water are considered users of limited services. Households with no handwashing facilities in their home, yard, or grounds fall into the "no facilities" category.

**Figure 17: SDG scale relating to hygiene services**

SERVICE LEVEL	DEFINITION
<b>BASIC SERVICES</b>	Handwashing facility with soap and water available at home.
<b>LIMITED SERVICES</b>	Handwashing facility without soap and water available at home.
<b>NO FACILITY</b>	No handwashing facility available at home.

Reference: *Progress in water, sanitation and household hygiene*

The vast majority of households surveyed (88.72%) do not have any handwashing facilities. This widespread lack of basic infrastructure significantly limits the capacity to prevent communicable diseases.



In Terre-Neuve, 97.97% of rural households have no sanitation facilities, and even in urban areas, this figure remains high (86.67%). Similarly, Cavaillon has very high rates of lack of facilities, with 93.5% in rural areas and 88.5% in urban areas. In Ferrier, the situation is even more pronounced, with 94.1% of rural households and 97% of urban households without any facilities—reflecting a near-total absence of basic hygiene infrastructure in this municipality.

Léogâne is the municipality with the best results regarding basic hygiene services. Only 60.5% of urban households there lack facilities, while 20.4% have a basic service (water and soap available at home), which is significantly higher than the average for other municipalities.

Limited services, meaning facilities that are present but incomplete (lack of water or soap), remain underrepresented. In Pignon, only 4.1% of rural residents and 6.7% of urban residents fall into this category.

**Table 30: Distribution of households by level of access to hygiene services**

	<b>Rural</b>	<b>Urban</b>	<b>Total</b>
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
No installation	93.46%	88.52%	92.52%
Basic services	0.38%	6.56%	1.56%
Limited services	6.15%	4.92%	5.92%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
No installation	94.12%	96.97%	96.17%
Basic services	3.92%	0.76%	1.64%
Limited services	1.96%	2.27%	2.19%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
No installation	87.45%	60.48%	80.72%
Basic services	5.78%	20.36%	9.42%
Limited services	6.77%	19.16%	9.87%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
No installation	93.91%	83.15%	90.56%
Basic services	2.03%	10.11%	4.55%
Limited services	4.06%	6.74%	4.90%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100, 0%</b>	<b>100.0%</b>
No installation	97.97%	86.67%	97.32%
Basic services	0.41%	6.67%	0.77%
Limited services	1.63%	6.67%	1.92%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
No installation	92.04%	79.74%	88.72%
Basic services	2.95%	10.56%	5.00%
Limited services	5.02%	9.70%	6.28%

Reference: HANWASH Baseline Survey – July 2025

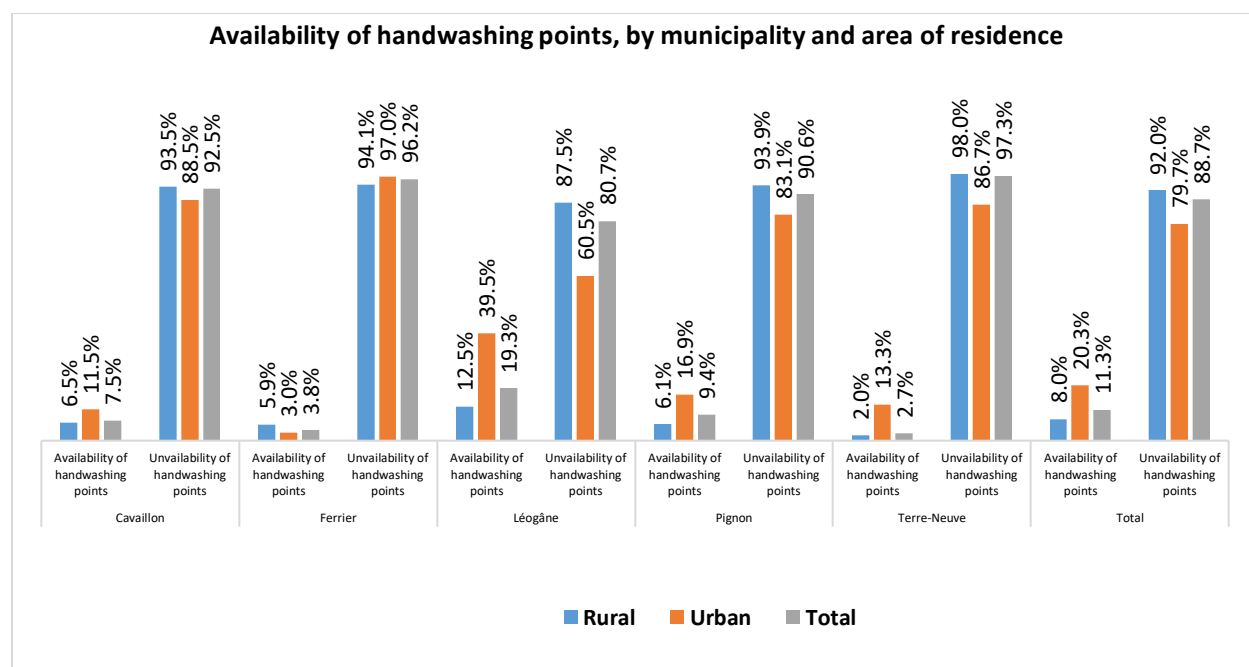
### 5.4.2. Distribution of surveyed households by availability of handwashing points

Figure 18 highlights the very limited coverage of handwashing facilities among the surveyed households: only 11.3% had an observed handwashing point, of which 7.6% had available water and 3.7% had no water at the time of the survey. This situation reveals a twofold deficiency: firstly, insufficient basic hygiene infrastructure in households; secondly, the unavailability of water supplies, compromising the very effectiveness of existing hygiene facilities.

Significant disparities exist between rural and urban areas. In urban areas, 20.3% of surveyed households have a handwashing station, compared to only 8.0% in rural areas. The gap is even wider regarding the availability of water at handwashing stations: 14.7% of urban households have access to a functional handwashing station with available water, compared to only 4.9% of rural households.

More specifically, Léogâne stands out positively, with 39.5% of surveyed households having handwashing facilities in urban areas compared to 12.5% in rural areas, representing the most extensive hygiene facility coverage among the municipalities studied. Conversely, Terre-Neuve presents the most critical situation, with only 2.7% of households having handwashing facilities, compared to 2.0% in rural areas.

**Figure 18: Distribution of surveyed households by availability of handwashing points, by municipality and area of residence**



Reference: HANWASH Baseline Survey – July

### 5.4.3. Analysis of the distance of handwashing stations from toilets/latrines and of the availability of water and soap

Analysis of the results in Table 24 reveals that the vast majority of households, 75.2% in total, do not have any handwashing facilities near toilets or latrines. This trend is more pronounced in rural areas (77.4%) than in urban areas (69.4%).

The most critical situation is observed in Pignon, where 88.8% of rural households report not having handwashing facilities near toilets/latrines, compared to 78.7% in urban areas. Cavaillon and Ferrier also show worrying situations, with more than 69% of rural households and 80% of urban households lacking handwashing facilities near toilets/latrines. Conversely, Léogâne has a lower rate (55.1%) of urban households without handwashing facilities near toilets/latrines.

The "Yes" response to the question asking whether households actually have a handwashing facility located near the toilet remains very low overall (4.9%), and even lower in rural areas (3.8%) compared to urban areas (7.8%). Léogâne stands out once again, with 13.2% of urban households having handwashing facilities near the toilet. In contrast, the rural area of Terre-Neuve shows a near-zero rate (0.4%) of households with a handwashing facility near the toilet/latrine, highlighting a situation of extreme vulnerability.

**Table 31: Analysis of the distance between handwashing stations and toilets/latrines**

Distance of handwashing stations from toilets/latrines		Rural	Urban	Total
<b>Cavaillon</b>				
Unable to observe		26.2%	8.2%	22.7%
No, there are no handwashing facilities near the toilets.		69.6%	80.3%	71.7%
No, but another handwashing facility is located near the toilets.		1.2%	3.3%	1.6%
Yes		3.1%	8.2%	4.0%
<b>Ferrier</b>				
Unable to observe		29.4%	12.9%	17.5%
No, there are no handwashing facilities near the toilets.		62.7%	77.3%	73.2%
No, but another handwashing facility is located near the toilets.		2.0%	7.6%	6.0%
Yes		5.9%	2.3%	3.3%
<b>Léogâne</b>				
Unable to observe		8.6%	22.2%	12.0%
No, there are no handwashing facilities near the toilets.		79.5%	55.1%	73.4%
No, but another handwashing facility is located near the toilets.		5.2%	9.6%	6.3%
Yes		6.8%	13.2%	8.4%
<b>Pignon</b>				
Unable to observe		5.1%	9.0%	6.3%
No, there are no handwashing facilities near the toilets.		88.8%	78.7%	85.7%
No, but another handwashing facility is located near the toilets.		5.1%	6.7%	5.6%
Yes		1.0%	5.6%	2.4%
<b>Terre-Neuve</b>				
Unable to observe		17.1%	13.3%	16.9%
No, there are no handwashing facilities near the toilets.		75.2%	60.0%	74.3%

No, but another handwashing facility is located near the toilets.	7.3%	20.0%	8.0%
Yes	0.4%	6.7%	0.8%
<b>Total</b>			
Unable to observe	14.2%	14.9%	14.4%
No, there are no handwashing facilities near the toilets.	77.4%	69.4%	75.2%
No, but another handwashing facility is located near the toilets.	4.6%	8.0%	5.5%
Yes	3.8%	7.8%	4.9%

Reference: HANWASH Baseline Survey – July 2025

Of the 11.3% of households with a handwashing station observed, 67.0% had water available at the time of the survey. In urban areas, this proportion reached 72.3%, compared to 62.0% in rural areas, demonstrating better functioning of basic hygiene facilities in urban areas. In Cavaillon, the disparities are marked: only 29.4% of rural households with a handwashing station had water available at the time of the survey, compared to 85.7% in urban areas. In Ferrier, all rural households with a handwashing station had water available, but only half of those in urban areas did. In Léogâne, 73.0% of rural households with a handwashing station had water available, compared to 69.7% of those in urban areas.

Pignon reveals a significant gap between rural and urban areas: 41.7% of rural households with a handwashing station have access to water, compared to 80.0% in urban areas. In Terre-Neuve, water availability at handwashing stations is highly uneven: 60.0% in rural areas versus 100% in urban areas.

**Table 32: Distribution of surveyed households by availability of water at existing handwashing points**

	Rural	Urban	Total
<b>Cavaillon</b>			
Water available	29.4%	85.7%	45.8%
Water not available	70.6%	14.3%	54.2%
<b>Ferrier</b>			
Water available	100.0%	50.0%	71.4%
Water not available	0.0%	50.0%	28.6%
<b>Léogâne</b>			
Water available	73.0%	69.7%	71.3%
Water not available	27.0%	30.3%	28.7%
<b>Pignon</b>			
Water available	41.7%	80.0%	63.0%
Water not available	58.3%	20.0%	37.0%
<b>Terre-Neuve</b>			
Water available	60.0%	100.0%	71.4%
Water not available	40.0%	0.0%	28.6%
<b>Together</b>			
Water available	62.0%	72.3%	67.0%
Water not available	38.0%	27.7%	33.0%

Reference: HANWASH Baseline Survey – July 2025

Léogâne stands out, with 54.3% of households equipped with handwashing stations having soap available. Conversely, Cavaillon and Terre-Neuve present more critical situations. In Cavaillon, only 30.4% of observed handwashing stations have soap, with a very low rate in rural areas (12.5%). In Terre-Neuve, only 2 out of 7 households with a handwashing station have access to soap. Ferrier is an exception in rural areas, with 71.4% of observed handwashing stations having soap available.

**Table 33: Distribution of surveyed households by soap availability at observed handwashing points**

	Rural	Urban	Total
<b>Cavaillon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	12.5%	71.4%	30.4%
Soap or detergent not available	87.5%	28.6%	69.6%
<b>Ferrier</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	66.7%	75.0%	71.4%
Soap or detergent not available	33.3%	25.0%	28.6%
<b>Léogâne</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	52.4%	56.1%	54.3%
Soap or detergent not available	47.6%	43.9%	45.7%
<b>Pignon</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	33.3%	66.7%	51.9%
Soap or detergent not available	66.7%	33.3%	48.1%
<b>Terre-Neuve</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	20.0%	50.0%	28.6%
Soap or detergent not available	80.0%	50.0%	71.4%
<b>Together</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Soap or detergent available	42.4%	59.6%	50.8%
Soap or detergent not available	57.6%	40.4%	49.2%

*Reference: HANWASH Baseline Survey – July 2025*

#### 5.4.4. Analysis of the frequency of handwashing per day among members of the surveyed households

Differences in handwashing practices at various times of day reveal significant disparities between rural and urban areas, as well as between localities themselves. These disparities highlight major challenges related to public health, hygiene education, and structural inequalities.

1. **Handwashing after defecation: an established practice, but one that can be improved**  
Overall, 25.81% of respondents reported washing their hands after defecation, with a higher rate in rural areas (27.39%) than in urban areas (21.55%). This practice is essential for preventing diarrheal diseases. However, even though it is the most frequent response, its level remains insufficient. For example, in Ferrier (rural area), this rate reaches 33.3%, while in Léogâne (urban area), it drops to 13.2%. This heterogeneity suggests a need for targeted campaigns based on local, cultural, and infrastructural dynamics.

## 2. Before eating: a marked difference between areas

The difference is striking between rural (19.98%) and urban (36.85%) areas regarding handwashing before eating. This can be explained by better access to water and soap in urban areas, or by greater public awareness. Ferrier reports very positive results here, with 53% of households reporting that they wash their hands before eating, particularly in urban areas (56.8%). In contrast, in rural Pignon, only 13.2% of households surveyed practice handwashing before eating. This highlights the need to strengthen hygiene awareness campaigns in rural areas.

## 3. Washing during bathing or toileting: a hygienic but not targeted opportunity

Washing one's face or body is the most frequent occasion for handwashing, with an average of 33.66% of surveyed households reporting handwashing at this time, particularly in rural Terre-Neuve (50%) and rural Léogâne (45.8%). This shows that people wash their hands as part of general personal hygiene, but not necessarily at critical times from a health perspective (after defecation or before eating). This reflects a partial understanding of the importance of handwashing from a public health perspective.

## 4. Before cooking: a little-adopted habit

Only 8.08% of respondents reported washing their hands before preparing a meal. This represents a serious gap, as handwashing before food preparation is a key step in preventing the transmission of disease-causing germs. The practice of handwashing before cooking is more common in urban areas (9.70% of households) than in rural areas (7.48%). In urban Léogâne, 15% of households reported washing their hands before preparing meals, which may reflect local awareness campaigns.

## 5. Other critical moments: practices that were almost entirely absent

The practice of washing hands after cleaning a child's feces or assisting a dependent person with toileting is very marginal (with less than 0.2% of surveyed households adopting this practice). Similarly, very few households reported washing their hands after eating (1.34%), demonstrating a limited understanding of the risks of cross-contamination. On the other hand, simply forgetting to wash hands remains relatively uncommon, affecting only 1.51% of surveyed households, suggesting that while handwashing is practiced infrequently, it is not always carried out at the appropriate times.

**Table 34: Analysis of the frequency of handwashing per day by households**

	Rural	Urban	Together
<b>Cavaillon</b>			
After helping a disabled/elderly household member use the toilet	0.8%	0.0%	0.6%
After eating	2.3%	4.9%	2.8%
After cleaning the children's feces	0.4%	0.0%	0.3%
After defecation	22.7%	19.7%	22.1%
After cleaning the toilets	0.0%	1.6%	0.3%
After work	8.5%	4.9%	7.8%
Before eating	23.1%	24.6%	23.4%



Before preparing food and cooking for a child	0.4%	1.6%	0.6%
Before preparing a meal or cooking	20.0%	14.8%	19.0%
When washing the body/face	20.4%	27.9%	21.8%
Do not generally wash your hands at all times	1.5%	0.0%	1.2%
<b>Ferrier</b>			
After eating	2.0%	0.0%	0.5%
After cleaning the child's potty	2.0%	0.0%	0.5%
After defecation	33.3%	31.1%	31.7%
After cleaning the toilets	0.0%	0.8%	0.5%
After work	0.0%	3.8%	2.7%
Other (please specify)	13.7%	2.3%	5.5%
Before eating	43.1%	56.8%	53.0%
Before preparing food and cooking for a child	0.0%	0.8%	0.5%
Before preparing a meal or cooking	2.0%	2.3%	2.2%
When washing the body/face	3.9%	1.5%	2.2%
Do not generally wash your hands at all times	0.0%	0.8%	0.5%
<b>Léogâne</b>			
After changing a child's diaper	0.2%	0.0%	0.1%
After eating	0.8%	0.6%	0.7%
After cleaning the child's potty	0.2%	0.0%	0.1%
After defecation	26.7%	13.2%	23.3%
After cleaning the toilets	0.2%	0.6%	0.3%
After work	1.2%	1.8%	1.3%
Other (please specify)	0.6%	0.6%	0.6%
Before eating	17.7%	29.9%	20.8%
Before feeding a child	0.2%	0.0%	0.1%
Before preparing a meal or cooking	5.0%	15.0%	7.5%
When washing the body/face	45.8%	37.1%	43.6%
Do not generally wash your hands at all times	1.4%	1.2%	1.3%
<b>Pignon</b>			
After changing a child's diaper	0.5%	0.0%	0.3%
After eating	2.0%	1.1%	1.7%
After defecation	43.1%	25.8%	37.8%
After work	3.0%	6.7%	4.2%
Other (please specify)	0.0%	1.1%	0.3%
Before eating	13.2%	30.3%	18.5%
Before preparing a meal or cooking	6.6%	7.9%	7.0%
When washing the body/face	31.0%	27.0%	29.7%
Do not generally wash your hands at all times	0.5%	0.0%	0.3%
<b>Terre-Neuve</b>			
After eating	1.2%	0.0%	1.1%
After defecation	19.9%	13.3%	19.5%
After work	2.0%	0.0%	1.9%
Other (please specify)	0.0%	6.7%	0.4%
Before eating	22.0%	26.7%	22.2%
Before preparing a meal or cooking	1.2%	6.7%	1.5%
When washing the body/face	50.0%	33.3%	49.0%

Do not generally wash your hands at all times	3.7%	13.3%	4.2%
<b>Together</b>			
After helping a disabled/elderly household member use the toilet	0.16%	0.00%	0.12%
After changing a child's diaper	0.16%	0.00%	0.12%
After eating	1.43%	1.08%	1.34%
After cleaning the child's potty	0.16%	0.00%	0.12%
After cleaning the children's feces	0.08%	0.00%	0.06%
After defecation	27.39%	21.55%	25.81%
After cleaning the toilets	0.08%	0.65%	0.23%
After work	3.11%	3.66%	3.26%
Other (please specify)	0.80%	1.29%	0.93%
Before eating	19.98%	36.85%	24.53%
Before feeding a child	0.08%	0.00%	0.06%
Before preparing food and cooking for a child	0.08%	0.43%	0.17%
Before preparing a meal or cooking	7.48%	9.70%	8.08%
When washing the body/face	37.34%	23.71%	33.66%
Do not generally wash your hands at all times	1.67%	1.08%	1.51%

Reference: HANWASH Baseline Survey – July 2025

## 6. Results and analysis on access to WASH services in schools

The results presented below pertain to schools that participated in the survey across the five HANWASH intervention communes. Not all existing schools could be surveyed because some were closed at the time of the survey, and their administrators were unwilling to participate. This section analyzes schools' access to drinking water, sanitation, and hygiene services.

### 6.1. Distribution of schools by level of access to drinking water service

**Table 35: Distribution of schools by level of access to drinking water service**

Access level in reference to the JMP Ranking						
Municipality	Medium	Number of schools	Basic service	Limited Service	No Service	Total
Cavaillon	Urban	11	2.06%	0.00%	2.47%	4.53%
	Rural	56	4.12%	0.82%	18.11%	23.05%
Leogane	Urban	63	4.94%	1.65%	19.34%	25.93%
	Rural	24	1.23%	0.82%	7.82%	9.88%
Terre-Neuve	Urban	3	0.82%	0.00%	0.41%	1.23%
	Rural	24	0.41%	0.82%	8.64%	9.88%
Ferrier	Urban	11	1.23%	1.23%	2.06%	4.53%
	Rural	10	1.23%	0.41%	2.47%	4.12%
Pignon	Urban	6	0.41%	0.00%	2.06%	2.47%
	Rural	35	4.12%	4.53%	5.76%	14.40%
<b>Total</b>		<b>243</b>	<b>20.58%</b>	<b>10.29%</b>	<b>69.14%</b>	<b>100.00%</b>

According to JMP, there are 3 service levels for monitoring access to water at the school level:

- 1- Basic service: the water used comes from an improved water point available at the facility.
- 2- Limited service: the water used comes from an improved water source but is not available at the facility.
- 3- No service available: the water used comes from an unimproved water source, or there is no water source on site.

At the time of the study at the level of the 5 municipalities, only 20.58% of the schools have a basic level of access, 10.29% have limited access and 69.14% do not have access to the water service.

## 6.2. Distribution of surveyed schools by level of access to sanitation services

**Table 36: Level of access of schools to the sanitation service in reference to the JMP classification**

Access level as defined by JMP classification						
Municipality	Medium	Number of Schools	Basic service	Limited Service	No Service	Total
Cavaillon	Urban	11	1.65%	2.06%	0.82%	4.53%
	Rural	56	3.29%	10.29%	9.47%	23.05%
Leogane	Urban	63	9.05%	11.93%	4.94%	25.93%
	Rural	24	3.29%	3.29%	3.29%	9.88%
Terre-Neuve	Urban	3	0.41%	0.41%	0.41%	1.23%
	Rural	24	4.12%	1.65%	4.12%	9.88%
Ferrier	Urban	11	2.06%	0.41%	2.06%	4.53%
	Rural	10	2.06%	0.82%	1.23%	4.12%
Pignon	Urban	6	2.06%	0.00%	0.41%	2.47%
	Rural	35	4.12%	9.05%	1.23%	14.40%
<b>Total</b>		<b>243</b>	<b>32.10%</b>	<b>39.92%</b>	<b>27.98%</b>	<b>100.00%</b>

According to JMP, there are 3 service levels for monitoring access to sanitation at the school level:

- 1- As a basic service, the school has improved, non-mixed sanitation facilities that were usable on site at the time of the survey.
- 2- Limited service, the school has mixed or unusable improved sanitation facilities on site at the time of the survey.
- 3- No services available; the school has unimproved sanitation facilities or no sanitation facilities at all on site.

At the time of the study, 32.10% of the schools have a basic level of access, 39.92% have limited access and 27.98% have no level of sanitation service in the facility.

### 6.3. Distribution of surveyed schools by level of access to hygiene services (according to JMP classification)

Table 37: Distribution of surveyed schools by level of access to hygiene services (JMP classification)

Access Level _JMP Ranking						
Municipality	Medium	Number of schools	Basic service	Limited Service	No Service	Total
Cavaillon	Urban	11	2.06%	0.82%	1.65%	4.53%
	Rural	56	3.70%	1.23%	18.11%	23.05%
Leogane	Urban	63	5.35%	15.64%	4.94%	25.93%
	Rural	24	2.88%	2.06%	4.94%	9.88%
Terre-Neuve	Urban	3	0.41%	0.41%	0.41%	1.23%
	Rural	24	1.23%	4.12%	4.53%	9.88%
Ferrier	Urban	11	1.65%	1.23%	1.65%	4.53%
	Rural	10	2.06%	1.23%	0.82%	4.12%
Pignon	Urban	6	0.82%	0.82%	0.82%	2.47%
	Rural	35	6.58%	3.29%	4.53%	14.40%
Total		243	26.75%	30.86%	42.39%	100.00%

According to JMP, there are 3 service levels for monitoring access to hygiene at the school level:

- 1- As a basic service : the school has handwashing facilities with soap and water available on site at the time of the survey.
- 2- Limited service: the school has handwashing facilities but lacked soap and water at the time of the survey.
- 3- No services, no handwashing facilities, or no water on site.

At the time of the study, 26.75% of schools have a basic level of access, 30.86% have limited access and 42.39% have no level of hygiene service on site.

### 6.4. Distribution of surveyed schools by municipality, zone and type

Table 38: Distribution of surveyed schools by municipality, environment and type

Distribution of surveyed schools by municipality, zone and type			
Municipality	Area	Public	Private
Cavaillon	Urban	1	10
	Rural	10	46
Léogâne	Urban	9	54
	Rural	4	20
Terre-Neuve	Urban	2	1
	Rural	11	13
Ferrier	Urban	1	10
	Rural	6	4

<b>Pignon</b>	Urban		6
	Rural	2	33
<b>Total</b>		<b>46</b>	<b>197</b>
<b>Percentage</b>		<b>19%</b>	<b>81%</b>

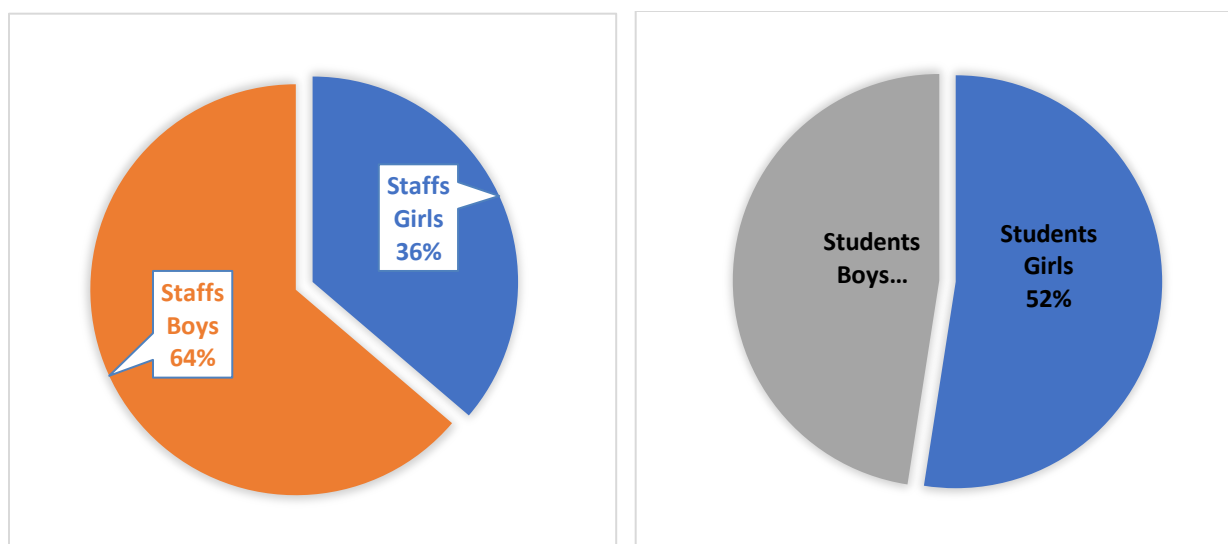
Of the 243 schools that took part in the study, the majority (81%) were private, compared to only 19% public. 61% of the surveyed schools were located in rural areas and 39% in urban areas.

## 6.5. Presentation and analysis of school demographic data

**Table 39: Presentation and analysis of demographic data from surveyed schools by area (urban vs. rural)**

<b>Municipality</b>	<b>Medium</b>	<b>Students</b>		<b>Staffs</b>	
		<b>Girls</b>	<b>Boys</b>	<b>Women</b>	<b>Men</b>
Cavaillon	Urban	1932	1618	101	200
	Rural	4598	4442	253	509
Léogâne	Urban	8221	6947	506	1002
	Rural	2752	2621	125	183
Terre-Neuve	Urban	131	122	16	17
	Rural	1484	1478	65	128
Ferrier	Urban	689	715	47	74
	Rural	728	739	58	94
Pignon	Urban	1180	881	56	45
	Rural	2764	2618	190	240
<b>Total</b>		<b>24479</b>	<b>22181</b>	<b>1417</b>	<b>2492</b>
<b>Percentage</b>		<b>52%</b>	<b>48%</b>	<b>36%</b>	<b>64%</b>

Among the schools surveyed in this study, all have boys and girls as students, with 52% girls and 48% boys, and also have a staff composed of women and men, respectively 36% and 64%.



## 6.6. School access to drinking water services

**Table 40: Access to drinking water services for schools**

Access to drinking water in schools				
Municipality	Medium	Number of schools	Access	No access
<b>Cavaillon</b>	Urban	11	4%	1%
	Rural	56	10%	13%
<b>Léogâne</b>	Urban	63	22%	4%
	Rural	24	7%	2%
<b>Terre-Neuve</b>	Urban	3	1%	0%
	Rural	24	6%	4%
<b>Ferrier</b>	Urban	11	3%	2%
	Rural	10	2%	2%
<b>Pignon</b>	Urban	6	2%	0%
	Rural	35	12%	2%
<b>Total</b>		<b>243</b>	<b>69%</b>	<b>31%</b>

69% of the schools surveyed have a water supply point for the various needs of schoolchildren, compared to 31% of schools where water is not available.



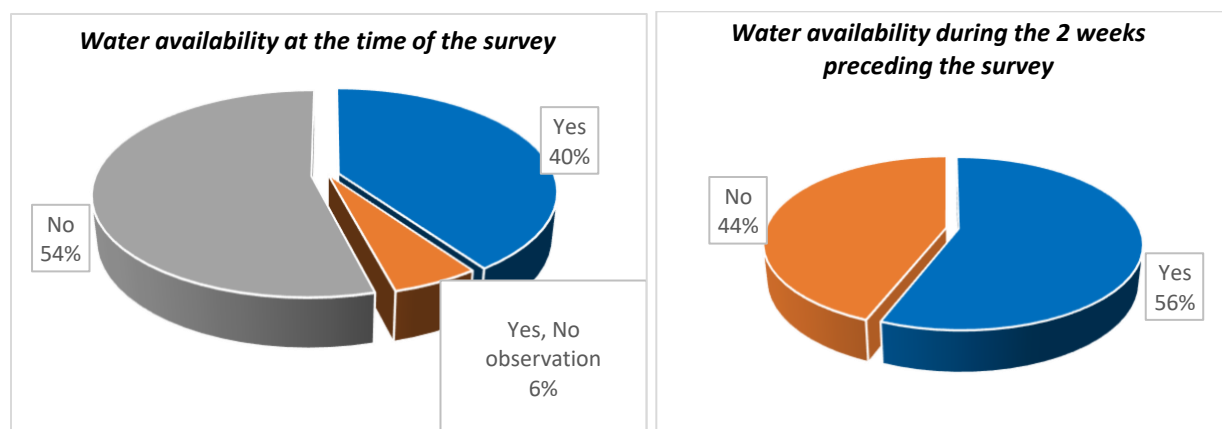
## 6.7. Types of water sources/points used for drinking water by students and staff in the surveyed schools

*Painting41Types of drinking water points used in the surveyed schools*

PE Types Drinking Water												
Municipalities	Medium	Number of schools	Running water	Protected well/protected source	Rainwater	Unprotected well/unprotected spring	Bottled water	Water sachet	Cart or tanker truck	Surface water	Others	Total
Cavaillon	Urban	11	0.82%	2.06%	0.00%	0.00%	0.00%	0.82%	0.00%	0.00%	0.82%	4.53%
	Rural	56	2.47%	6.58%	0.41%	0.82%	0.00%	0.41%	0.00%	0.00%	12.35%	23.05%
Leogane	Urban	63	1.23%	4.53%	0.00%	0.41%	1.65%	13.99%	0.41%	0.00%	3.70%	25.93%
	Rural	24	1.65%	2.88%	0.82%	0.41%	0.00%	2.06%	0.00%	0.41%	1.65%	9.88%
Terre-Neuve	Urban	3	0.82%	0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.23%
	Rural	24	1.23%	0.00%	2.06%	0.41%	2.06%	0.00%	0.41%	0.00%	3.70%	9.88%
Ferrier	Urban	11	0.00%	2.88%	0.00%	0.41%	0.00%	0.00%	0.00%	0.00%	1.23%	4.53%
	Rural	10	0.00%	1.65%	0.00%	0.41%	0.00%	0.41%	0.00%	0.00%	1.65%	4.12%
Pignon	Urban	6	0.00%	0.82%	0.00%	0.00%	0.00%	1.23%	0.00%	0.00%	0.41%	2.47%
	Rural	35	2.47%	7.41%	0.82%	0.41%	0.00%	1.65%	0.00%	0.00%	1.65%	14.40%
Total		243	10.70%	29.22%	4.12%	3.29%	3.70%	20.58%	0.82%	0.41%	27.16%	100.00%

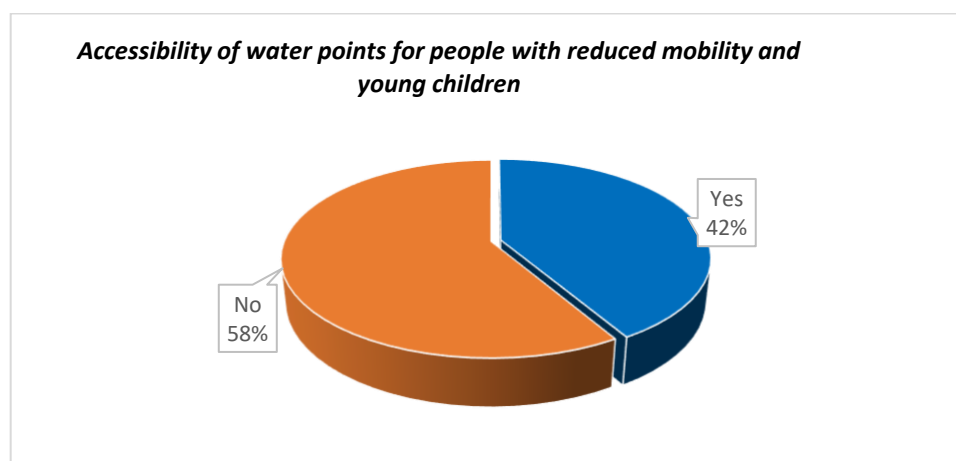
In this study, the schools that participated in the survey mostly use improved water points (10.70% use running water, 29.22% use protected wells/springs, 4.12% use rainwater, 3.70% use bottled water, 20.58% use water sachet, 0.82% use water truck) versus 30.86% which use water from unimproved water points for school water needs. At the time of the survey, water was available at 40% of the surveyed schools, 54% had no water available, and in 6% of cases, the surveyors were unable to observe the availability of water at the water supply points. In the two weeks preceding the survey, water was available at 56% of the surveyed schools, while 44% had no water available.

**Table 42: Water availability at the time of the survey and during the 2 weeks preceding the survey**



It should be noted that the majority of schools surveyed, 58%, do not have water points accessible to people with reduced mobility and young children.

**Table 43: Accessibility of water points for people with reduced mobility and young children**



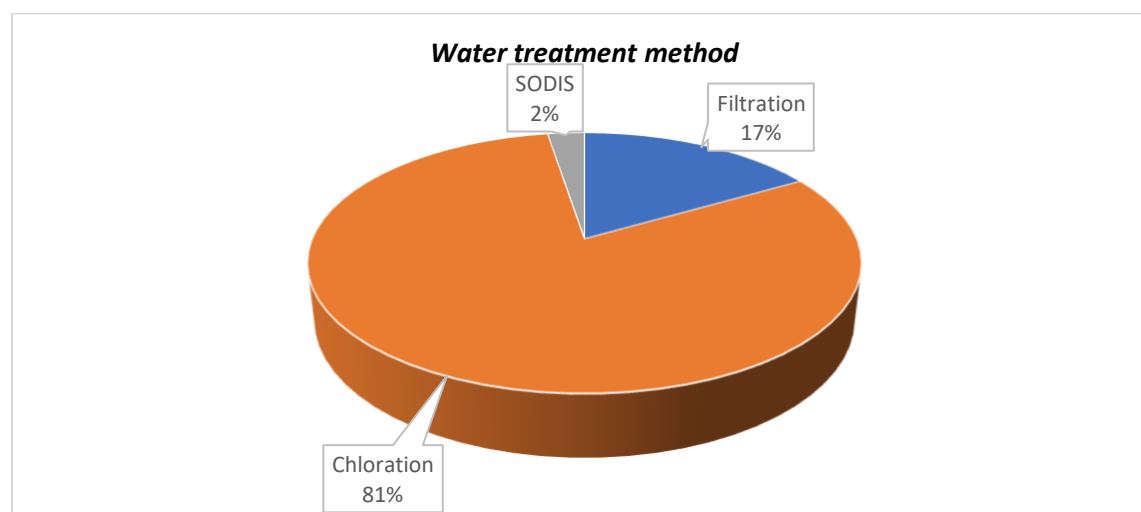
## 6.8. Analysis of water treatment practices and methods used by schools

**Table 44: Analysis of water treatment practices and methods used by schools**

Water treatment practices				
Municipality	Number of schools	Yes	No	Total
Cavaillon	67	7.00%	20.58%	27.57%
Leogane	87	11.52%	24.28%	35.80%
Terre-Neuve	27	4.53%	6.58%	11.11%
Ferrier	21	5.35%	3.29%	8.64%
Pignon	41	7.41%	9.47%	16.87%
Total	243	35.80%	64.20%	100.00%

Having access to water is one thing, but having access to safe drinking water is another. The WHO defines safe drinking water as water that poses no danger to a person at the time of ingestion or in the future. Therefore, an examination of water treatment practices in the surveyed schools is necessary for this study. In the schools with access to water in the five municipalities, 35.80% claimed to adopt water treatment practices against 64.20% which uses water without having treated it. And of those schools that have the practice of treating water before use, 17% use the filtration method, 81% use chlorination and 2% use SODIS.

**Table 45: Water treatment method used in the surveyed schools**



### 6.9. Presentation and analysis of the results of residual chlorine tests carried out at the surveyed schools

Among the methods used to guarantee water quality, chlorine disinfection eliminates microorganisms and also protects the water against recontamination. The table below presents the criteria for assessing the level of residual chlorine in water after chlorination.

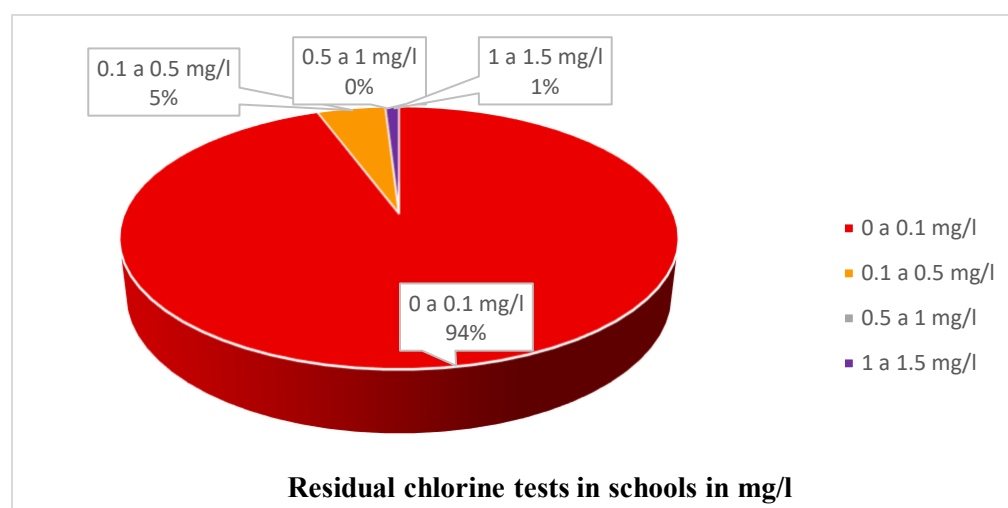
**Table 46: Criteria for assessing residual chlorine levels**

Quality Test Results	Attribute given to water	Color code
0.0 mg per liter of water (mg/l)	Poor quality	Red
$0.1 \leq x < 0.49$	Low quality	Yellow
$0.5 \leq x \leq 1.0$	Good quality	Green
$x > 1.0$	Water described as "too chlorinated"	Purple

*Reference: Water Quality Control Unit (CQE) of the Department of Service Management Support (UAGS) of DINEPA*

Indeed, in this study, among the 63 schools that used chlorination as a water treatment method, almost all schools (94%) used poor quality water with a residual chlorine level in the water used of less than 0.1 mg/l; 5% of schools used good quality water with a residual chlorine level between 0.1 mg/l and 0.5 mg/l and 1% of schools used water that was too chlorinated with a residual chlorine level greater than 1 mg/l.

**Figure 19: Results of residual chlorine tests in schools**



## 6.10. Access analysis to sanitation services for schools

### 6.10.1. Analysis of the types of toilets used in the surveyed schools

**Table 47: Analysis of the proportion of surveyed schools with toilets/latrines**

Municipality	Medium	Latrines exist			
		Number of schools	Yes	No	Total
Cavaillon	Urban	11	4.12%	0.41%	4.53%
	Rural	56	18.52%	4.53%	23.05%
Leogane	Urban	63	23.87%	2.06%	25.93%
	Rural	24	9.05%	0.82%	9.88%
Terre-Neuve	Urban	3	0.82%	0.41%	1.23%
	Rural	24	9.05%	0.82%	9.88%
Ferrier	Urban	11	3.70%	0.82%	4.53%
	Rural	10	3.29%	0.82%	4.12%
Pignon	Urban	6	2.47%	0.00%	2.47%
	Rural	35	13.99%	0.41%	14.40%
Total		243	88.89%	11.11%	100.00%

As shown in the table, at the time of the study, almost all of the schools surveyed (88.89%), had at least one toilet compared to only 11.11% which do not have toilets and the majority of these schools that do not have toilets are located in rural areas.

The most common types are pit latrines with a slab, or 58.33% of schools; 28.70% of the schools surveyed have flush toilets and 12.96% have pit latrines without slabs.

**Table 48: Distribution of schools with latrines by type**

Type_Latrines						
Municipality	Medium	Numerous schools with latrines	Toilets with manual or mechanical flush	Pit latrines with slab	Pit latrines without a slab	Total
Cavaillon	Urban	10	1.85%	2.31%	0.46%	4.63%
	Rural	45	6.02%	10.65%	4.17%	20.83%
Leogane	Urban	58	12.04%	13.89%	0.93%	26.85%
	Rural	22	1.85%	6.02%	2.31%	10.19%
Terre-Neuve	Urban	2	0.00%	0.93%	0.00%	0.93%
	Rural	22	0.00%	7.41%	2.78%	10.19%
Ferrier	Urban	9	0.93%	1.85%	1.39%	4.17%
	Rural	8	0.00%	3.24%	0.46%	3.70%
Pignon	Urban	6	1.39%	0.93%	0.46%	2.78%
	Rural	34	4.63%	11.11%	0.00%	15.74%
Total		216	28.70%	58.33%	12.96%	100.00%

### 6.10.2. Analysis of menstrual hygiene management in schools

**Table 49: Analysis of menstrual hygiene management in schools**

Distribution of schools based on their management of menstrual hygiene						
Municipality	Number of schools	Swimming area	Sanitary napkin	MHM education	Others	Total
Cavaillon	67	2.88%	13.58%	1.23%	9.88%	27.57%
Léogâne	87	9.05%	19.75%	2.06%	4.94%	35.80%
Terre-Neuve	27	3.70%	3.29%	2.47%	1.65%	11.11%
Ferrier	21	3.70%	1.23%	0.82%	2.88%	8.64%
Pignon	41	3.70%	8.23%	2.06%	2.88%	16.87%
Total	243	23.05%	46.09%	8.64%	22.22%	100.00%

In the schools surveyed, 23.05% claims to have a swimming area, 46.09% has sanitary towels available, 8.64% provide education on menstrual hygiene management and 22.22% have other aspects related to the management of menstrual hygiene.

## 6.11. Analysis of access to hygiene services in schools

### 6.11.1. Availability and accessibility of handwashing facilities in schools

Good hygiene practices provide children with a healthy environment, enabling them to live healthy lives. Therefore, the proportion of schools surveyed with handwashing stations is 62.55% against 37.45% who do not have them. And 73.03% of schools with hand washing points had soap and water at the time of the survey

**Table 50: Analysis of the availability and accessibility of handwashing stations in schools**

Handwashing Station (HWS)					
Municipality	Medium	Number of schools	Yes	No	Total
Cavaillon	Urban	11	2.88%	1.65%	4.53%
	Rural	56	7.82%	15.23%	23.05%
Leogane	Urban	63	20.99%	4.94%	25.93%
	Rural	24	6.17%	3.70%	9.88%
Terre-Neuve	Urban	3	1.23%	0.00%	1.23%
	Rural	24	5.76%	4.12%	9.88%
Ferrier	Urban	11	2.88%	1.65%	4.53%
	Rural	10	3.29%	0.82%	4.12%
Pignon	Urban	6	1.65%	0.82%	2.47%
	Rural	35	9.88%	4.53%	14.40%
Total		243	62.55%	37.45%	100.00%

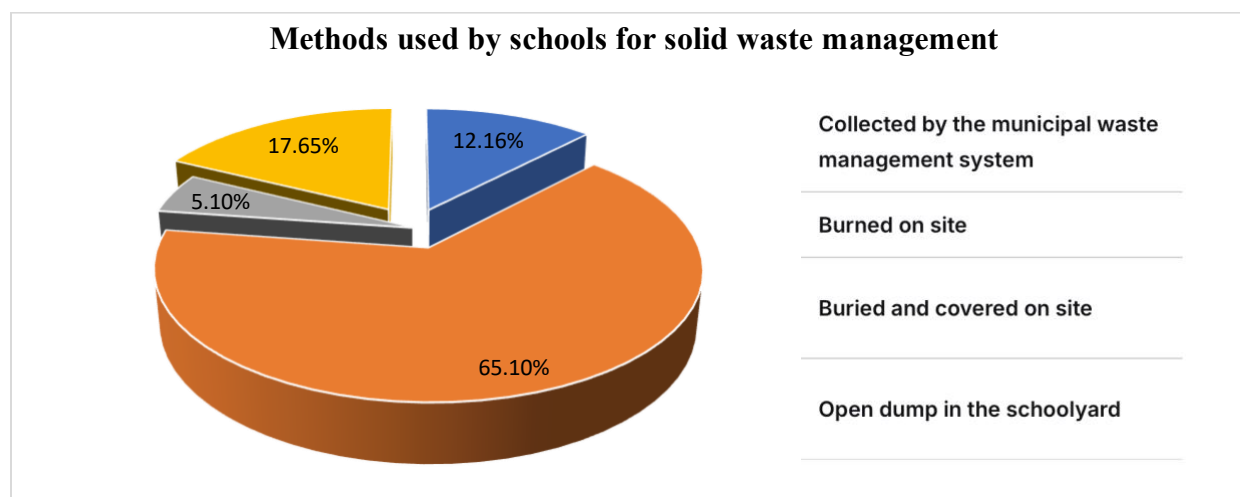
**Table 51: Analysis of the availability of water and soap at handwashing stations in schools**

Handwashing station (HW) with water and soap					
Municipality	Medium	School with PLM	Water and Soap Presence	No water or soap	Total
Cavaillon	Urban	7	4.61%	0.00%	4.61%
	Rural	19	12.50%	0.00%	12.50%
Leogane	Urban	51	12.50%	21.05%	33.55%
	Rural	15	9.87%	0.00%	9.87%
Terre-Neuve	Urban	3	1.32%	0.66%	1.97%
	Rural	14	7.89%	1.32%	9.21%
Ferrier	Urban	7	2.63%	1.97%	4.61%
	Rural	8	3.29%	1.97%	5.26%
Pignon	Urban	4	2.63%	0.00%	2.63%
	Rural	24	15.79%	0.00%	15.79%
Total		152	73.03%	26.97%	100.00%



### 6.11.2. Analysis of the methods used by schools for solid waste management

**Figure 20: Methods used by schools for solid waste management**



A healthy environment conducive to effective learning requires proper waste management. Whether liquid or solid, waste must be managed correctly to prevent the spread of disease within schools. 65.10% of the schools surveyed reported burning their solid waste on-site, 17.65% deposit it in open-air dumps in the schoolyard, 5.10% bury their solid waste, and 12.16% leave the management of their solid waste to the municipal waste collection and treatment system.

## 7. Results and analyses on access to WASH services in healthcare facilities

### 7.1. Distribution of healthcare facilities by level of access to drinking water service (based on JMP classification)

**Table 51: Distribution of healthcare facilities by level of access to drinking water service (JMP classification)**

Municipality	Level of access to drinking water service		
	Number of healthcare centers	Improved	Basic
Cavaillon	10	14.29%	14.29%
Leogane	14	17.14%	22.86%
Terre-Neuve	2	2.86%	2.86%
Pignon	3	5.71%	2.86%
Ferrier	6	0.00%	17.14%
Total	35	40.00%	60.00%

According to JMP, there are 3 service levels for monitoring access to water at the level of health institutions:

- 1- **Basic service:** the water used comes from an improved water point, available on site.
- 2- **Limited service:** the water used comes from an improved water point located within a 500-meter radius.
- 3- **No service:** the water used comes from an unimproved water point, or from an improved water point located more than 500 meters away.

At the time of the study, at the level of the 5 municipalities, only 60% of schools have a basic level of access and 40% have limited access.

### 7.2. Distribution of surveyed healthcare facilities by level of access to sanitation services (based on JMP classification)

**Table 52: Distribution of surveyed healthcare facilities by level of access to sanitation services (based on JMP classification)**

Municipality	Number of health centers	Base	Limit
Cavaillon	10	25.71%	2.86%
Leogane	14	40.00%	0.00%
Terre-Neuve	2	5.71%	0.00%
Pignon	3	8.57%	0.00%
Ferrier	6	17.14%	0.00%
Total	35	97.14%	2.86%

According to JMP, there are 3 service levels for monitoring access to sanitation at the health institution level:

- 1- **Basic service:** the health institution has improved sanitation facilities, including at least one separate toilet for staff, at least one toilet reserved for women and girls equipped with menstrual management devices, and one toilet adapted to the needs of people with reduced mobility.
- 2- **Limited service:** the health institution has improved sanitation facilities that are usable, but basic service criteria are not met.
- 3- **No services:** the health institution does not have improved sanitation facilities, or there are no toilets.

At the time of the study, 97.14% of the healthcare facilities surveyed had a basic level of access, compared to 2.86% that had limited access.

### 7.3. Distribution of surveyed healthcare facilities by level of access to hygiene services (according to the JMP classification)

**Table 53: Distribution of surveyed healthcare facilities by level of access to hygiene services (according to the JMP classification)**

Municipality	Number of health centers	Base	Limit
Cavaillon	10	20.00%	8.57%
Leogane	14	11.43%	28.57%
Terre-Neuve	2	2.86%	2.86%
Pignon	3	5.71%	2.86%
Ferrier	6	14.29%	2.86%
Total	35	54.29%	45.71%

According to JMP, there are 3 service levels for monitoring access to hygiene at the health facility level:

- 1- **Basic service:** the health facility has handwashing facilities with soap and water available in the facility at the time of the healthcare site survey and within a five-meter radius of the toilets.
- 2- **Limited service:** the health facility has handwashing facilities at the care site, either in the toilets, but not both.
- 3- **No handwashing facilities or services are available** either in the treatment areas or in the toilets.

At the time of the study, 54.29% of care institutions had a basic level of service, compared to 45.71% that had limited access to hygiene services in the facility.

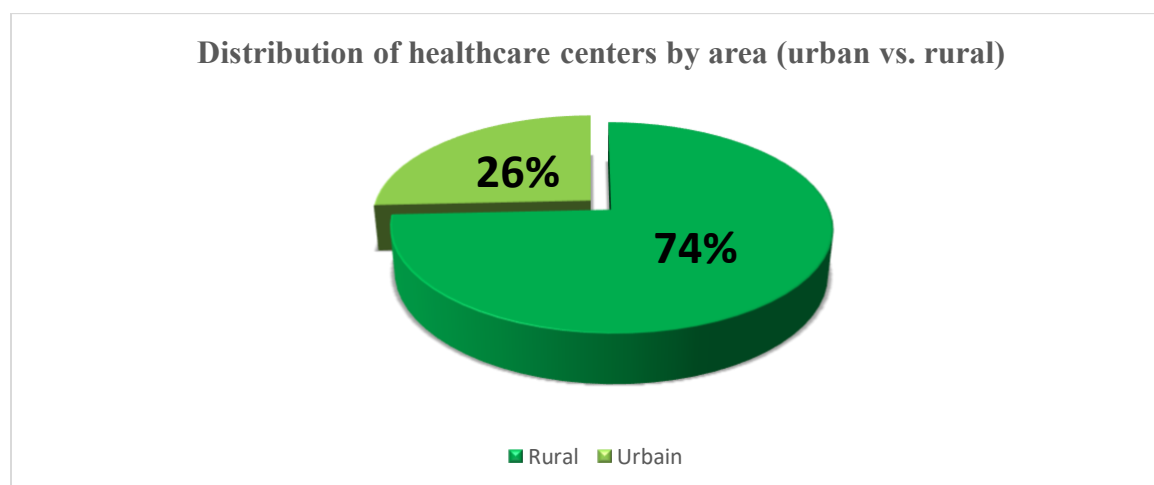
## 7.4. Description of the healthcare facilities surveyed

**Table 54: Distribution of surveyed healthcare facilities by municipality**

DISTRIBUTION OF SURVEYED HEALTH FACILITIES BY MUNICIPALITY		
Municipality	Area	Number of healthcare facilities surveyed
Cavaillon	Urban	
	Rural	
Léogâne	Urban	
	Rural	
Terre-Neuve	Urban	
	Rural	
Pignon	Urban	
	Rural	
Ferrier	Urban	
	Rural	
Total		35

The survey of healthcare facilities was conducted at 35 health institutions located across the five communes where HANWASH operates. The table above presents information on the location of these institutions across the communes, in both urban and rural areas. All survey respondents were staff members of the healthcare facilities. The majority of these facilities are located in rural areas (74%) compared to urban areas (26%).

**Figure 21: Distribution of healthcare centers by area (urban vs. rural)**



### 7.4.1. Types of healthcare facilities surveyed

**Table 55: Type of healthcare facilities surveyed**

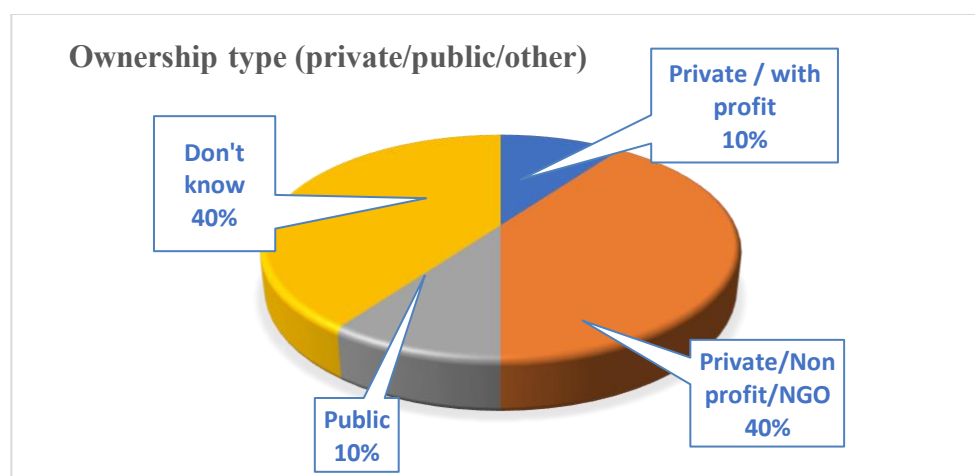
TYPES OF HEALTHCARE FACILITIES						
Municipality	Health center without beds	Mobile Clinic	Primary health center with bed	Reference hospital	Specialized clinic	Total
Cavaillon						
Leogane						
Terre-Neuve						
Pignon						
Ferrier						
Total	14	4	11	4	2	35
Percentage	40.00%	11.43%	31.43%	11.43%	5.71%	100%

Depending on the level of care offered by the institutions, they are categorized into several types. In this study conducted in the HANWASH intervention areas, 40% of the surveyed healthcare institutions are centers without beds, 31.43% are primary health centers with beds, 11.43% are referral hospitals, 11.43% are mobile clinics, 5.71% are specialist clinics.

### 7.4.2. Ownership type (private/public/other)

Healthcare institutions are specifically responsible for delivering health services. They can be public, private, mixed, or other. At the time of the study, 40% of the healthcare facilities surveyed were private non-profit or NGO-run, 10% were public institutions, 10% were private for-profit institutions, and 40% of respondents stated they did not know the ownership type.

**Figure 22: Ownership type (private/public/other) of the surveyed healthcare facilities**



### 7.4.3. Total population in the coverage area of each of the surveyed health facilities

**Table 56: Total population in the coverage area of each health facility**

TOTAL POPULATION IN THE COVERAGE AREA OF EACH HEALTH FACILITY		
Municipality	Name of the institution	Population in coverage area
Cavaillon	Centre Communautaire De Santé Giovanni Louis Juste de Bricourt	1 800
	Centre Communautaire Nova Hope For Haiti	10 000
	Centre Communautaire de Santé MEBSH de Labiche	19 543
	Centre de santé de boileau	...
	Centre santé de Marc lasser	4 775
	Dispensaire Notre Dame du bon secours de Cavaillon	...
	Sant fondation d'amour de rousseau	76
	Sant santé de cavaillon	400
	Santé communautaire bônfen	8 706
	Centre santé de Bercy	...
Léogâne	Anne Delcin health	95
	Cado Complexe Médical	75
	Centre communauté sauvé pour servir	20
	Centre de santé Bagadère	50
	Centre de santé Paroisse St Gabriel Beausséjour	100
	Centre de santé de Lassal	50
	Centre hospitalier de l'urgence	60
	Christchana centre de sante	50
	Clinique Ecole Espoir de Morne Barbo	...
	Clinique médical de l'amitié CMA	...
	Dispansè Saint Antoine de Fond Oie	...
	Louisny Pharmacy et Consultation	50
	Santé sante makaya	50
	Vision de L'aigle dispensaire	...
Terre-Neuve	Centre de Santé de Terre-Neuve	...
	Sant santé communautaire de Lagon	100
Pignon	CENTRE SANTE DE SAVANETTE	50
	HOPITAL BIEN DAISANCE DE PIGNON	12 300
	Klinik sous lavi	...
Ferrier	CCC de Merande	...
	CCS De Meyak	...
	CCS de ferrier	...
	Clinique Beraca de ferrier	...
	IGIT Clinique De Ferrier	...
	S'Mac Clinique Medical	...



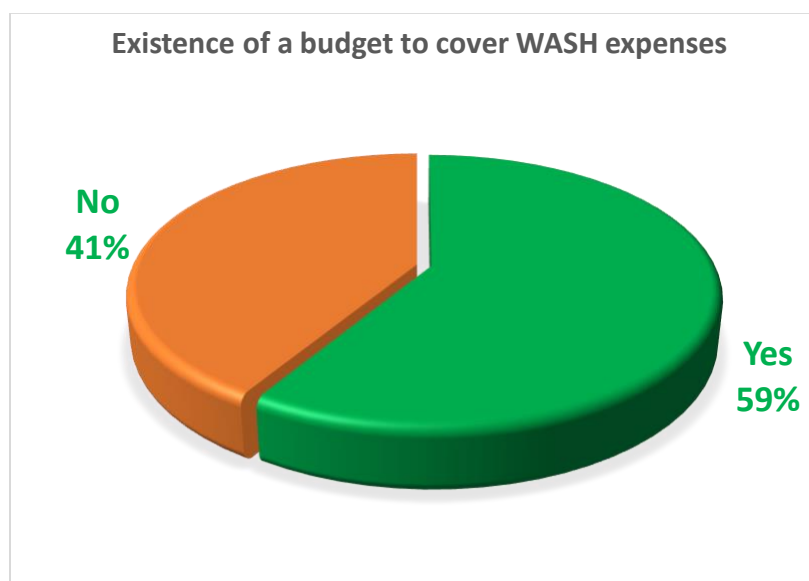
#### 7.4.4. Number of staff working in healthcare facilities

**Table 57: Number of staff working in healthcare facilities**

Number of staff working in healthcare facilities		
Municipality	# Boys' Staff	# Women's Staff
Cavaillon	52	67
Léogâne	18	63
Terre-Neuve	20	29
Pignon	158	214
Ferrier	22	34
Total	270	407

In the municipalities included in the study, there are 677 healthcare workers, comprised of both men and women: 407 female staffs, and 270 male staffs. Thus, there are more women working in the healthcare sector in the five municipalities studied. It should be noted that 59% of the surveyed healthcare institutions have a budget for healthcare and hygiene (WASH) expenses, while 41% do not.

**Figure 23: Proportion of healthcare facilities reporting the existence of a budget to cover WASH expenses**



## 7.5. Analysis of healthcare facilities' access to drinking water services

### 7.5.1. Analysis of the availability and accessibility of drinking water at the surveyed healthcare facilities

**Table 58: Analysis of the availability and accessibility of drinking water at the surveyed healthcare facilities**

Accessibility of drinking water at the surveyed healthcare facilities				
Municipality	Area	Number of health centers	No water source	There is a water point
Cavaillon	Urban	2	0.00%	5.71%
	Rural	8	11.43%	11.43%
Leogane	Urban	1	0.00%	2.86%
	Rural	13	22.86%	14.29%
Terre-Neuve	Urban	1	0.00%	2.86%
	Rural	1	2.86%	0.00%
Pignon	Urban	1	0.00%	2.86%
	Rural	2	0.00%	5.71%
Ferrier	Urban	4	8.57%	2.86%
	Rural	2	5.71%	0.00%
Total		35	51.43%	48.57%

Across the 5 municipalities, 48.57% of healthcare facilities has a water supply point for various needs compared to 51.43% of healthcare facilities in which water is not available.

### 7.5.2. Presentation and analysis of the results of residual chlorine tests carried out at the surveyed healthcare facilities

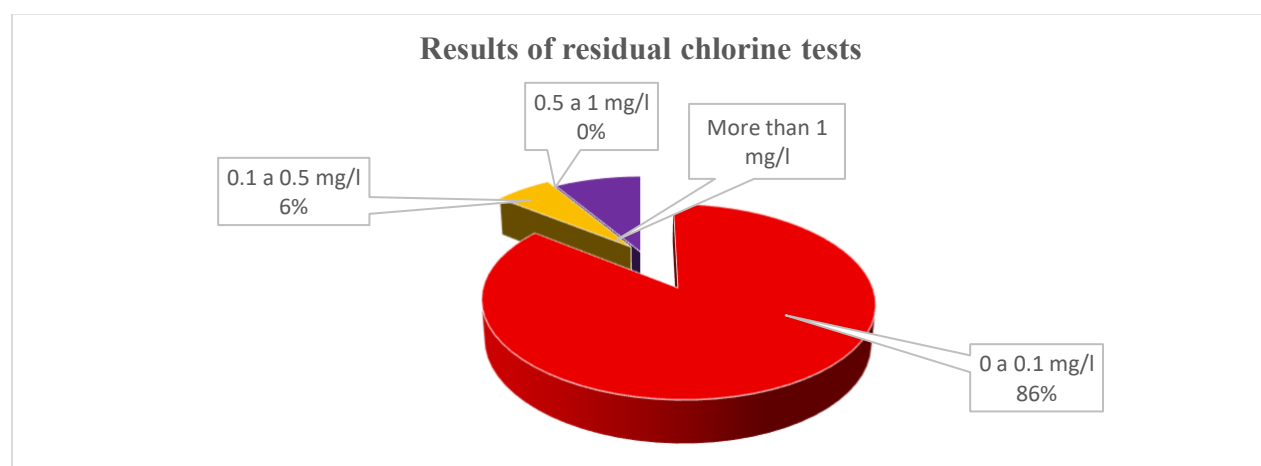
Among the methods used to guarantee water quality, chlorine disinfection eliminates microorganisms and also protects the water against re-contamination. The criteria for assessing the chlorine level in disinfected water are:

Quality Test Results	Attribute given to water	Color code
0.0 mg per liter of water (mg/l)	Poor quality	
$0.1 \leq x < 0.49$	Low quality	
$0.5 \leq x \leq 1.0$	Qualitygood	
$x > 1.0$	Water described as "too chlorinated"	

Reference: Water Quality Control Unit (CQE) of the Department of Service Management Support (UAGS) of DINEPA

Of the 35 healthcare facilities that participated in the study, 86% had a residual chlorine level in their water below 0.1 mg/L, indicating the use of poor-quality water; 6% used low-quality water with a residual chlorine level between 0.1 mg/L and 0.5 mg/L; and 8% used excessively chlorinated water with a residual chlorine level above 1 mg/L. No healthcare facility had the required residual chlorine level in its water.

**Figure 24: Results of residual chlorine tests carried out at the surveyed healthcare facilities**



## 7.6. Analysis of healthcare facilities' access to sanitation and hygiene services

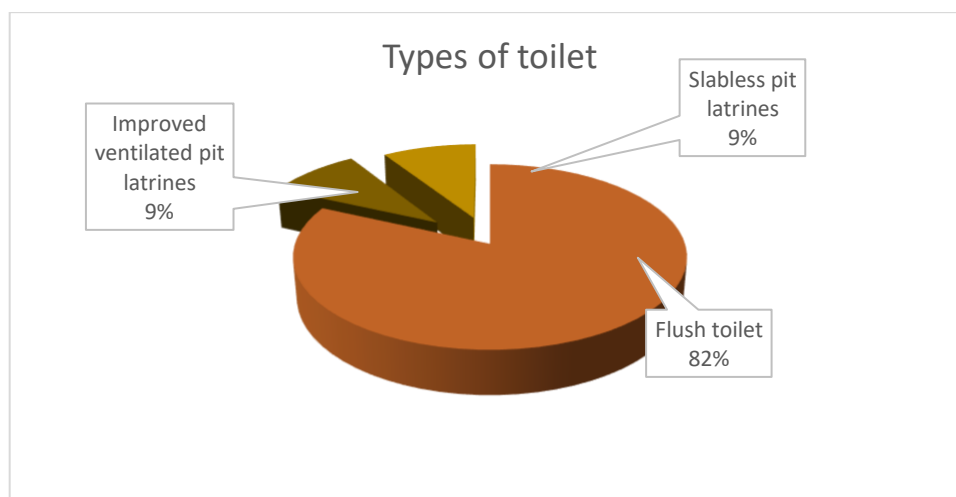
### 7.6.1. Analysis of the availability and accessibility of toilets in the surveyed healthcare facilities

**Table 59: Access of healthcare facilities to sanitation and hygiene services**

Access of healthcare facilities to sanitation and hygiene services				
Municipality	Area	Number of health centers	Access	No access
Cavaillon	Urban	2	0.00%	5.71%
	Rural	8	11.43%	11.43%
Leogane	Urban	1	0.00%	2.86%
	Rural	13	5.71%	31.43%
Terre-Neuve	Urban	1	0.00%	2.86%
	Rural	1	0.00%	2.86%
Pignon	Urban	1	0.00%	2.86%
	Rural	2	2.86%	2.86%
Ferrier	Urban	4	8.57%	2.86%
	Rural	2	2.86%	2.86%
Total		35	31.43%	68.57%

At the time of the study, 31.43% of the surveyed healthcare facilities had at least one toilet, while only 68.57% had no toilets. The most common type of toilet was the flush toilet, found in 82% of the facilities. Nine percent of healthcare facilities had improved ventilated pit latrines, and another 9% had slabless pit latrines.

**Figure 25: Types of toilets observed in the surveyed healthcare facilities**



#### 7.6.2. Analysis of the methods used by healthcare facilities for the management of medical waste

**Table 60: Medical waste management methods**

Medical waste management methods								
Municipality	Number of health centers	Cremated	Others	Burn in a protected pit	Open air	Chemical disinfection (e.g., with hypochlorite)	Untreated, but buried in a lined and protected pit	Untreated and added to ordinary waste
Cavaillon	10	5.71%	2.86%	14.29%	0.00%	2.86%	2.86%	0.00%
Leogane	14	2.86%	2.86%	25.71%	2.86%	2.86%	0.00%	2.86%
Terre-Neuve	2	0.00%	0.00%	2.86%	2.86%	0.00%	0.00%	0.00%
Pignon	3	8.57%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ferrier	6	2.86%	2.86%	5.71%	2.86%	2.86%	0.00%	0.00%
<b>Total</b>	<b>35</b>	<b>20.00%</b>	<b>8.57%</b>	<b>48.57%</b>	<b>8.57%</b>	<b>8.57%</b>	<b>2.86%</b>	<b>2.86%</b>

In order to provide quality care and reduce the risk of infection, healthcare facilities must have the necessary functional infrastructure to ensure the management of medical waste. The methods used by the institutions surveyed in this study are diverse. 48.57% burn them in a protected pit, 20% incinerate them, 8.57% in the open air, 8.57% use chemical disinfection, 2.86% mix them with other ordinary waste, 2.86% bury them in a protected pit, and 8.57% use other methods.

## **8. Presentation and analysis of the results from interviews conducted with local authorities, OREPA directors, SAEP operators, and Rotary club presidents (disaggregated by municipality)**

### **8.1. Presentation and analysis of the results from interviews conducted with local authorities**

As part of the baseline study to assess access to WASH services in five municipalities where HANWASH operates (Cavaillon, L'éogâne, Pignon, Terre-Neuve, and Ferrier), interviews were conducted with local authorities to better understand their perception of the current situation, their priorities, and their expectations regarding the actions to be taken. This qualitative approach aims to integrate local institutional stakeholders into a participatory diagnostic process and informed decision-making.

Local authorities, as direct intermediaries between communities and governing bodies, possess in-depth knowledge of the territory and its dynamics. As such, their accounts constitute a valuable source of information for assessing the relevance of public policies in the housing, sanitation, and hygiene (WASH) sector or planned projects, identifying the real needs of communities, and anticipating obstacles to their implementation.

The interviews were conducted between March 17 and 26, 2025, using a semi-structured methodology that allowed for both a structured framework for discussion and freedom of expression for the interviewees. A total of twenty-one (21) interviews were conducted with various profiles of local authorities: Mayors/Municipal Administration, CASECS, and ASECS.

The following analysis presents the main results from these exchanges, organizing them around recurring themes, while highlighting points of convergence, divergence, and the perspectives opened up by these contributions.

The main objective is to understand their current perceptions, priorities, and expectations. The findings reveal major challenges such as a lack of access to safe drinking water, inadequate infrastructure, and insufficient awareness. Recommendations include an urgent need for investment, training, and collaboration among stakeholders to improve the WASH situation.

### **8.1.1. Municipality of Léogâne**

#### **8.1.1.1. Léogâne municipal council**

The Municipal Council (MC) highlights the critical challenges related to water, sanitation, and hygiene (WASH) services in the municipality of Léogâne, such as insufficient material resources, open defecation, and a lack of hygiene awareness. Flooding exacerbates these problems, leading to frequent illnesses like cholera. Current efforts to improve access to WASH services require increased investment and additional projects.

The MC emphasizes the need for technical training in water point management and community awareness. Several partners play a vital role in these initiatives, and it is noted that collaboration between local authorities and the population is crucial for promoting sustainable hygiene practices.

Ideas are being proposed, such as increasing the number of water points and creating waste management centers, to improve living conditions and public health within the community.

#### **8.1.1.2. CASEC of the 1st Section of Dessources**

Mr. Markès Pierre, coordinator of the CASEC for the first section of Dessources, highlights critical problems concerning access to drinking water and sanitation services in the area. He noted that many water points are unprotected, leading to significant health problems, including waterborne diseases such as diarrhea. Despite efforts by WASH organizations and community initiatives, unequal access to water and a lack of technical support remain major challenges.

Mr. Pierre emphasizes the need to invest in infrastructure, educate the population on hygiene, and hire qualified technicians. He also mentions the importance of a collaborative approach and community oversight to guarantee regular access to safe drinking water.

In conclusion, continued efforts are essential to reduce illness and improve the quality of life of residents.

#### **8.1.1.3. CASEC of the 2nd Section of Petite Rivière**

Mr. Virtus ANDRÉ addresses the challenges faced by water, sanitation and hygiene (WASH) services in certain communities. Several problems are identified, such as open defecation, the absence of management committees, and numerous inaccessible or defective water points.

The poor quality of drinking water, often untreated, poses a major health risk, resulting in illnesses such as diarrhea and skin infections. In response to these challenges, Mr. André proposes recommendations to improve the situation, such as increasing the number of water points, building latrines, and raising public awareness about hygiene practices.



It is suggested that resources, both financial and material, be mobilized and that partnerships be formed in the WASH field for a lasting impact.

#### **8.1.1.4. CASEC of 3rd Section of Grande Rivière**

Mr. Virtus André addressed the challenges related to water, sanitation, and hygiene (WASH) services in certain communities. Several problems were identified, such as open defecation, the absence of management committees, and numerous inaccessible or defective water points. The quality of drinking water, often untreated, poses a major health risk, resulting in illnesses such as diarrhea and skin infections.

In response to these challenges, Mr. André proposes recommendations to improve the situation, such as increasing the number of water points, constructing latrines, and raising public awareness about hygiene practices. He suggests mobilizing resources, both financial and material, and forming partnerships in the WASH sector for a lasting impact.

#### **8.1.1.5. CASEC of 5th Section of Palmiste à Vin**

Mr. Johny Augustin, coordinator of the CASEC for the 5th Section of Palmiste à Vin, examined the problems faced by the Palmiste à Vin community regarding access to drinking water and waste management. It should be noted that the deterioration of infrastructure affects public health, leading to diseases such as typhoid and malaria due to contaminated water.

Poor management of water points, equipment theft, and inefficiency in water and sanitation services are exacerbating the situation. He also mentioned a lack of coordination between local authorities and community groups, as well as a shortage of financial and human resources.

To improve things, several suggestions are made, such as infrastructure repair, the importance of public-private partnerships, user awareness, and the need for fair and sustainable access to water and sanitation.

#### **8.1.1.6. CASEC of 6th Section of Orangers**

Mr. Yves Bercy analyzed the water, sanitation, and hygiene (WASH) services in the 6th Section of Orangers and highlighted a significant lack of these essential services. According to information from the CASEC, many water sources are not being tapped, and only a few are functional and suitable for drinking. Problems with waste management and open defecation exacerbate the situation, leading to a rise in cases of diseases such as typhoid and diarrhea.

The lack of resources and involvement of local authorities hinders any intervention by the council in its mission to provide services in order to address certain problems in the WASH field.

Among the recommendations given are public education and the development of public-private partnerships. Overall, the analysis shows that it is urgent to act together to create a sustainable system that guarantees access to better WASH services for the health and well-being of the Orangers community.

#### **8.1.1.7. CASEC of 8th Section of Beauséjour**

Mr. Albert Lauregene, CASEC of 8th Section of Beauséjour, provided an update on water and sanitation problems in certain areas of his section. He discussed the state of the infrastructure, the lack of access to drinking water, and the absence of latrines, which leads to health problems such as diarrhea, fever, and skin infections.

It is mentioned that he should be trained by professionals on water and hygiene issues, and that it is important to improve resources for sustainable projects. It also emphasizes the need to raise awareness and install new water points.

Finally, he mentions the frustrations of the inhabitants and the lack of cooperation between institutions, and solutions such as the protection of water sources and reforestation are also proposed to improve water quality.

#### **8.1.1.8. CASEC of 9th Section of Citronniers**

The CASECs, M. Pierre-Louis Démosthène and Shneider Compère highlighted the problems faced by the 9th Section of Citronniers regarding water, sanitation, and hygiene (WASH). They raised questions about access to drinking water, adequate sanitation facilities, and insufficient hygiene practices.

Also noteworthy is a lack of awareness among residents and poor resource management. These problems have an impact on people's health, livelihoods, and well-being.

They emphasize the importance of pooling resources from the community and other sources to improve WASH services while proposing ideas to strengthen local capacities, organize training, and encourage residents' engagement to improve infrastructure and living conditions in a sustainable way.

### **8.1.2. Municipality of Cavaillon**

#### **8.1.2.1. CASEC of 1st Section of Boileau**

The CASEC of the 1st Section of Boileau, Mr. David Delcy, presented the problems of access to drinking water, sanitation, and hygiene in Boileau, a communal section where the situation is

serious and concerning. There is a lack of water in some areas, the water is not always clean, and sanitary conditions are poor. Many people fall ill due to mismanaged water and poor hygiene.

Furthermore, the uneven distribution of water points and the poor condition of the roads further complicate matters. While efforts are underway to improve the situation, Mr. Delcy is calling for swift action to raise public awareness and establish management committees.

In short, he raised the alarm about the urgent need to act to improve the lives of the inhabitants of this troubled region.

#### **8.1.2.2. CASEC of the 2nd Section of Martineau**

Mr. Jean Perez Oreste, coordinator of the CASEC of the 2nd section of Martineau, describes an alarming situation marked by difficulties in water supply, inappropriate sanitation practices and inefficient resource management. Hygiene problems due to poor water quality have direct consequences on health, such as the frequent occurrence of diarrhea.

Mr. Oreste highlights the sabotage of the distribution line by the population in response to perceived inadequate services, which hinders access to drinking water. The poor quality of the water distribution equipment makes water and sanitation services vulnerable to increasing demand.

A grim picture emerges regarding sanitation practices, with many defecating in unsanitary conditions without access to latrines. Mr. Oreste indicates that service management is not even reaching 40% of its desired efficiency, highlighting the lack of water treatment. Previous interventions have failed to produce lasting results, exacerbating the health crisis.

Suggestions for addressing these problems include funding new water points, constructing latrines, and improving hygiene awareness. The CASEC highlighted the urgent need to reform access to water and sanitation services in certain localities and households by coordinating community efforts, increasing funding, and improving infrastructure.

Building strong partnerships and fostering community engagement are crucial for a better future in terms of access to water. Without these measures, persistent challenges will continue to severely impact the health and quality of life of populations.

#### **8.1.2.3. CASEC of the 3rd Section of Gros-Marin**

According to Mr. Oslin Denart, coordinator of CASEC of the 3rd Section of Gros-Marin, many people do not have access to water, sanitation facilities and good hygiene conditions, which can lead to health problems, such as cases of diarrhea, of which some areas are particularly affected.

The lack of resources, both human and material, makes the situation even more difficult. The local official also mentioned ongoing projects, such as animal feed and awareness campaigns, and requested financial and technical support to better manage water resources.

Finally, he stressed on the importance of collective action to reduce open defecation and improve quality of life.

#### **8.1.2.4. ASEC of the 4th Section of Mare-Henry**

The testimony of Mr. Felinord Bélizaire, member of the ASEC of the 4th Section of Mare-Henry, pointed out the serious problems with water, sanitation, and hygiene in his area. He explains that the water is not potable and there is limited access to hygiene services, leading to health problems such as frequent diarrhea and vomiting. The infrastructure is in poor condition and needs urgent repair, and there is also a lack of awareness about hygiene.

Mr. Bélizaire calls for collective action that includes technical training and financial support to improve the situation. He also emphasizes that community participation is essential to resolving these water and sanitation problems, while stressing the urgent need for better maintenance of existing infrastructure. Currently, there are no WASH projects being implemented, which further complicates matters for the community.

#### **8.1.3. Ferrier Municipality**

##### **8.1.3.1. Ferrier Municipal Council**

Mrs. Yvette Guerrier, as the Mayor, addresses the difficulties encountered in the areas of water, sanitation, and hygiene within a municipality in Ferrier. She highlighted the main challenges, such as pump failures, the lack of drinking water, and the inefficiency of the sanitation system. These problems have serious consequences for public health, including an increase in waterborne diseases.

The following sections examine available resources and ongoing projects, while also identifying future priorities and the role of local authorities.

His overall intervention highlights the importance of collaboration between different parties to improve services and the need for accumulated support to overcome existing obstacles.

His recommendations include training for technicians and increased commitment from the private sector for greater sustainability of water services.

##### **8.1.3.2. CASEC of the 1st Section of Maribahoux**

Mr. Josaphat ADIUS, coordinator of the CASEC of the 1st section of Bas Maribahoux addresses the current water, sanitation and hygiene problems at the level of the only communal section of the commune of Ferrier.

Several problems have been identified, such as a lack of drinking water, insufficient sanitation infrastructure, and risks to public health, such as diseases.

Several organizations, including community groups and NGOs, are working on these issues, but much remains to be done, especially regarding project management and speed. Local authorities and private sector involvement are essential to resolving these problems.

Finally, ideas are proposed to improve access to essential services, emphasizing the importance of strengthening community initiatives and collaboration among different stakeholders. This report demonstrates the critical need for collective action to achieve better living conditions, particularly in the 1st section of Bas Maribahoux.

#### **8.1.4. Pignon Municipality**

##### **8.1.4.1. Pignon Municipal Council**

The Community Meeting addresses the current challenges in the areas of water, sanitation, and hygiene in the commune of Pignon. The main difficulties include access to safe drinking water, a lack of adequate latrines, and problems related to wastewater treatment, which affect the health of the inhabitants. Diseases such as typhoid, cholera, and malaria result.

According to the mayor's statements, Mr. Henri Claude Crepin, the community benefits from the support of organizations such as the Rotary Club and HANWASH to mobilize human and financial resources.

Despite efforts to improve access to services, private sector participation remains limited. He emphasizes the need for better planning and coordination of future projects, as well as the importance of community outreach.

The MC's future priorities include improving access to clean water and sanitation facilities, with a call for local engagement to help achieve these goals.

##### **8.1.4.2. CASEC 1st Section Savanette**

Mr. Moussanto Dantil, coordinator of the CASEC of the 1st section of Savanette presented an in-depth analysis of the challenges encountered in the areas of drinking water, sanitation, and hygiene (WASH) within the municipality. The main challenges include faulty pumps, limited access to drinking water, the proximity of latrines to water sources, and health problems related to diseases such as cholera and typhoid.

The management of water and sanitation services is generally considered effective, although improvements are needed in water collection and community involvement. There is a consensus

on the importance of better access to financial, material, and human resources to overcome these obstacles.

Ongoing projects, such as those led by the Rotary Club, provide some support, but lessons learned from past experiences underscore the need for in-depth studies and increased public awareness to ensure the sustainability of future initiatives.

Priorities for the future include improving drilling networks and building latrines for vulnerable populations.

#### **8.1.4.3. CASEC of the 2nd Section of La Belle-Mère**

In the 2nd communal section, La belle Mère, the CASEC coordinator, Mr. Jacquesonne Milorhe spoke to us about the water, sanitation and hygiene problems at the level of his local community.

He addresses issues such as malfunctioning water pumps, contaminated water, and a lack of latrines. This has serious health consequences, with diseases like cholera and typhoid posing a risk.

Even though services are managed fairly effectively through fundraising committees, the water supply remains insufficient. CASEC also reports a lack of money and equipment to improve water and sanitation services and speaks of the need for future partnerships to strengthen the infrastructure.

He proposes ideas for better involving local stakeholders and the private sector in resolving these problems.

#### **8.1.5. Terre-Neuve Commune**

##### **8.1.5.1. Terre-Neuve Municipal Council**

The MC, through the mayor, Mr. Joanel Raymond, presented an in-depth analysis of the challenges faced in the areas of water, sanitation, and hygiene (WASH) in Terre-Neuve. Key issues identified include limited access to safe drinking water, a lack of sanitation infrastructure such as latrines, and sewage contamination, leading to health problems such as typhoid and cholera. Local communities, particularly in Lagon, Sarazin, and "Nan Simon", are especially affected.

Current WASH service management appears inadequate, with a lack of technicians and funding for significant projects. Collaboration between local authorities and organizations like ACF and AMURT is crucial, but there is an urgent need to strengthen this cooperation and increase project funding.

Looking ahead, priorities include expanding drinking water services and hygiene awareness campaigns, highlighting the need for increased stakeholder engagement.



#### **8.1.5.2. CASEC of the 1st Section of Doland**

Mr. Charles Saint Val, coordinator of the CASEC of the 1st Section of Doland, highlighted the difficulties his community faces regarding water, sanitation, and hygiene. It shows that most water sources in his area are unsafe, causing health problems such as diarrhea. There is also a lack of latrines, forcing people to defecate outdoors. The most affected areas are Dumuray, Larat Dolan, Lòtbò Karo, and Kawa.

It is mentioned that there is no structure to manage water or sanitation, and that resources to address these issues are limited in Doland.

Among the priority tasks are renovating old infrastructure and building public latrines. Finally, the participation of local authorities and potential partnerships to improve the situation are considered essential.

#### **8.1.5.3. CASEC 2nd Section Bois-Neuf**

The CASEC coordinator, Mr. Donatien Pierre, presented a diagnosis of the challenges encountered in the areas of water, sanitation and hygiene (WASH) in Bois-Neuf. The main difficulties identified include insufficient access to drinking water, the absence of latrines, and diseases linked to poor water quality, particularly affecting children's health.

The CASEC coordinator acknowledges that there are no appropriate management structures for these services and highlights a lack of financial and human resources to address this.

The proposed solutions include building latrines for vulnerable populations and the need to tap into more water sources. Furthermore, establishing partnerships with NGOs and organizations such as HANWASH and Haiti Outreach is recommended to improve access to these services. The conclusion highlights the importance of strong local engagement to address these critical issues.

#### **8.1.5.4. CASEC of the 3rd Section of Lagon**

Mr. Jonès Joseph, coordinator of CASEC of the 3rd section of Lagon, addresses the major challenges faced in the water, sanitation, and hygiene (WASH) sector in Lagon. He highlighted the extremely limited access to drinking water, with only one water source (Ka-Philippe) serving the entire most populated communal section of the Terre-Neuve commune. This leads to health problems such as diarrhea and typhoid fever, particularly among children. Latrines are also lacking, further exacerbating the health situation.

Several organizations such as Haiti Outreach and ACF are mentioned as actors in improving services, but the lack of technicians and the weak commitment of the private sector are obstacles.

The CASEC coordinator calls for greater involvement of local authorities and partnerships with relevant organizations to develop projects aimed at expanding access to WASH services, including the construction of latrines and the extension of the water network, as past challenges and lessons learned will help guide future initiatives.

## **8.2. Presentation and analysis of the results from interviews conducted with OREPAs directors**

Interviews with the directors of the Regional Water Supply and Sanitation Offices (OREPA) in the South and North reveal a strong desire for improvement, hampered by a lack of human, technical, and financial resources. An integrated approach, based on inter-institutional collaboration and capacity building, is essential to ensure better and more sustainable access to drinking water in these regions.

### **8.2.1. OREPA North**

The regional director of OREPA North discusses the major challenges in the area of drinking water, sanitation, and hygiene (WASH) in his region. He highlighted problems such as insecurity, lack of government investment, and environmental degradation.

He also mentioned partnerships with groups like HANWASH, and stressed out the importance of collaboration between local actors and authorities to resolve these issues.

Priorities for the coming years include developing WASH infrastructure and securing the necessary funding, while also engaging the private sector to raise awareness of WASH initiatives.

Finally, he offered recommendations to improve future projects and strengthen the involvement of communities and institutions in this area.

### **8.2.2. OREPA South**

Mr. Eliscar, regional director of OREPA South, highlighted the precarious situation of the water sector in the region, characterized by insufficient human and financial resources.

The obstacles analyzed include a lack of funding, shortcomings in the management of water supply systems, and the departure of qualified personnel. Despite OREPA's efforts and the support of international partners such as HANWASH, numerous challenges remain, including uncontrolled urbanization and the absence of a legal framework to formalize interventions.

He also highlighted the role of public and private institutions in managing WASH services. The lack of a legal framework is a major obstacle to improving infrastructure. Furthermore, training and awareness-raising initiatives are essential to ensuring the sustainability of projects. The

priorities for the coming years remain and will continue to be the fundraising to develop other supply structures, the provision of resources and the recruitment of staff needed for OREPA.

Despite the challenges, visible progress is being made through partnerships, demonstrating potential for improvement. This situation requires a collective response from the government and partners to strengthen the effectiveness of OREPA.

### **8.2.3. OREPA West**

After numerous contacts, exchanges and kind reminders, the director of OREPA Ouest never followed up.

## **8.3. Presentation and analysis of the results from interviews conducted with SAEP Operators**

As part of an evaluation of the performance and challenges faced by drinking water supply system operators in Haiti (SAEP, in French), a series of interviews was conducted with several key stakeholders. The objective was to gather qualitative information on:

- Technical and financial management of systems;
- Everyday problems;
- Capacity building needs;
- Relations with communities and institutions.

The interviews revealed significant structural challenges in the management of drinking water systems in the five municipalities where HANWASH operates. Despite the strong commitment of the professional operators (PO), the lack of technical, financial, and institutional support hinders the sustainable development of services. Targeted, long-term support is essential to improve access to and the quality of water services in rural and peri-urban areas.

### **8.3.1. Municipality of Léogâne**

#### **8.3.1.1. CTE of Léogâne (Sand Fund Network)**

The Fonds Sable water distribution network, equipped with a 340 m<sup>3</sup> reservoir, is facing water supply problems in the metropolitan area.

Fuel access problems, aging equipment, and generator and pump issues are affecting the system's proper functioning. DINEPA monitors water quality through regular testing and chlorine treatment.

However, the network lacks sufficient funds to cover its expenses and faces limitations due to security issues and a lack of adequate equipment.

Currently, 408 customers have meters and 115 do not. The network is seeking to increase its generation capacity and modernize its infrastructure to meet growing demand. Long-term objectives include increasing generation capacity and improving distribution lines to serve more customers.

#### **8.3.1.2. Interview with TEPAC and CAEPA of Sources Corossol de Léogâne**

The TEPAC and CAEPA of Source Corossol mainly deal with the management and distribution of drinking water from the Source Corossol network at the level of the 9th Citronniers Section of Léogâne, based on the testimonies of people involved in this process.

Those interviewed discussed water supply, chlorine treatment, the logistical challenges of the network, and efforts to satisfy subscribers. An urgent need for technical improvements was identified, such as the purchase of a hypochlorinator and testing equipment, as well as increased funding to ensure the long-term viability of the service.

CAEPA and TEPAC demonstrate a desire for greater commitment from subscribers to pay their bills but also highlight systemic problems that complicate the smooth running of operations.

#### **8.3.2. 8.3.2. Municipality of Cavaillon**

##### **8.3.2.1. Cavaillon Town Centre Network**

The TEPAC and the secretary of the SAEPA of the city center of the municipality of Cavaillon talk about the management of drinking water in said municipality focusing on the challenges that the Drinking Water Supply System (SAEP) faces there.

Major problems include chlorine shortages due to stockouts and failing infrastructure, such as dilapidated tanks and pipes. The interview report also highlights the difficulty of providing quality service with insufficient revenue to cover costs.

Efforts to improve the situation include increasing the number of subscribers willing to pay for water, monthly network inspections by DINEPA/OREPA, and projects to expand the water network to ensure access for everyone. Long-term goals aim to increase water production and guarantee quality service for all.

### **8.3.3. Pignon Municipality**

#### **8.3.3.1. Interview with the OP of Pignon**

Mr. Gulderne Dessalines, OP of the municipality of Pignon provides an overview of the management of the water distribution network. He addresses points such as performance, water quality, problems encountered, and solutions implemented to better serve users.

The findings show that, although the system generally functions well, it has infrastructure issues such as reservoir degradation and capacity improvement needs.

Communication efforts, such as using a WhatsApp group to report problems, demonstrate a willingness to listen. However, financial viability is uncertain and requires external support to remain operational.

Finally, long-term objectives include expanding water services and ensuring that they are always available.

### **8.3.4. Ferrier Municipality**

#### **8.3.4.1. Interview with the OP of Ferrier**

The OP spoke to us about water management in Ferrier. He showed that there is no formal water network, but there are water points.

His feedback shows that there are efforts to check water quality, with "E. coli" tests, pH and salinity analyses, even though the lack of reagents poses major problems.

The standards of the DINEPA (National Directorate of Drinking Water and Sanitation) appear to be respected, with controls in place around water points. He also emphasizes the need to develop two supply networks in the future to improve distribution and service.

Finally, it is important to inform the public and create committees to better meet the needs of subscribers.

### **8.3.5. Terre-Neuve Commune**

#### **8.3.5.1. Interview with the Terre-Neuve Producers' Organization**

The OP of Terre-Neuve reviewed the performance and management of a water distribution network. He discussed performance indicators, maintenance, service area, financial health, and customer satisfaction.

Performance indicators examine the quantity and quality of water distributed. Challenges include the need for equipment, chlorine supply issues, and occasional water pressure problems.

Subscribers seem willing to pay for the service, but payment collection is complicated by the lack of meters.

DINEPA provides limited support, focuses mainly on supplying chlorine and carries out few inspections.

In the long term, the goal is to expand the network to provide better access to water for a larger number of people.

In short, even though efforts are being made, there are still challenges that complicate the achievement of the objectives.

## **8.4. Presentation and analysis of the results from interviews conducted with Rotary Club presidents**

### **8.4.1. Pignon Municipality**

#### **8.4.1.1. Rotary Club of Pignon**

The president of the Rotary Club of Pignon reviewed the current state of water, sanitation, and hygiene (WASH) services in several communities, highlighting both successes and challenges. While access to water has improved, many services remain inadequate, particularly in rural areas of La Belle Mère and Savanette.

The Rotary Club plays an important role, working with local and international groups to mobilize and raise awareness within the community. However, obstacles remain, such as some people's reluctance to financially support these projects. One of the key takeaways is the need to address water issues to prevent serious diseases like typhoid.

Finally, some suggestions are made to improve the situation, such as the use of submersible pumps to improve access to water in the targeted communities.

#### **8.4.1.2. Rotary Club of Léogâne**

Despite numerous proposals submitted by Mr. Alex Pedro Bonhomme (M&E Manager of HANWASH) to the Rotary Club of Léogâne, the latter never followed up on these opportunities.

#### **8.4.1.3. Rotary Club of Les Cayes**

Unfortunately, due to a particularly busy schedule during the mission, the Rotary Club of Cayes was unable to participate in an interview within the proposed timeframe.



## 8.5. Cross-sectional analysis

In the five municipalities where HANWASH operates (Cavaillon, L'éogâne, Pignon, Terre-Neuve, and Ferrier), interviews with local community leaders revealed major challenges such as a lack of access to safe drinking water, inadequate infrastructure, and insufficient awareness. Recommendations include an urgent need for investment, training, and collaboration among stakeholders to improve the WASH situation.

### A. Key Strengths

- ✔ Many water sources are not protected, affecting the health of communities.
- 🚽 The lack of latrines leads to problems of open defecation.
- 🌊 WASH infrastructure is often inadequate or in poor condition.
- 🤝 Collaboration with local authorities and the population is crucial.
- ☁️ Floods exacerbate health problems and the emergence of diseases.
- 🔊 Hygiene awareness remains low, despite ongoing initiatives.
- 🤝 Partnerships between the public and private sectors are necessary for a lasting impact.

### B. Key Lessons Learned

- 🔍 The participatory diagnosis by local authorities was essential to identifying the real needs.
- 🔍 Continued and sustained efforts are needed to improve WASH services in Cavaillon, L'éogâne, Terre-Neuve, Pignon and Ferrier.
- 🌊 Community engagement and technical training are fundamental to ensuring the sustainability of projects.
- 🔑 The implementation of WASH projects cannot be achieved without adequate funding and effective management.




### C. Recurring answers

- A1: Access to drinking water is limited, with unprotected water points and a lack of sanitation infrastructure, leading to disease.
- A2: Local authorities have in-depth knowledge of their territory and are key interlocutors for identifying the real needs of communities.
- A3: Solutions include increasing water points, building latrines, and community training on hygiene practices.
- A4: Hygiene awareness is crucial to reducing the spread of waterborne diseases by educating the population on healthy practices.


According to statements gathered from community-based organizations (OCB, in French), the main problems in the five municipalities where HANWASH operates (Cavaillon, L'éogâne,

Pignon, Terre-Neuve, and Ferrier) include critical access to fuel, aging infrastructure, and a lack of funding. Despite water quality monitoring by organizations such as the CTE and CAEPA, the lack of modern equipment limits the efficiency of the service. Initiatives to modernize infrastructure and increase the number of subscribers are being discussed, as are efforts to raise awareness about the importance of paying water bills. Suggestions are also being made to improve access to water in the most affected areas.

### A. Key Points

- ✍ The water networks of the municipalities in the study face numerous logistical challenges, including degraded infrastructure.
-  The salinity of drinking water is a real concern in Ferrier, and sustainable water management is essential to ensure access to quality drinking water.
- 💧 According to the OPs surveyed, water quality is regularly monitored through chlorine treatment. However, due to the deteriorating security situation in the country, many POs are unable to obtain chlorine.
-  Lack of funding prevents the expansion and modernization of drinking water services across all five municipalities.
- ✂ Equipment such as hypochlorinators and testing equipment is needed to improve the situation of the various networks in the five municipalities where HANWASH operates (Cavaillon, Léogâne, Pignon, Terre-Neuve, Ferrier).
-  According to the POs, increased commitment from subscribers to pay their bills is vital for the sustainability of the service.
- 🌐 The POs of the five municipalities where HANWASH is involved (Cavaillon, Léogâne, Pignon, Terre-Neuve, Ferrier) believe that raising public awareness of water management can prevent health problems such as typhoid, cholera, diarrhea, etc.
- 🚧 Projects are underway only in Cavaillon and Ferrier to extend the water networks of these municipalities in order to serve a larger number of people.

### B. Key Information

- 🚧 There is a clear desire to improve the management of water networks, but this requires external funding.
- 🔊 Communication with subscribers is essential to gather feedback and address concerns.
-  Establishing local committees across all networks can help raise awareness and address community needs.

### C. Recurring answers

A1: The main problems are access to fuel, aging infrastructure, lack of suitable equipment, and difficulties in maintaining a supply of chlorine.

- A2: The financial commitment of subscribers is crucial to ensure the sustainability of water services and to enable the financing of necessary improvements.
- A3: Water quality is monitored through regular analyses and chlorine treatment carried out by the POs such as CTE, CAEPA and TEPAC.
- A4: Plans to use submersible pumps and develop two supply networks are being considered to improve access to water in Ferrier.
- A5: The Rotary Club mobilizes the community and raises awareness of the importance of water supply, while overcoming financial obstacles to support these projects.

## 9. Presentation and discussion of the core values and proposed five-year targets for HANWASH performance indicators

### 9.1. Indicators related to Intermediate Outcome 1000 (Pillar 1): Strengthening demand and management of WASH services in municipalities.

Indicator	Definition	Unit of measurement	Base value	Projection onto 5 years
Percentage of approved interventions implemented in accordance with municipal action plans.	<i>Percentage of interventions that received official approval/mission from city halls through a letter of request or other written documents, that have been implemented or are being implemented by HANWASH or its partners.</i>	<i>% of activities implemented</i>		
Number of municipalities with action plans that explicitly include each aspect of W, S, H, WRM (water, sanitation, hygiene, water resource management).	<i>Many municipalities have comprehensive action plans that explicitly address the four aspects of WASH: water, sanitation, hygiene and water resource management.</i>	<i>Municipalities</i>	5	
Percentage of service providers under the HANWASH initiative monitored in accordance with DINEPA/OREPA guidelines accepted by the mayor's office.	<i>This indicator measures the percentage of service providers who regularly (i.e. monthly) submit reports to DINEPA and local authorities, in accordance with DINEPA's requirements in terms of indicators to be captured and data to be shared.</i>	<i>% of the total number of service providers who benefited from the HANWASH intervention in the target municipalities</i>	16%	
Percentage of intervention service providers who are fully responsible in accordance with DINEPA/OREPA and mayoral requirements.	<i>Percentage of intervention service providers who achieved a responsibility rating of 11 out of 11.</i>	<i>% of water points affected by the intervention</i>		
Percentage of users satisfied with the quality, affordability, and reliability of the WASH services provided.	<i>This indicator measures the proportion of customers in the municipalities served who are satisfied with the quality, affordability, and reliability of the WASH services provided.</i>	<i>% of households connected to water networks</i>		
Average number of days required to resolve hydraulic infrastructure failures.	<i>This indicator measures the average time required for service providers to resolve a failure of hydraulic infrastructure.</i>	<i>Days</i>		

Average number of days of drinking water service provided during the month by service providers.	<i>This indicator measures the average number of days of drinking water service provided to users during the month by service providers.</i>	Days		
Water charge collection rates (broken down by type of service provider).	<i>Percentage of total water charges successfully collected from subscribers by service providers during a quarter, compared to the total amount billed or expected during that period. This indicator is broken down by type of service provider (CPE, professional operator, CAEPA, CTE).</i>	<i>% of the total amount of water charges billed or expected during the quarter</i>		
Number of municipalities that organized an annual evaluation of service providers with key stakeholders during the past year.	<i>This indicator measures the number of municipalities in the area covered by the program that have held at least one formal and documented annual meeting in the past 12 months to assess the performance of water and sanitation service providers.</i>	Municipalities	0	

## 9.2. Indicators related to Interim Result 2000 (Pillar 2): Improvement of household access to, and use of, sustainable, affordable and safe water, sanitation and hygiene services.

Indicator	Definition	Unit of measurement	Base value	Projection onto 5 years
Percentage of the population of the targeted municipalities benefiting from at least a basic drinking water supply service.	<p><i>Percentage of the population in the targeted municipalities having access to at least one basic drinking water service, defined as an improved water source located within 30 minutes round trip.</i></p> <p><i>"...at least a basic drinking water service":</i></p> <p><i>1) Improved water source (according to JMP classification);</i></p> <p><i>2) Less than 30 minutes round trip;</i></p> <p><i>Note: This also includes basic and safely managed water services.</i></p>	% of the municipality's population	Cavaillon: 43.3% Ferrier: 75.4% Léogâne: 53.4% Pignon: 76.6% Terre-Neuve: 26.4% Overall: 53.6%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Percentage of the population of the targeted municipalities benefiting from a safely managed drinking water supply service.	<p><i>"Percentage of the population of the targeted municipalities having access to a safely managed drinking water service, defined as an improved water source accessible on site, available when needed and free from contamination.</i></p> <p><i>"Safely managed drinking water service":</i></p> <p><i>1) Improved water source (according to JMP classification);</i></p> <p><i>2) Accessible on site;</i></p> <p><i>3) Available if needed;</i></p> <p><i>4) Free from E. coli and priority contaminants;</i></p>	% of the municipality's population	Cavaillon: 4.0% Ferrier: 0.0% Léogâne: 2.9% Pignon: 13.3% Terre-Neuve: 4.6% Total: 4.8%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:

Percentage of the targeted water points that are functional, potable and whose budget is balanced or in surplus after two years.	<p><i>Percentage of targeted water points that are functional, potable and financially viable (balanced or surplus budget) after two years of operation.</i></p> <p><i>1a) Functional: The water point is in good working order and regularly supplies water in accordance with the original design specifications. OR</i></p> <p><i>1b) Partially functional but requiring repairs: the water point provides water regularly (possibly at reduced capacity), but repairs are needed due to a maintenance problem or a change in conditions on the site.</i></p> <p><i>2) "Potable": free from E. Coli and priority contaminants, as measured by water potability tests carried out quarterly by the water point committee.</i></p> <p><i>3) "Financially viable (balanced or surplus budget)": see the PowerPoint presentation with the definition of the financial viability of community-managed water points.</i></p> <p><i>4) "After 2 years": two years from the date of inauguration of each water point involved.</i></p>	% of water points affected by the intervention	Cavaillon: 0.00% Ferrier: 0.00% Léogâne: 0.2% Pignon: 0.00% Terre-Neuve: 0.00% Total: 0.04%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Percentage of intervention communities verified as being free of open defecation (OD).	<p><i>Percentage of targeted communities verified as being free of open defecation (ODF) by the municipality's WASH committee.</i></p> <p><i>"ODF verified":</i></p> <p><i>0) [Verification carried out by the WASH committee of the municipality]</i></p> <p><i>1) 100% of households have toilets that have been used at least once.</i></p> <p><i>2) The toilets meet minimum standards of hygiene, privacy and safety and comply with DINEPA minimum standards.</i></p> <p><i>3) The defecation areas identified during the contact visits showed no signs of fecal matter.</i></p> <p><i>4) Schools attended by 80% of children comply with hygiene standards.</i></p> <p><i>5) The main market frequented by the population has a usable sanitary block or an official procedure has been undertaken for this purpose.</i></p> <p><i>6) The community is willing to maintain an ODF state.</i></p>	% of the total number of communities affected by the intervention	Cavaillon: 0.00% Ferrier: 0.00% Léogâne: 0.00% Pignon: 0.00% Terre-Neuve: 0.00% Total: 0.00%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Percentage of intervention communities certified as being free of open defecation (OD).	<p><i>Percentage of targeted communities certified "open defecation free" (ODF) by the municipal committee and OREPA, and having retained this verified status for at least one year.</i></p>	% of the total number of communities affected by the intervention	Cavaillon: 0.00% Ferrier: 0.00% Léogâne: 0.00% Pignon: 0.00% Terre-Neuve: 0.00% Total: 0.00%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:



Percentage of the population in the targeted municipalities benefiting from at least one basic sanitation service.	<p><i>Percentage of the population of the targeted municipalities having access to at least one basic sanitation service, defined as improved and non-shared facilities.</i></p> <p><i>...at least a basic sanitation service:</i>  <i>Basic</i>  1) Improved (according to the JMP classification)  2) Not shared  3) At household level  <i>Note: Includes basic and safely managed sanitation services.</i></p>	% of the total number of people in the municipality	Cavaillon: 11.57% Ferrier: 7.21% Léogâne: 30.29% Pignon: 15.17% Terre-Neuve: 4.83% Total: 69.07%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Number of people benefiting from a basic sanitation service in the targeted municipalities.	<p><i>Number of people newly gaining access to basic sanitation services in the targeted municipalities, thanks to HANWASH interventions.</i></p> <p><i>"Basic sanitation services":</i>  1) Improved (according to the JMP classification)  2) Not shared  3) At household level</p>	People	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Together:	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Percentage of schools benefiting from at least basic drinking water, sanitation and hygiene services.	<p><i>Percentage of schools in the targeted municipalities with basic drinking water, sanitation and hygiene services, meeting the WHO/UNICEF JMP (Joint Monitoring Programme) criteria for schools.</i></p> <p><i>"Basic drinking water service":</i>  1) Improved  2) Currently available  <i>"Basic sanitation service":</i>  1) Improved  2) Usable  3) Separate toilets for girls and boys available  <i>"Basic hygiene service":</i>  1) Availability of handwashing facilities  2) Presence of soap and water</p>	% of the total number of schools in the targeted municipalities	Cavaillon: 21% Ferrier: 47% Léogâne: 28% Pignon: 51% Terre-Neuve: 26% Total: 32%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:
Percentage of health facilities benefiting from at least basic drinking water, sanitation and hygiene services.	<p><i>Percentage of health facilities in targeted areas with basic drinking water, sanitation and hygiene services, meeting the WHO/UNICEF JMP (Joint Monitoring Programme) criteria for health facilities.</i></p> <p><i>"Basic drinking water services":</i>  1) Improved  2) On site  3) Currently available  <i>"Basic sanitation services":</i>  1) Improved</p>	% of the total number of healthcare facilities in the targeted municipalities	Cavaillon: 30% Ferrier: 17% Léogâne: 21% Pignon: 0.00% Terre-Neuve: 0.00% Total: 20%	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total:

	2) Usable 3) Reserved for staff 4) Separated by sex with facilities for menstrual hygiene 5) Accessible to users with reduced mobility "Basic hygiene service": ...In healthcare settings 1) Existing facilities 2) Soap and water or alcohol-based hand sanitizer available ...In the toilets 1) Within 5 m of the toilet 2) Existing facilities 3) Soap and water present			
Many schools now benefit from a basic drinking water service.	Number of newly equipped schools with basic drinking water supply services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.  "Basic drinking water supply services": 1) Improved 2) Currently available 3) Drinking	Schools	Cavaillon: 15 Ferrier: 6 Léogâne: 15 Pignon: 11 Terre-Neuve: 3 Total: 50	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::
Many healthcare facilities now benefit from basic drinking water services.	Number of newly equipped health facilities with basic drinking water supply services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.  "Basic drinking water supply services": 1) Improved 2) On site 3) Currently available 4) Drinking	Healthcare facilities	Cavaillon: 5 Ferrier: 6 Léogâne: 8 Pignon: 1 Terre-Neuve: 1 Total: 21	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::
Many schools now benefit from basic sanitation services.	Number of newly equipped schools with basic sanitation services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.  "Basic sanitation services": 1) Improved 2) Usable 3) Separate toilets for girls and boys available	Schools	Cavaillon: 12 Ferrier: 10 Léogâne: 30 Pignon: 15 Terre-Neuve: 11 Total: 78	Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::

Number of health facilities now benefiting from basic sanitation services.	<p><i>Number of newly equipped health facilities with basic sanitation services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.</i></p> <p><i>"Basic sanitation services":</i></p> <ol style="list-style-type: none"> <li>1) Improved</li> <li>2) Usable</li> <li>3) Separate areas for staff and patients</li> <li>4) Separated by sex with menstrual hygiene facilities</li> <li>5) Accessible to users with reduced mobility</li> </ol>	Healthcare facilities	<p>Cavaillon: 9 Ferrier: 6 Léogâne: 14 Pignon: 3 Terre-Neuve: 2 Total: 34</p>	<p>Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::</p>
Many schools now benefit from basic hygiene services.	<p><i>Number of newly equipped schools with basic hygiene services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for schools.</i></p> <p><i>"Basic hygiene":</i></p> <ol style="list-style-type: none"> <li>1) Availability of handwashing facilities</li> <li>2) Presence of soap and water</li> </ol>	Schools	<p>Cavaillon: 14 Ferrier: 9 Léogâne: 20 Pignon: 18 Terre-Neuve: 4 Total: 65</p>	<p>Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::</p>
Many healthcare facilities now benefit from basic hygiene services.	<p><i>"Number of newly equipped health facilities with basic hygiene services in the targeted communes, thanks to the interventions of HANWASH and its partners, meeting the WHO/UNICEF JMP criteria for health facilities.</i></p> <p><i>"Basic hygiene":</i></p> <p><i>...In healthcare settings</i></p> <ol style="list-style-type: none"> <li>1) Existing facilities</li> <li>2) Soap and water or alcohol-based hand sanitizer available</li> </ol> <p><i>...In the toilets</i></p> <ol style="list-style-type: none"> <li>1) Within 5 m of the toilet</li> <li>2) Existing facilities</li> <li>3) Soap and water present</li> </ol>	Healthcare facilities	<p>Cavaillon: 7 Ferrier: 5 Léogâne: 4 Pignon: 2 Terre-Neuve: 1 Total: 19</p>	<p>Cavaillon: Ferrier: Léogâne: Pignon: Terre-Neuve: Total::</p>

### 9.3. Indicators related to Intermediate Outcome 3000 (Pillar 3): Extension of reach and resources through collective action with other national and international actors.

Indicator	Definition	Unit of measurement	Base value	Projection onto 5 years
Cumulative amount of funds committed in accordance with HANWASH's core values, based on a memorandum of understanding signed with HANWASH.	<i>Cumulative amount (in US dollars) committed to projects aligned with HANWASH's core values: local leadership, collaboration, systematic approach, impact and commitment.</i>	USD	\$2,683,760.00	
Percentage of implementing partners in HANWASH program areas that have signed the DINEPA framework agreement.	<p><i>Percentage of implementing partners in the areas covered by the HANWASH program who have signed the DINEPA Framework Agreement, thus ensuring compliance with national standards.</i></p> <p><i>(Number of implementing partners who have signed the Framework Agreement / Total number of implementing partners in the areas covered by the HANWASH program) x 100</i></p>	<i>% of implementing partners in the areas covered by the HANWASH program</i>		

## 10. Presentation of the table of WASH actors identified in the five HANWASH's targeted communes

The stakeholder table of WASH actors for the five municipalities where HANWASH operates (Cavaillon, L'éogâne, Pignon, Ferrier, and Terre-Neuve) is a tool that lists the various stakeholders involved in WASH issues within these facilities. This table aims to identify key actors, their roles, responsibilities, and relationships, thereby facilitating the coordination and implementation of effective actions to improve WASH conditions in these five (5) municipalities.

### *Objective of the table:*

- **Facilitating coordination and strengthening collaboration:**

It enables better coordination of efforts between the various WASH stakeholders, thus avoiding duplication of activities and promoting a synergistic approach. It aims to encourage collaboration and dialogue between stakeholders, thereby fostering a participatory and sustainable approach.

**List of institutions working in the WASH field at the level of the municipalities where HANWASH operates**

NO	NAME	ASSIGNMENT	REFERENCE	COMMUNE	CONTACT
1	Food For The Poor	Construction of protected wells	Mario Nicoleau	Léogâne	+509 2945-4567
2	INOPDEB	Installation of a water collection system and hygiene awareness		Léogâne	
3	MAGEPA SA	Water treatment service	Fritz Pierre Louis	Léogâne	+509 3751-5531
4	CEDUC	Hygiene promotion		Léogâne	
5	Gadyen Dlo	Water purification in developing countries	National Director	Léogâne	+509 3109-3960. <a href="mailto:gadyendlo10@gmail.com">gadyendlo10@gmail.com</a>
6	Haiti Outreach	Raising awareness of good hygiene practices	Roger Michel, Neil Van Dine	Cavaillon / Terre-Neuve / Ferrier / Pignon	+1 612 929 1122
7	JEDCO	Collection and treatment of fecal sludge	Jacques Édouard Dubois	Cavaillon	+509 2942-1110
8	World Vision Haiti	Construction of WASH infrastructure	John Hasse	Cavaillon / Pignon	+509 2940-4628
9	World Relief	Serving people in situations of extreme vulnerability	Joseph Bataille	Cavaillon	+509 3237-2535
10	OXFAM	Construction of latrines, provision of WASH equipment and supplies	Ruben Louis	Cavaillon	+509 4046-0389 / +509 4934-8343
11	Water For Life	Water treatment	Raphael Edy Gehy	Cavaillon	+509 2813-9259
12	ACF	Improve access to drinking water and sanitation facilities		Terre-Neuve	11, rue Occonel Jacques Gattereau. +509 3701-7813
13	AMURT Gonaïves	Construction and rehabilitation of water supply systems, latrines and water points in communities	Amber Lynn Munger	Terre-Neuve	+509 3686-8292. <a href="mailto:amunger@amurt.net">amunger@amurt.net</a>
14	Sous Lavi	Well construction and water distribution	Nil Van Dick	Pignon	+509 3701-4017



## 11. CONCLUSION AND RECOMMENDATIONS FROM THE STUDY

### 11.1. Conclusion

This study clearly met the needs expressed through the objectives assigned to it, namely to highlight the situation, conditions and access to drinking water, sanitation and hygiene (WASH) services in the HANWASH targeted communes.

Across all the municipalities covered, a significant proportion of households remain in a situation of open defecation, a practice which represents a major public health issue.

The data confirm that rural areas are significantly lagging behind in sanitation, with increased use of risky practices such as open defecation and a lower proportion of access to improved services, whether basic or safely managed.

The study highlights the very limited coverage of handwashing facilities among the households surveyed. The vast majority of households have no handwashing facilities near toilets or latrines. This trend is more pronounced in rural areas than in urban areas.

In schools that have access to water in the 5 municipalities, a small proportion claimed to have water treatment practices.

In the 5 municipalities, most health facilities do not have a water supply point for the various needs and therefore water is not available.

### 11.2. Recommendations

This situation raises concerns, and the recommendations emphasize a set of actions to be taken to resolve the situation, including:

#### **For households and communities:**

- Improving water availability in communities will increase the rate of adequate access to water for households.
- Improve access to water for those who do not yet have access and improve the quality of service for those who already have access;
- Improve household knowledge and practices regarding the transport, storage, treatment and preservation of water at home;
- Increase access to and use of toilets in intervention areas through a community approach where people will be able to change their behavior by deciding together how they will create a clean and hygienic environment that benefits everyone;
- Promote the installation of handwashing stations in households;
- Strengthen water point management committees and promote the participation of at least 30% of women;

- Advocate for women to be integrated into the management of newly constructed or rehabilitated water supply systems.

### **For Schools**

Implementing WASH programs<sup>4</sup> in schools that allow students to have:

- A reliable water system or point that can provide sufficient water for the various needs of schoolchildren, particularly hand washing and drinking;
- A sufficient number of separate toilets for boys, girls, and teachers must meet the criteria of accessibility, privacy, safety, and cleanliness. The toilets must be adapted to the needs of all students, including young children, children with disabilities, and girls who have reached puberty.
- Handwashing stations, including those near toilets, should be provided to facilitate and encourage students to wash their hands after using the toilet.
- Hygiene classes to instill in students the knowledge and good hygiene practices and encourage them to transfer the knowledge within their families and communities.

### **Health centers**

- To establish a water treatment system in health centers and facilitate the availability of water throughout the year in healthcare centers;
- Set up handwashing stations in healthcare centers at least 5m from toilets with water and soap or other detergent.
- Raising awareness and training healthcare center managers on menstrual hygiene management.
- Build improved toilets reserved for women in healthcare centers.

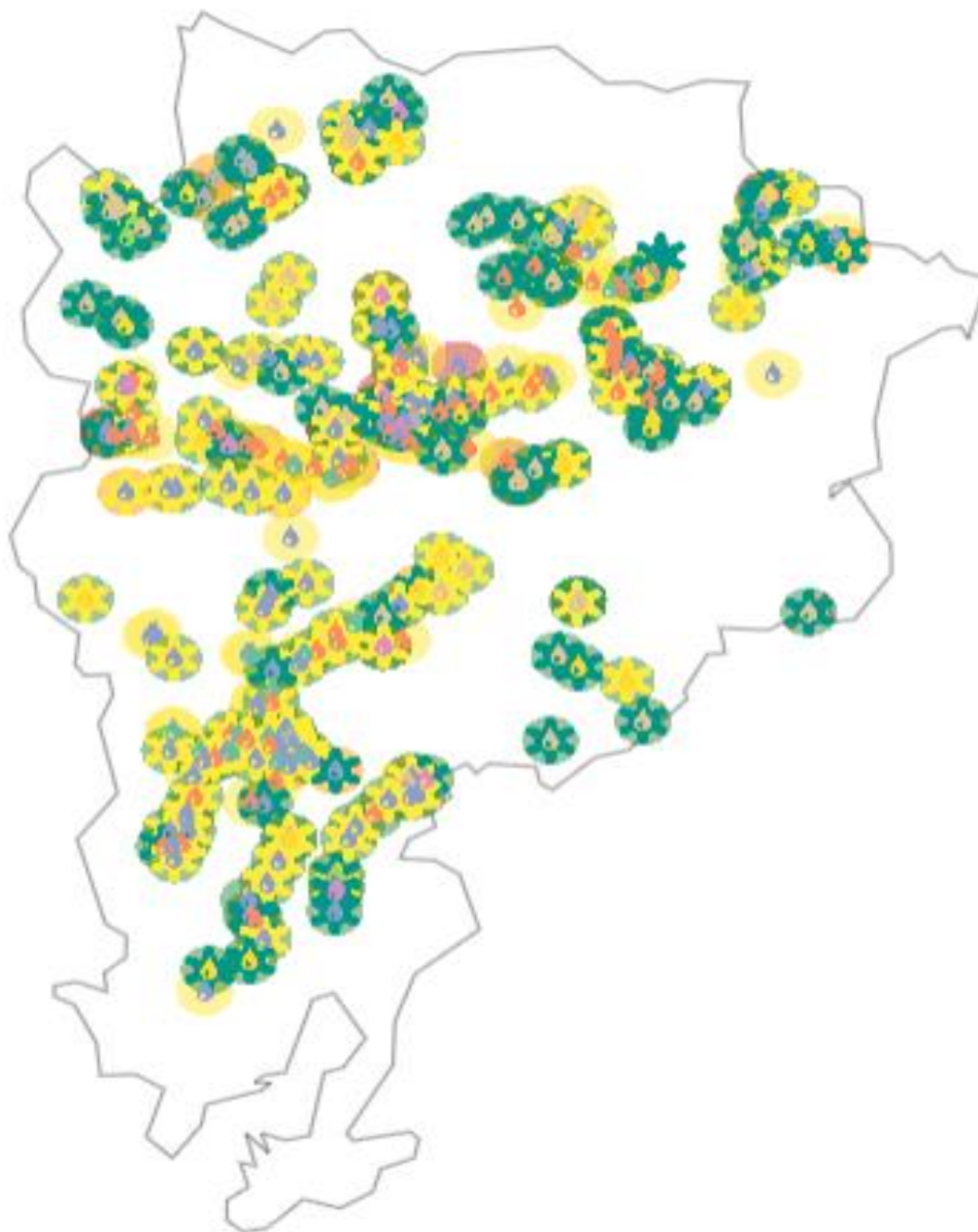
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4. Water, Sanitation, Hygiene

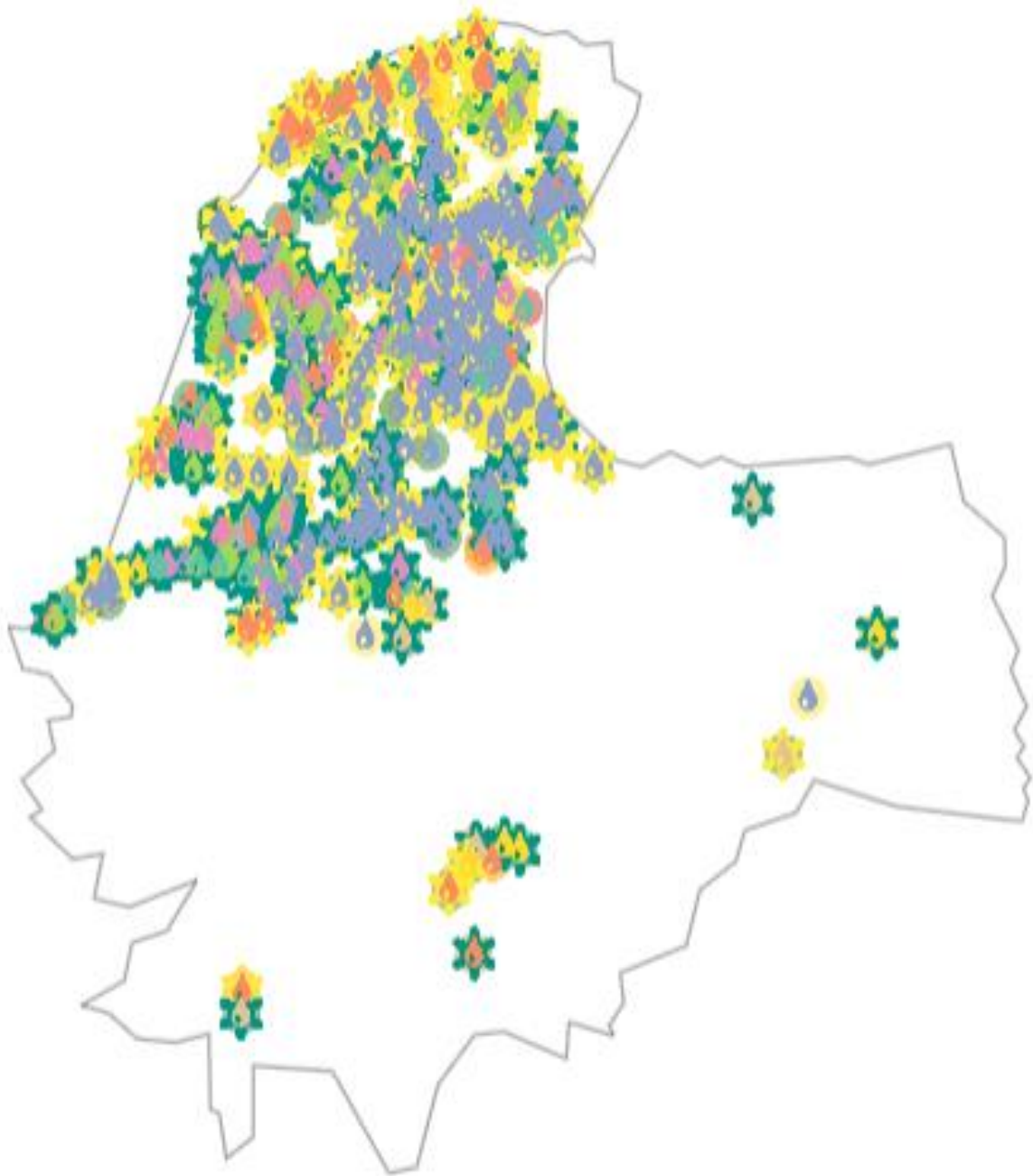
## 12. Appendices

### 12.1. Distribution of water points according to their type, functionality, and presence or absence of E. coli by municipality

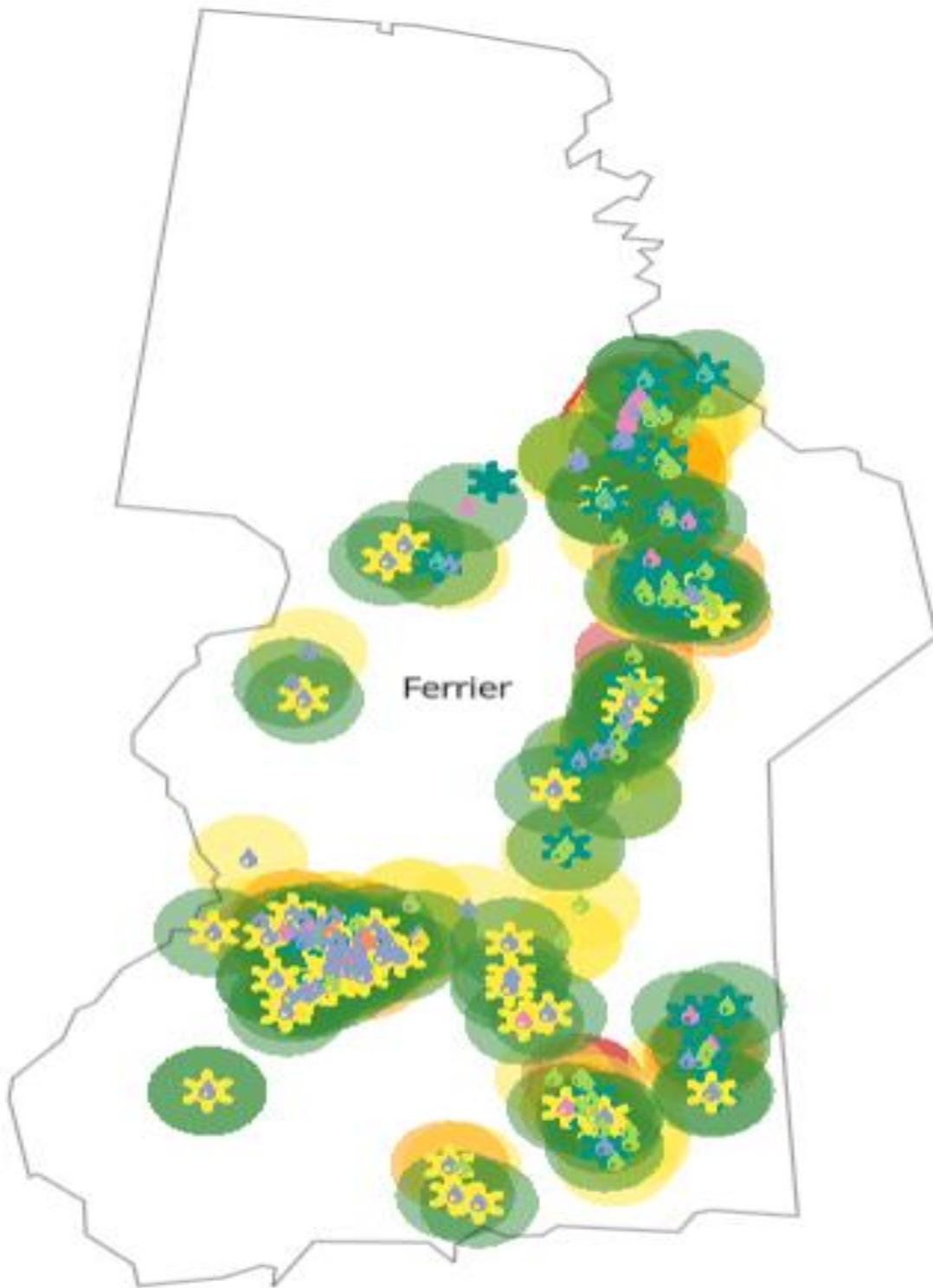
#### Cavaillon



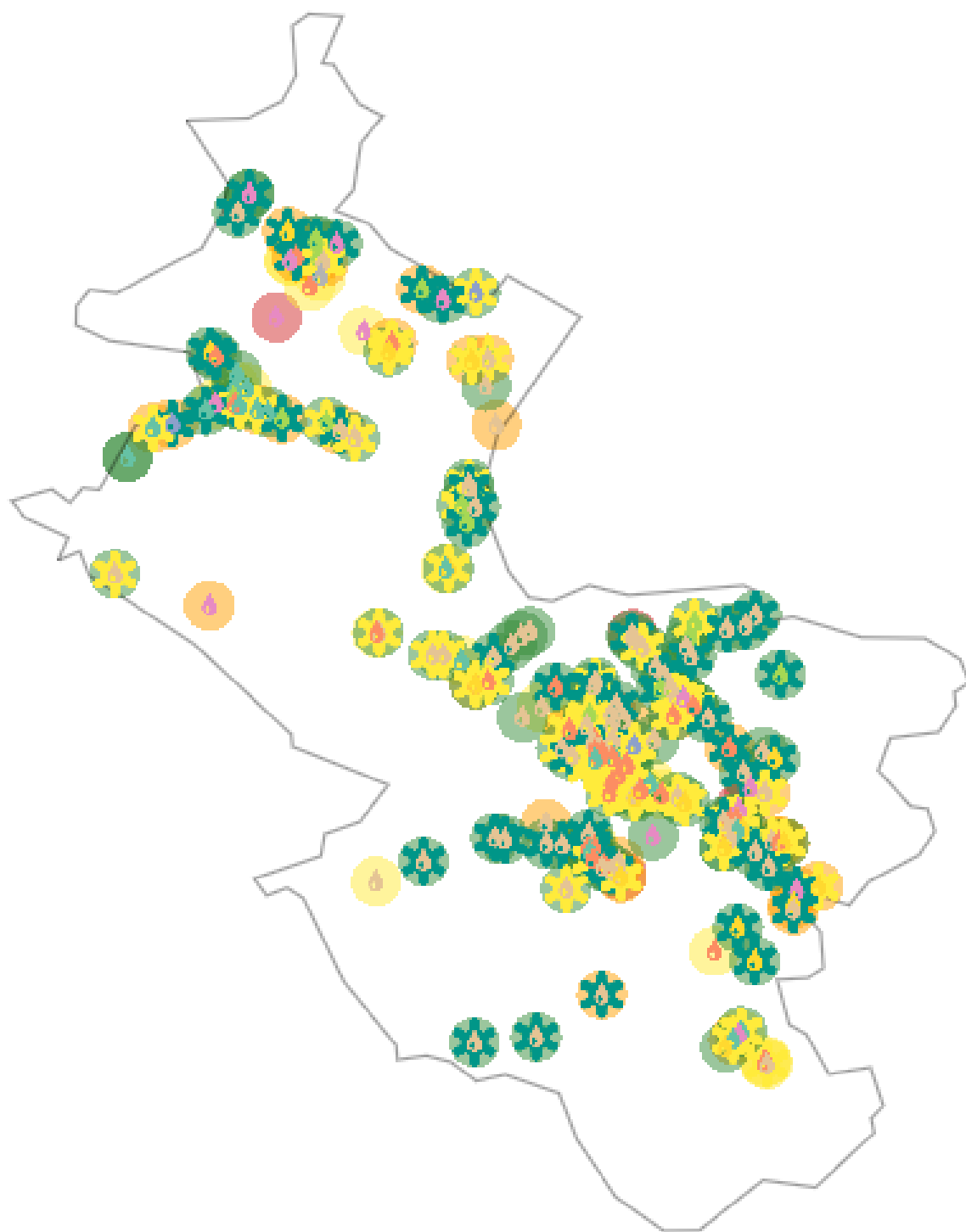
## Léogâne



Ferrier

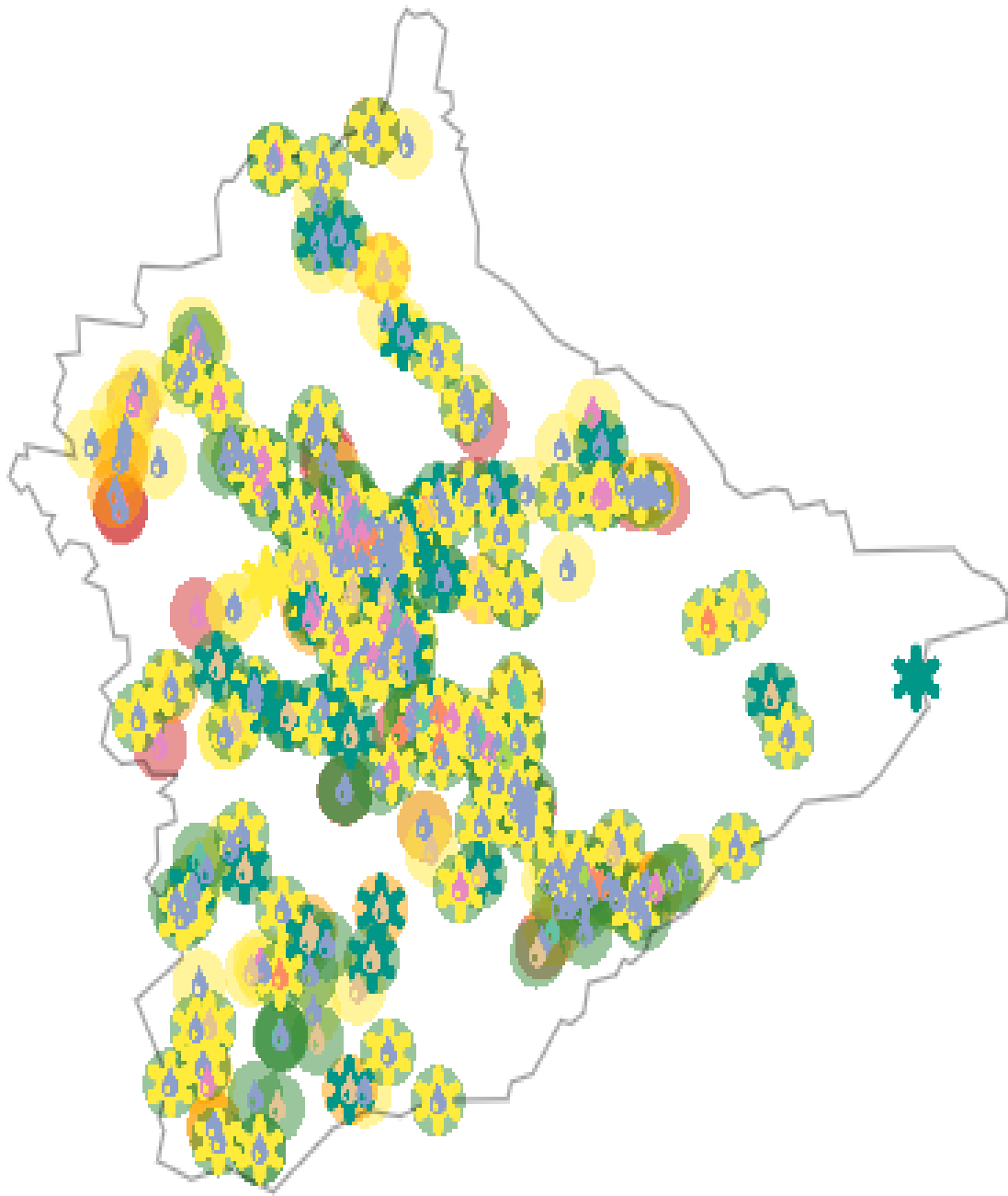


## Terre-Neuve





## Pignon



## 12.2. Terms of reference for the study

### 13. References

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