ACTED

Baseline Report (December 2021)

« Emergency and early recovery assistance to vulnerable populations affected by the earthquake in southwest Haiti».

ACTED
BUREAU EN HAÏTI
Marion Mouton - Directeur national
9 rue Mont Joli, Port au Prince
Téléphone : +509 3702 7389
Courriel : marion.mouton@acted.org

SIÈGE SOCIAL
33, rue Godot de Mauroy
75009 Paris
FRANCE
Téléphone +33 1 42 65 33 33
Fax +33 1 42 65 33 46
Courriel : gmu@acted.org
Site web www.acted.org

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Table 1 : List of accronyms	
AMEU	Appraisal, Monitoring and Evaluation Unit
BHA	Bureau for Humanitarian Assistance
CFW	Cash For Work
HAS	Handwashing Awareness Score
ITT	Indicator Tracking Table
PH	Promotion Hygiene
SUL	Score on the Use of Latrine
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VSLA	Village Savings and Loans Associations
WASH	Water Sanitation and Hygiene

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INTRODUCTION

On Saturday 14th of August at 8.30am, a devastating earthquake measuring 7.2 on the Richter scale shook the south-west of Haiti, causing significant damage, particularly in the departments of the South, Nippes and Grand'Anse. The earthquake significantly affected buildings and houses in the southern peninsula and severely damaged basic infrastructure and roads, cutting off access to some areas of the south-west, including National Road 7, which links the Cayes to Jérémie.

Building on its experience in the target area and in emergency response, ACTED proposes a 12-month emergency relief project consisting of immediate life-saving assistance covering the most urgent needs of the most vulnerable earthquake-affected populations in terms of water, sanitation and hygiene. Based on the lessons learned from previous post-earthquake projects and taking into account the immediate needs of the affected populations, ACTED will implement a holistic programme addressing the life-saving needs of the affected populations while preparing for their early recovery by focusing on three complementary programme pillars (1) Water, Sanitation and Hygiene (WASH) activities designed to provide both immediate relief (e.g. water trucking) and sustainable solutions (e.g. rehabilitation of water supply networks); (2) Economic Recovery and Market Systems (ERMS) activities through cash-for-work assistance (focusing mainly on removing debris and mud from water supply systems, cleaning drainage systems to prevent water stagnation, etc.) while helping affected communities generate income and enabling savings and investment mechanisms, thus reducing their dependency on humanitarian aid and (3) shelter and settlement activities designed to provide access to shelter through the rehabilitation of damaged houses and the logistical capacity to deliver essential non-food items donated through the UN pipeline or by ACTED's partners to highly vulnerable populations in hard to reach areas.
The proposed response will focus on the areas of the South, Nippes and Grand'Anse, specifically Camp-Perrin, Maniche, Les Cayes, Aquin, Cavaillon, Saint-Louis du Sud (South); Corail, Pestel, Ile des Cayemites, Roseaux, Abricot, Jérémie, Beaumont (Grand'Anse); Anse-à-Veau, Baradère, Petit Trou de Nippes (Nippes), which are part of the most affected areas identified by the Civil Protection in Haiti. ACTED is already implementing humanitarian interventions in the designated areas, notably in Cavaillon, Maniche, Torbeck (South) and Jérémie, Roseaux, Abricot (Grand'Anse).

This project, proposed in the said departments, is a continuation of two ongoing WASH projects implemented by ACTED in the South region and funded by UNICEF and Welt Hunger Hilfe (WHH) as well as an ongoing food security project implemented in Grand'Anse and funded by the World Food Programme (WFP).

As part of the program, a baseline survey was conducted from October 2 to 11, 2021 in fourteen (14) municipalities in the South-West of Haiti (Nippes, South and Grand'Anse) to collect initial data on two indicators and to provide information on geographic targeting for CFW and shelter activities in the areas targeted by the proposed intervention.

NB: Even if the Cayemites Islands were included in the list of municipalities, the AME did not find any updated data for this municipality and therefore in this survey the data that were taken were treated among those of the municipality of Pestel.

The baseline of the project had the following objectives:

1. Collect initial data for contractual program indicators
   - ✓ Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands;
   - ✓ Percent of people targeted by the hygiene promotion program who report using a latrine the last time they defecated;
2. Provide information for the geographical targeting of CFW activities;
3. Provide information on the presence and use of Village Savings and Loans Associations (VSLAs) in the target households;
4. Provide information for the geographical targeting of shelter activities.

METHODOLOGY

In order to obtain a complete and clear picture of the initial situation of the earthquake-affected population in the project target areas, quantitative data collection methods were implemented simultaneously. The baseline study was based on a survey to establish a baseline situation (contractual indicator data collection) to be compared with a reference situation at the end of the project, to deduce the changes induced by the project.

Sampling strategy

For this survey, the stratified random sampling technique was used. A sampling frame was established for each target. This sampling technique was based on the actual situation in the field in the fourteen (14) selected communes in the three (3) departments mentioned above as well as on the demographic structure of the target population of the survey (beneficiaries of hygiene awareness activities, which represents 70,000 individuals, or 14,000 households). Based on a confidence coefficient of 95%, a margin of error of 5% and a response distribution of 50%, the sample found is 374. In order to limit possible errors during collection, it was initially decided to take an additional 5%, resulting in a final sample of 393 households. In the end, however, 455 people were interviewed while increasing. The sample was then divided by geographic strata of the 14 municipalities covered (see Table 1). However, since some municipalities with little population were under-represented in the sample (e.g. less than 10 HHs to interview), it has been decided to increase the sampling frame for these municipalities to ensure representativeness.

Table 2: Distribution of respondents by municipality (last estimates provided by the Haitian Institute of Statistics and Informatics, 2015)

Municipality	Population	Sample
ABRICOT	39 370	5
AQUIN	108 903	63
BARADERE	43 099	38
BEAUMONT	33 000	15
CAMP PERRIN	47 069	28
CAVAILLON	50 877	32
CORAIL	20 446	9
JEREMIE	140 357	63
LES CAYES	158 517	75
MANICHE	25 010	9
PESTEL (Including Cayemites Islands)	51 898	38
PETIT TROU DES NIPPES	31 339	39
ROSEAUX	37 363	11
SAINT LOUIS DU SUD	67 844	30

Collecting baseline survey data

The main data collection tool was a questionnaire developed by the Appraisal, Monitoring & Evaluation Unit (AMEU) and subdivided into 3 parts with specific quantitative questions carried out to conduct the baseline survey. This first section of the questionnaire was aiming at specifically collecting quantitative data from interviewees, while the two others were focusing on qualitative data collection through pictures and geographic data to identify houses and public spaces that could be selected for CFW and shelter activities. This questionnaire was installed on smartphones distributed to the interviewers with the KOBO Collect application. Then, the collected data was sent to ACTED's kobotoolbox server account to be processed and analyzed so that the results could be integrated into this baseline report, which was then shared with the project teams.

Thirteen (13) interviewers were mobilized to collect data from the project's target population, particularly in the fourteen (14) municipalities mentioned above, during the period from October 2nd to 11th, 2021. A training day was conducted by the AMEU one day before the survey to remind the interviewers of the basic principles of data collection. Then, a practical part was carried out so that the team could fully take ownership of the questionnaire. The interviewers were trained on coronavirus disease, household approach techniques and attitudes to adopt with respondents (code of conduct), protection from Sexual Exploitation and Abuse (PSEA), and accountability, with the aim of raising respondents' awareness of these terms. This training made it possible to ensure that the data collected was reliable and of good quality, but also to enable the respondents to protect themselves. This period of exchange made it possible to clarify any misunderstandings about the questionnaire and to initiate modifications if necessary, before launching the Baseline survey.

Limitations

Several limitations arose from this data collection. Firstly, the disaggregation by municipality had a risk of providing inaccurate data for two municipalities as the sample for each was too low. This has led the research team to increase the weight of some municipalities to ensure a better accuracy of the data at municipality level. It is especially the case of Iles Cayemites, a commune where little information was available at that time, and where humanitarian response following the earthquake was still very limited. While this could have led to an unbalance of the representativeness of the data across municipalities, this has been mitigated by increasing the sample size to 455 households. As a result, its data have been merged with those of the Commune of Pestel where it was a former communal section. Second, after several discussions with local authorities at department and local level, with partner organizations, and with several interviews, it has been found that one commune initially selected for project implementation was only merely impacted by the earthquake and already receiving aid from multiples actors (l'Asile in the Nippes department). It has been decided to remove this commune from the baseline and the project to focus all resources on the communities that needed it the most.

The difficulties that our interviewers faced are the following:

- ✓ The increase in cases of delinquency and insecurity throughout the country is making it increasingly difficult for unknown people to enter certain areas of the country, and as a security measure our interviewers avoided crossing certain communal sections where we could have collected useful information;
- ✓ In relation to the impact caused by the earthquake of August 14, 2021, it was necessary for the AME team to cover large areas in a short period of time in order to collect data from those affected, but the time given to the interviewers to conduct interviews was insufficient;
- ✓ The last limitation is related to the fact that due to the impossibility to cover a broad area that was impacted unevenly by the earthquake, the targeting of municipalities has been developed on a needs-based approach. Municipalities that where the hardest impacted and that received only a limited support from humanitarian coordination were the ones selected thanks to the close collaboration with local authorities (DCP members, Magistrates, CASEC and ASEC). While this approach cannot provide full representativeness of the study, it ensures however that the most vulnerable communities affected by the earthquake benefit from the action.

DETAILED FINDINGS

Socio-demographic characteristics

Gender of respondents

This study was conducted in the southwest of the country in fourteen (14) communes and three (3) different departments (Nippes, South and Grand'Anse). The data analysis is based on a total of 455 interviews with households, compared to a planned total of 393, of which 36% were men (i.e., 166 heads of household), while 64% of the respondents were women (i.e., 289 heads of household).

Age of the respondents

Table 2 shows the age group of the 455 people surveyed. As mentioned in this table, the age group over 60 years of age occupies the highest proportion with 129 individuals (representing 30% of the total respondents). This is followed by the 47-53 age group with 79 heads of household (representing 18% of respondents). The 54-60 age group is the third largest group of respondents with 64 heads of household (14%). The 40-46 age group is the fourth largest group of respondents with 56 individuals (12%), the 33-39 age group is the fifth largest with 55 heads of household (12% of respondents), the 26-32 age group has 47 respondents (10%), and finally, the 18-25 age group has the smallest proportion of respondents with 18 individuals (4%).

It should be noted that during the survey no heads of household under the age of 18 were found in the areas where the survey was carried out, this is probably due to ACTED guidelines that prohibit interviewing minors in this type of survey, but rather the parents or legal guardians.

Table 3: Disaggregated presentation of respondents by age group and gender

Age (years)	Distribution of respondents by age group and gender			Percentage	
	F	M	Total		
18-25	9	10	19	2%	2%
26-32	32	15	47	7%	3%
33- 39	39	16	55	9%	4%
40-46	37	19	56	8%	4%
47-53	53	26	79	12%	6%
54-60	43	21	64	9%	5%
More than 60	76	59	135	17%	13%
Total	289	166	455	63%	37%

MANDATORY INDICATORS

This section provides a detailed analysis of the indicators that need benchmarking in the context of the AME.

Table 4: Baseline and Endline mandatory indicators

Indicators	Target	Level of reporting	Reference value(s)	Number of interviews/Sample
(PH1) Percentage of people targeted by the hygiene promotion programme who know at least three (3) of the five (5) critical times to wash their hands	70%	Household Survey	Knowledge of at least three (3) of the five (5) critical times for hand washing 63 %	455

(PH2) Percentage of people targeted by the hygiene promotion programme who report using a latrine the last time they defecated	70%	Household Survey	Family latrine 41% Neighbors' latrines 7%	455

PH1- Handwashing awareness score-HAS

The awareness score is a program score based on hygiene promotion, the importance and frequency of critical handwashing times. Part of the questionnaire in this survey was designed to ask respondents about the frequency and importance of critical moments for hand washing in households after latrine use.

Among the 455 respondents who answered this question, more than half of the respondents (63%) know at least three (3) of the five (5) critical times for handwashing, while 39% of the respondents do not know them (see table 4). Based on the respondents' account of the frequency of critical handwashing times, this result shows that while the majority of respondents have mastered the critical handwashing times, awareness sessions would be important to sensitize those who may not know the critical handwashing times.

Table 5: Disaggregated presentation by respondents knowing handwashing frequency

Age range and gender	Region			% by region			Total
	South	Grand'Anse	Nippes	South	Grand'Anse	Nippes	
18-25 ans							
Female	4	3	2	1%	1%	0%	**2**
Male	5	4	1	1%	1%	0%	**2**
26-32							
Female	6	7	3	1%	2%	1%	**4**
Male	7	5	3	2%	1%	1%	**4**
33- 39							
Female	10	8	10	2%	2%	2%	**6**
Male	2	5	9	0%	1%	2%	**3**
40-46							
Female	11	7	2	2%	2%	0%	**3**
Male	10	9	10	2%	2%	2%	**6**
47-53							
Female	10	8	5	2%	1%	2%	**5**
Male	10	8	6	2%	2%	1%	**5**
54-60							
Female	12	8	4	3%	2%	1%	**6**
Male	6	8	7	1%	2%	2%	**5**
60+							
Female	15	10	8	3%	2%	2%	**7**
Male	9	8	3	2%	2%	1%	**5**
Total	**117**	**98**	**73**	**24%**	**23%**	**17%**	**64**

PH2- Score on the use of latrine-SUL

The latrine use strategy score is an indicator for latrine provision and rehabilitation. It takes into account households that last defecated in a latrine.

Lack of access to adequate sanitation is a significant risk factor for the health of Haitians. Of the households surveyed, 41% last defecated in a family latrine, 41% defecated in open air (which is the riskier behavior for diarrheal diseases), 7% dug a hole in their yard to defecate, 7% defecated in a neighbor's latrines, and 1% reported using a chamber pot to defecate. This result shows that the majority of respondents do not use a latrine for their last defecation, which means they do not have access to at least one latrine. The South department represents the department with the highest percentage of respondents who have access to a latrine for defecation (53%), followed by the Grand'Anse department with 32%, while only 15% of respondents in the Nippes department have access to a latrine. Please refer to the figure below (Fig.1) for gender-disaggregated data on the use of latrine.

Figure 1: Disaggregated presentation of respondents by use of a latrine at last defecation

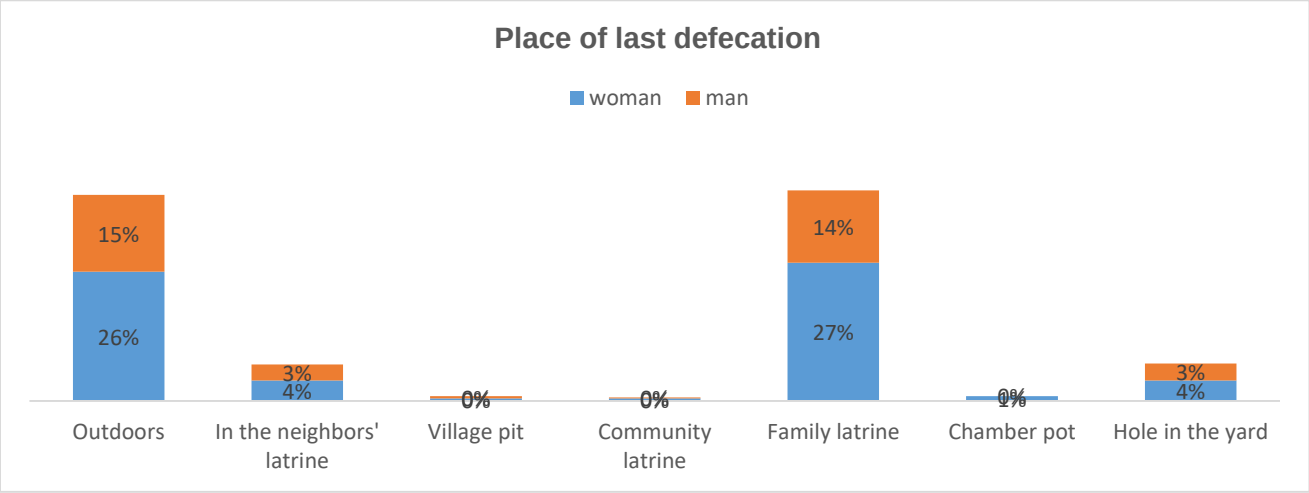


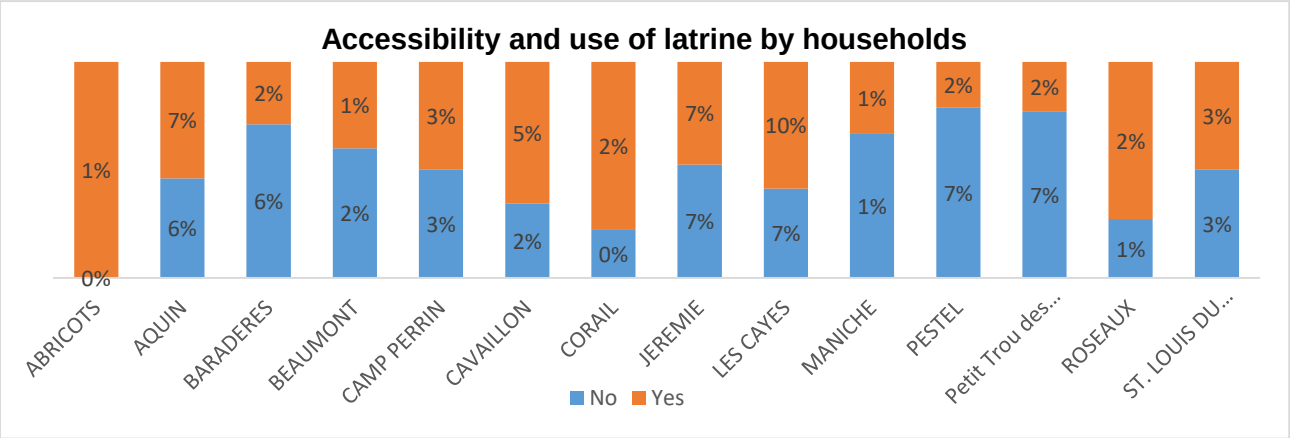
Table 6: Disaggregated presentation of respondents by age group according to latrine use

using a latrine the last time they defecated	Disaggregation by age group								
	18-25 years old	26-32 years old	33- 39 years old	40-46 years old	47-53 years old	54-60 years old	Over 60 years	%	Total
In the neighbors' latrine		4	10	5	3	4	6	7%	32
Family latrine	11	19	16	19	42	29	46	41%	186
Total	**11**	**23**	**26**	**24**	**45**	**33**	**52**	**48%**	**218**

Accessibility and use of a latrine by households

Of the 455 households surveyed, 53% said they did not have access to a latrine, while 47% said that members of their households had access to a latrine (Figure 2). The interpretation of these results shows that more than half of the respondents do not have access to a properly managed sanitation facility, i.e. a place where a human being can relieve him/herself of his/her bodily waste. For many, this is a particularly important challenge on a national scale, as well as a major health and economic issue.

Figure 2: Percentage of households with access to a latrine



OTHER PROGRAMMATIC ELEMENTS DIRECTLY RELATED TO THE TWO PREVIOUS INDICATORS

This section provides an overview of the existing situation in the intervention districts, and how the items assessed here are closely related to the mandatory indicators (listed above).

Households with access to handwashing facilities

This indicator attempts to measure the percentage of the population that has access to a handwashing facility in the latrine and/or at the defecation site. During the field data collection, the large majority of respondents (88 % of respondents) mentioned that they do not have access to a functional handwashing facility at the defecation site, while only 12 % (or 56 respondents) claimed to have access to a functional handwashing facility at the defecation site (table 6). This result shows that the situation of the households is very critical in regards of the use of functional handwashing facility.

Table 7: Household access to handwashing facilities at a latrine and/or defecation site

Municipalities	Hand washing facility in a latrine and/or defecation site			Percentage	
	No access	Access	Total	No access	Access
ABRICOT	3	2	5	**1**%	**0**%
AQUIN	59	4	63	**13**%	**1**%
BARADERE	35	3	38	**8**%	**1**%
BEAUMONT	14	1	15	**3**%	**0**%
CAMP-PERRIN	24	4	28	**5**%	**1**%
CAVAILLON	26	6	32	**6%**	**1**%
CORAIL	9	0	9	**2**%	**0**%
JEREMIE	55	8	63	**12**%	**2**%
LES CAYES	71	4	75	**16**%	**1**%
MANICHE	9	0	9	**2**%	**0**%
PESTEL (Including Cayemites Islands)	35	3	38	**8**%	**1**%
PETIT TROU DES NIPPES	28	11	39	**6**%	**2**%
ROSEAUX	6	5	11	**1**%	**1**%
SAINT-LOUIS DU SUD	25	5	30	**5**%	**1**%
Total	**399**	**56**	**455**	**88**%	**12**%

Latrine installation for households

The installation of latrines represents a coping strategy for households whose homes were destroyed and/or damaged by the 14 August 2021 earthquake. Thus, particular attention is given to how the provision of temporary and/or rehabilitated latrines is gender and disability sensitive in terms of access (ramps, lighting, clear signage, adequately sized latrines, easy walking access, locks, etc.), use and safety.

The two standard adaptation strategies and their main components are:

A) Inclusive and joint identification of latrine design and location in agreement with the targeted communities, especially women;

B) Ensuring women's participation in latrine management committees and sensitizing teams to enable the development and implementation of a gender perspective on latrine management appropriate to the post-earthquake situation and context.

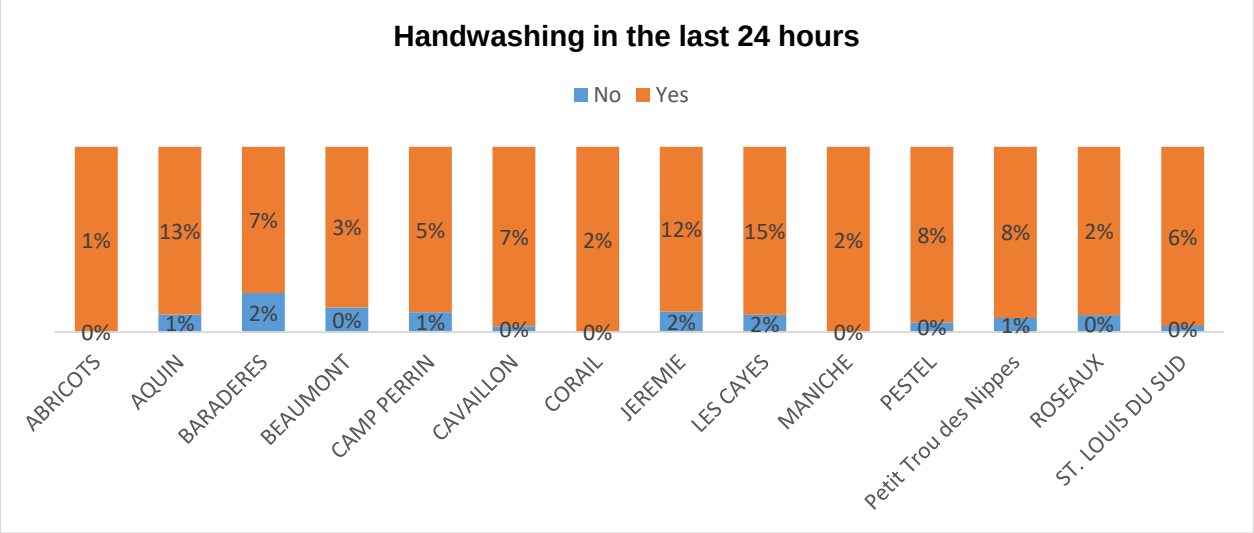
Use of soap during handwashing

The majority of respondents (80%) stated that they have soap to wash their hands after using a latrine, while 19% stated that they do not have soap and 1% of respondents chose not to answer this question. These results show that the majority of respondents have access to soap for handwashing.

Handwashing hygiene

The following figure details information by commune regarding handwashing, 91% of respondents said they had washed their hands in the last 24 hours while 9% did not. This shows that the majority of respondents know how to protect themselves, as hand washing can keep them healthy and prevent the spread of respiratory and diarrheal infections from one person to another.

Figure 3: Percentage of people washing their hands in the last 24 hours



Availability of home water treatment

Respondents were also asked about water treatment to assess their knowledge at baseline. Out of the 455 respondents, 102 (or 22%) do not use any method to treat their water.

The reasons that prevent them from doing so are.

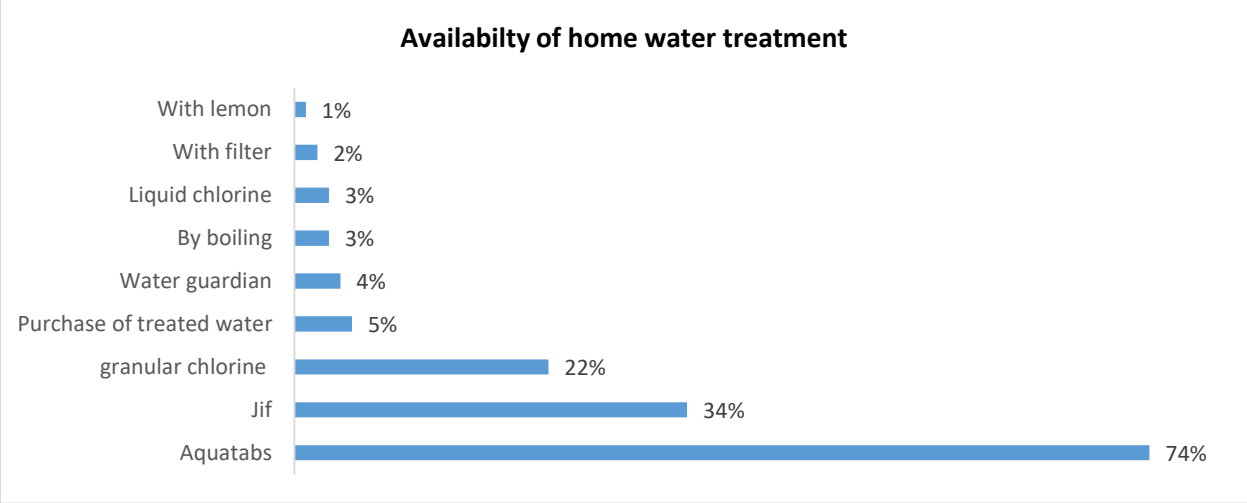
- Lack of information;

- No money to buy treatment;

- Not important to treat the water.

Among the respondents reporting treating their water, the vast majority uses Aquatab (74%), Jif (34%), or granular chlorine (22%). See the figure below (Fig.4) for more details on methods used. This result both shows that the majority of respondents have a good knowledge of effective methods and/or a simple and effective way to treat water (water to kill microorganisms in it) at home to make it safe to drink, but also that a large part of the population still lacks access to means to clean water.

Figure 4: Products used by households to treat water



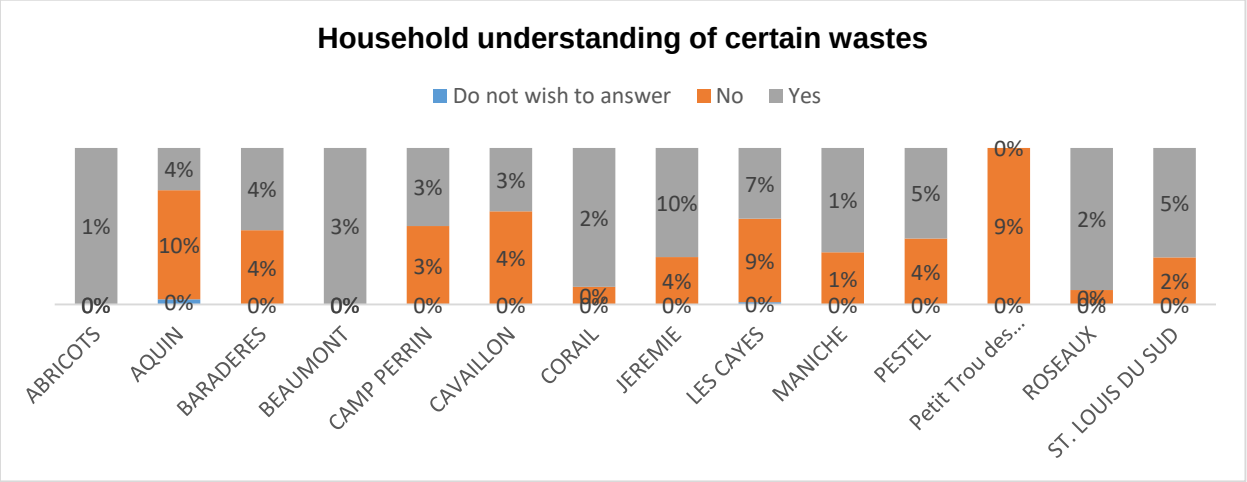
Impact of household waste on the health of households

The amount of household waste has increased rapidly in recent decades due to the accelerated urbanization that has characterized the last century. This phenomenon is more critical in developing countries, which do not always have the means to manage it properly. At the same time, the composition of this waste has shifted from an organic profile (food waste) to complex materials (end-of-life products, plastics, and packaging) that present major health and environmental risks.

In this study, the majority of respondents (50%) stated that some waste (e.g. light bulbs, batteries, paint cans, etc.) represents a real danger to their health, while those who do not consider some waste as dangerous represent 49% of the interviewees, only 1% of the respondents do not want to share their opinion on the consideration of waste (Figure 5).

This result clearly shows that these households do not receive training on the management of household waste, which corresponds to source separation, collection, transport, treatment, and processing.

Figure 5: Households' understanding of the existence of waste in residential areas

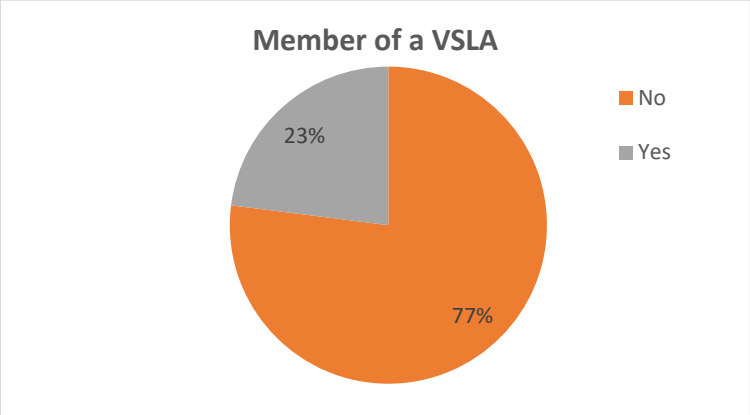


Creation of Village Savings and Loans Association (VSLA)

The VSLA is a group of people from the same locality who have decided to unite to manage a simple, flexible, and solidarity-based system. It allows members to have trusted spaces such as community banks in vulnerable rural areas.

In this study, more than half of the respondents (77%) admit being a member of this type of solidarity group while 23% are not members of a VSLA (Figure 6).

Figure 6: Member of a VSLA

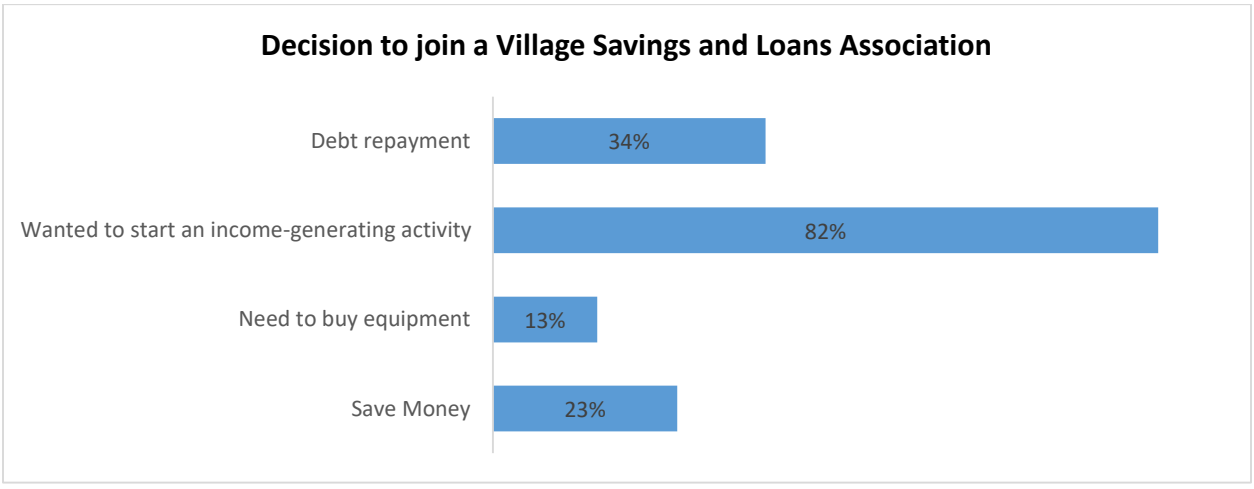


Decision to join a Village Savings and Loans Association

Lack of access to credit is a significant risk factor for the health of the Haitian economy in general and in particular for people living in rural areas. This pushes the population to open spaces of trust such as VSLAs in order to have access to credit and savings.

Among the answers provided by households on the main reasons they joined a VSLA, 82% said they wanted to start an income-generating activity, 34% mentioned that they wanted to repay their debts, 23% said because they needed to save money, and 13% said they need to buy work equipment.

Figure 7: Decision to join a VSLA



Conclusion and recommendations

Conclusion

- ✓ In view of the above results and analyses, it appears that the situation of households in terms of access to a latrine is precarious in the municipalities surveyed;
- ✓ Similarly, 36% of the households surveyed have very low knowledge of at least three (3) of the five (5) critical times to wash their hands, they risk being infected by and/or catching pathogens;
- ✓ The two most common strategies of defecation are at family latrines and in the open air (representing each 41% of the respondents), and the use of neighbors' latrines (7%). The rehabilitation and/or installation of latrines can play a role in combating this phenomenon;
- ✓ The vast majority of households (88%) are unable to access a functional handwashing facility in a latrine and/or at a disposal site. Moreover, the low availability of latrines and handwashing facilities makes household sanitation and the application of basic hygiene principles difficult.

Recommendations

- ✓ NFI kit distribution opportunities can play an important role in bridging gaps that are related to the lack of handwashing facilities;
- ✓ Workshop can also be organized to strengthen the capacity of beneficiaries in the management of VSLA groups to increase resource-efficiency, and hence ensure an increase of capital;
- ✓ The AMEU recommends that latrines be installed in strategic areas to make it easier for some people to defecate;
- ✓ The possibility of integrating hygiene awareness sessions for the beneficiaries and/or users of water and sanitation services, and more generally for the inhabitants of a locality benefiting from the project activity would be a good opportunity to reduce risks of diseases among the communities.