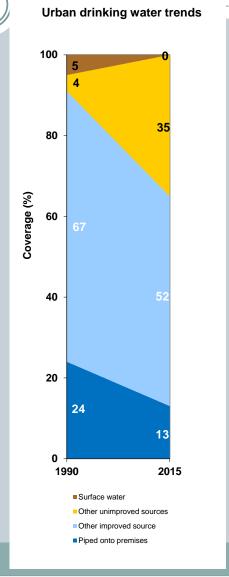


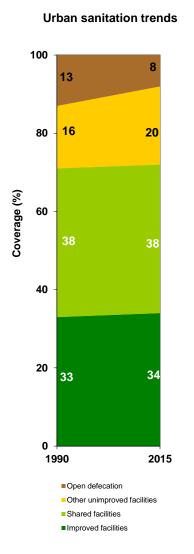
Outline

- Haiti Background
- Community Health Clubs in Haiti
- Program Evaluation
- Lessons Learned
- Way Forward

WASH

- Access to improved water=58%
- Access to improved sanitation=28%
- Improved hygiene practices: limited to data





Source: JMP 2015

Cholera







COMPARISON WITH JAN-AUG 2014

+147%



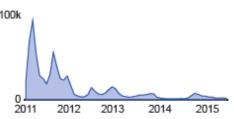


COMPARISON WITH JAN-AUG 2014

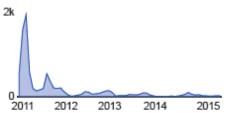
+178%

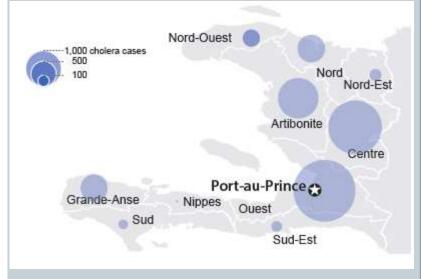
OCT 2010 - AUG 2015











Source: Haiti: Cholera figures as of August 2015, UNOCHA, Accessed October 27, 2015





Program Objectives

Goal:

To reduce vulnerability to water, sanitation and hygiene (WASH) related diseases, including Cholera, for at risk populations in Haitian communities.

Objectives:

- Improve WASH knowledge, attitudes and practices
- Increase demand for safe water & sanitation
- Identify community-based solutions to problems of solid waste management, sanitation & water
- Encourage community action around WASH and environmental management

Program Outcomes

- Increased Knowledge
 - Hand washing
 - Personal Hygiene
 - Prevention of Diarrhea
 - O Prevention of Skin Diseases & Intestinal Worms

 - Prevention of Malaria/Dengue
 Improved WASH Practices
 - Hand washing
 - Water Storage
 - Kitchen Hygiene
 - **Defecation Practices**
 - Solid Waste Management
 - Social Cohesion (Social Capital)





2012-2013

Eco de Carrefour

L'Institution Mixte

Anne-Marie Javouhey

Sarthe Germain Club

La Nouvelle Jerusalem

Feuilles Club

de Sarth Club

Lakou Lape Club

Club

Jerusalem

Carrefour

Lizon-Bon

Sarthe Germain

Feuilles

Repos

Sarthe

Vincent

Carrefour

Simon Pele

Community	Club Name	# Mem	Avg. Attend	# Graduates	% Graduates
Canaan-	Jerusalem Club	43	-	13	30%

47

72

31

54

71

318

Totals

21

14

19

18

49

134

45%

19%

61%

33%

69%

42%

Community	Club Name	19-901 / Club Slogan	# Mem	# Grads (%)
Canaan	Jerusalem Club	Health is free.	77	30 (40%)
Blanchard Lakou Leon	Ksk Lakou Leon	Health all the time	64	34 (53%)
 Rosenberg	KSK hands together	Health for one and Health for every one	27	24 (89%)
Village des Rapatries Haitiens	KSK For a better Development	Look in Front health before everything.	25	20 (80%)
Barriere fer	KSK Barriere Fer	Each one helps others	50	44 (88%)
Cite Soleil	KSK My shining sun	With prevention no disease	35	29 (83%)
Carrefour Feuilles	KSK Fouchard	One community is a chain solidarity to manage health.	74	32 (43%)
Carrefour Vincent	KSK Inst Exp de Sarth	We are all concern. Health is for every one	62	-
Cite Soleil	Friend of Health	Health for ever	20	16 (80%)
Simon Pele	KSK for discovering the wealth of life	Health is the more wealth	33	33 (100%)
Lizon	KSK Inst Anne- Marie javouhey	Health is the salt of life	75	-
Simon Pele/ Cite Dieuseul	KSK nan Site Dyesel	We want health and cleaning	55	46 (84%)
Simon Pele	KSK pou lavi	ak la pwopte nap konbat maladi	25	23 (92%)
Lizon	KSK Bring and join	My health is yours	25	12 (48%)
Corail	KSK de Corail Cesse-lesse		25	13 (52%)
Aeroport Simon 6	KSK Lavni	Health all the way	20	15 (75%)
lilavois 5, house's member	KSK Revolution	Revolution of cleaning = health al the way.	34	16 (47%)
Sarth school	KSK Jn-Baptiste du Sable	Health is victory	30	20 (67%)
Simon Pele	KSK Lakou La Roche	We like cleaning, we are working to keep our community cleaned	30	25 (83%)
	Totals		617	432 (70%)

2014-2015

- 32 New Clubs: +1,000 members
 - o 25 new facilitators trained
 - o 11 existing facilitators
 - o 1 Club in Mirebalais
 - WASH Curriculum
- 15 Existing Clubs: ~400 members
 - o 16 facilitators trained
 - Reproductive Health Curriculum
- September 6th Graduation
 - +900 Graduates

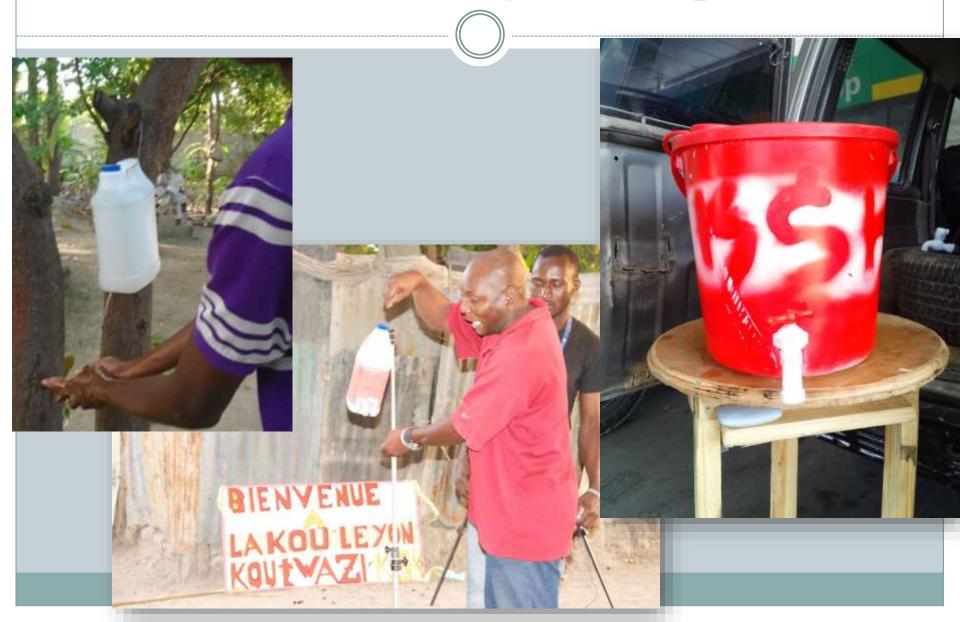




Living Water International

- 3 Year WASH program in Cabaret and Dondon
 - o 2013-2014: Cabaret
 - ▼ 10 Community Health Clubs & 9 School Health Clubs
 - × Milot: 38 members
 - Over 1,300 members; over 1,000 graduated in 2014
 - o 2014-2015: Cabaret & Dondon
 - ▼ 5 existing facilitators started 5 Clubs with 89 members
 - 25 additional facilitators trained in Cabaret & Dondon

Hand washing with soap



Environmental Clean Up



Social Activities



Evaluation

- May June 2014
- Graduate researchers
 - Yale University and Health Science Center
- Mixed methods, case study design
 - Semi-structured interviews w/Facilitators (n=16)
 - Household survey (n=198)

	Graduates N (%)	Non- Members	Total N (%)
		N (%)	
Blanchard	18 (30)	42 (70)	60 (30.3)
Lakou Leon			
Barriere	22 (26.5)	61 (73.5)	83 (41.9)
Fer			
Rosenberg	12 (21.8)	43 (78.2)	55 (27.8)



Study Demographics

	Graduates		Total		
	N (%)	N (%)	N (%)		
Sample	52 (26.3)	146 (73.7)	198		
Gender					
Male	22 (42.3)	42 (28.8)	64 (32.3)		
Female	30 (57.7)	104 (71.2)	134 (67.7)		
Age					
18-25	32 (61.5)	28 (19.2)	60 (30.3)		
26-35	11 (21.2)	42 (28.8)	53 (26.8)		
36-45	6 (11.5)	38 (26)	44 (22.2)		
45+	3 (5.8)	38 (26)	41 (20.7)		
Employed					
Yes	13 (25)	53 (36.3)	66 (33.3)		
Education					
None	1 (1.9)	12 (8.6)	13 (6.8)		
Some Primary	9 (17.3)	35 (25)	44 (22.9)		
Primary	30 (57.7)	65 (46.4)	95 (49.5)		
Secondary	7 (13.5)	12 (8.6)	19 (9.9)		
University/Professional	4 (7.7)	16 (11.4)	20 (10.4)		

CHC Membership, Awareness & Identity Formation

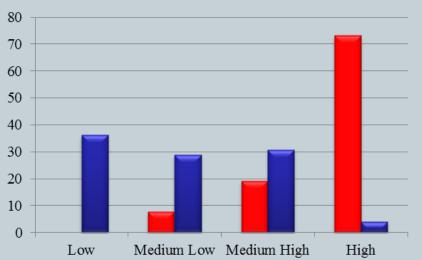
- 50% of graduates lived with at least one other graduate
- 26% of non-members ever heard of CHC
 - o 4% ever attended a meeting
- Club Names
- Club Slogans





WASH Knowledge

Binned WASH Knowledge Scores



Weak, negative correlation between Age and WASH Knowledge, r=(-0.249), n=198, p<0.0001; independent of CHC membership.

Medium Low Medium High High by Age Group

e significantly more likely

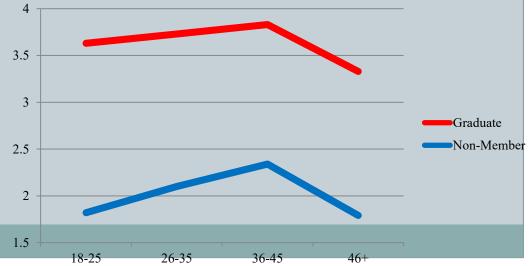
Average Binned Knowledge Scores
by Age Group

■ Graduates

■ Non-CHC

Member

CHC Members are significantly more likely to have a high binned WASH knowledge score (86.4%) than Non-CHC Members (13.6%), chi square, $\chi^2(3, n=198) = 110.1$, p<0.0001.



Defecation Practices

75.3% of all HH have access

	Open	Share	Own	Own WC
	defecation N	N (%)	latrine	N (%)
	(%)		N (%)	
Graduate	2 (3.9)	11 (21.6)	35 (68.6)	3 (5.9)
Non-	18 (12.6)	14 (9.8)	82 (57.3)	29 (20.3)
member				
Total	20 (10.3)	25 (12.9)	117 (50.3)	32 (16.5)

- Of HH without a latrine or WC (n=45), **Graduates are more likely to share a neighbors/friends facility** (84.6%) than openly defecate, as compared to Non-Members (43.8%), Fisher's Exact Test p <0.02.
- Of those with a sanitation facility and consented to observations (n=139), **Graduates are more likely to have a clean facility** (74.4%) as compared to Non-Members (45.0%), $\chi^2(1, n=139) = 9.714$, p=0.002.

Barriers to Improved Defecation Practices

- 'People don't have time or don't want to do cat sanitation.'
- 'They are living like sardines, and if you would like to build a community latrine for them, you cannot find any place.'
- 'I'm in the community talking about the subjects, and we all know about the consequences, but we don't have the financial means to do anything about them. ... But effectively, until now we haven't found any partners or available government branches or representatives to help us with those activities.'

Challenges/Lessons Learned

- Knowledge and social identity not sufficient in urban setting
- Must recognize contextual dimensions of WASH practices
 - Access to markets/products
 - Enabling resources
 - Built/Natural environment
- Innovative technologies

Phase II: Big Decisions



Way Forward

- Partnerships, partnerships
 - o SOIL, Zanmi Lasante, DINEPA
- Leverage social identity/group cohesion for social entrepreneurialism
- Further integration into national strategies

