

Interview with CARE Honduras: Eduardo Gonzales

PROSADE Project: <http://care.ca/our-work/prosade-%E2%80%93-promoting-food-security-choluteca-and-rio-negro-watersheds-honduras>

This description includes: VSLA, CLTS (the Latin America version)

Background: CARE Honduras had responded to the Water Team tools survey that they were conducting VSLA, CLTS, and SAA for WASH outcomes. The following is a summary of a conversation with Eduardo Gonzales on the use of these tools in CARE Honduras's PROSADE program.

PROSADE is a food security and climate change adaptation project; WASH has been recognized as an essential element of food security and nutrition, and PROSADE is implemented in largely arid, highland areas; as a result, the program has a significant WASH component. (See the PROSADE ppt presentation which describes the theory of change/ reasoning behind the WASH focus).

PROSADE uses a VLSA approach (called Cajas Rurales) linked to (an adapted) CLTS approach – to link demand creation and supply. CARE Honduras borrowed this linked approach from CARE Kenya (or other African programs, Eduardo says).

CARE Honduras conducts a CLTS-like mobilization among communities in order to stimulate demand for sanitation. In CARE's catchment area, perceived importance of and willingness to pay for sanitation is low. CARE's mobilization is not shame based, but is rather based on SARAR (causal diagram mapping with pictures, used with low literacy groups) and participatory discussion and mapping techniques that help communities to identify problems and prioritize actions; motivations are always positive, largely encompassed by "making life better." This dialogue is used to identify sanitation as an issue, relate it to issues of higher priority, and define community-led actions. During community mobilization, CARE asks willing families to commit to building HH latrines (CARE avoids the term 'latrine' as this word is widely associated with poverty). CARE provides a 50% subsidy for families that commit, which is supplied in materials once families purchase the remaining materials. CARE has connected with local manufacturers to provide a number of technological options, such that families can choose the option that best needs their needs, preferences, and ability to pay. These options range from simply pit latrines to composting/ecological latrines, to flush/septic latrines, to combined latrine/shower/bathing areas made of brick. Prices range from \$400 USD for the cheapest option (tin laminate and pit) to \$750 for the full WASH rooms made of bloque. CARE provides a greater sliding subsidy to families that meet criteria of extreme poverty, and cannot pay the 50% costs beyond the normal subsidy.

Families can pay the remaining 50% by borrowing and repaying via the VSLA structures (called Cajas Rurales; 70% of HH in the CARE catchment are members of a Caja Rural). This program is just starting, so it is unclear how many HH are borrowing from the VLSA for this, and how many are not. Eduardo acknowledges that because the loans are not for income generating activities that can enable repayment, families may be reluctant to borrow for latrine construction,

as repayment may be difficult. CARE plans to help families with this analysis. VSLA's are a platform for discussion on leadership and self-esteem (popular in Latin America), which helps groups to recognize the importance of sanitation and hygiene.

Community Water Committees (Juntas de Agua) are also linked to the VSLA mechanism. The Junta borrows from the VSLAs to pay the original loan for the community contribution to the construction of the water supply system. During a general assembly, the water tariff (charge per household for water connection/use) is determined, and collection of the tariff goes to repay the VSLA. Essentially, the VSLA acts as the community bank through which funds flow. Excess funds from tariff collection go to subsidize access to the poorest households who cannot pay the tariff (as decided by the community). A similar mechanism is used for providing and repaying loans for land purchase, including for watershed protection purposes. Land that constitutes important recharge zones for the watershed are bought from local farmers via the VSLA social fund (a revolving fund used for community improvements). These lands are then reforested and protected.

Currently, CARE Honduras is working in 2 micro-watersheds, and estimates a demand of 400 latrines in this catchment. True demand, and willingness to pay for sanitation, and choose appropriate options, is high in this area, as options are low; as opposed to other areas where development organizations have worked for so long that communities wait to be supplied with free latrines.

The CLTS approach in Honduras also includes the [Escuela Saludable](#) approach (integrated curriculum and approach for school health, as well as youth theatre (CARE works heavily with youth and schools, and ties these back to the greater community in various forms) – to raise awareness of hygiene and sanitation. Traditional CLTS is not used in Honduras, as shame has not been shown to be a useful motivation in Latin America; Hondurans “don't respond well to shame.”

Formative research for PROSADE:

CARE Honduras conducted significant formative research, including a water and sanitation survey with families in its catchment communities in early stages of the program – to understand demand for WASH services, barriers, how decisions are made, gender norms and dynamics, and municipal willingness to finance and engage in sanitation services.

Some significant findings:

- Men are responsible for making decisions about latrine ownership and construction
- Sanitation is ranked low in priority among families, behind health, education, access to services (but about the same as mobile phone access).
- A significant portion of families believe that it is the responsibility of the government to fund toilets/sanitation systems at a household level, not the responsibility of the family itself.
- Analysis of government resources suggests that national and local governments do not have the resources to build sanitation systems at HH level, and that families must invest in and build facilities themselves.

Additional details:

- CARE Honduras requires that all families that connect to a water system have already constructed a latrine (for water source and watershed protection purposes)
- CARE makes a range of technological options available to communities, according to their ability to pay, the availability of water (For flush toilet/septic system options), and their personal preferences. CARE Honduras provides strong training for communities on maintenance of latrines, though there is currently no post-implementation monitoring.
- PASOS 1, 2 and 3 were CARE Honduras's last major WASH programs. There is no post-implementation monitoring or data in regard to continued water and sanitation access – though there is strong information on watershed protection. During that time, Community based sanitation approaches were used, in combination with subsidies.