Village Savings and Loan Associations Discussion

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Emile- CARE- 7 years, working in water and sanitation project for 5 years. Currently project manger for VSLA.

Emile- Briefly, I saw you asked about CLTS, we are using a different approach: community based environmental health promotion program. It based on PHAST methodology (http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/) - participatory hygiene and sanitation transformation. Incorporates pictures, and drama, used especially for illiterate people. It includes 20 topics which are taught in 6 months, which encompass sanitation, hygiene, nutrition, and health, and water.

World Vision component: In each village there are community hygiene clubs, which are formed at the community level. Each village supports between 100 and 150 households. There are two districts, and each district has 13-15 sectors. In one sector, there are 4-6 cells, in each cell we have 5-6 villages. Working in collaboration with health center and creating policy at the national level to ensure that each sector has 1 health center. From this center you get an environmental health officer. This officer works to integrate and collaborate with health facilities and structures. The project has been collaborating with health centers by working with environmental health officers, who train the community health workers in CBHST. They also train the community hygiene club.

The component of CARE was the sanitation-marketing component. The entry point was VSLA groups. Initially, with World Vision did not plan like this.

The project had 6 implementing partners. 3 partners were on field- CARE world Vision and winro (sp. They provided health facilities- water supply system).

Sanitation marketing:
In collaboration with community members, they selected these three types which were promoted at community level and promoted through VSLA groups. During the selection of latrines, VSLA groups were involved along with local leaders, and also the village agent-champions from VSL groups who help mobilize the community members, and are role models in their community. From there, they organized an assessment in order to look at how these products could be promoted and disseminated, for community members, and after we developed these, we proposed these 3 types of latrines, and trained local masons on how to build these latrines.

We also, trained village agents and other community health workers, and environmental health officers in sanitation marketing. Local masons had knowledge of construction of latrines, and the officers of the community had knowledge of sanitation issues. We collaborated with the group. Afterwards, we constructed showrooms, in each sector. For sanitation marketing we had been working in 5 sectors, and in each sector there was a showroom with the goal of having a place where they can showcase a sanitation product and display some posters to raise awareness of sanitation issues. In order to manage these

showrooms, they trained community health cooperatives based in each sector, trained in showroom management to keep it and look at possible clients for possible sanitation projects, and manage supply chain of masons sanitation products.

How did you introduce the topic into VSLA?
We introduced it through meetings, training or mobilization during weekly meeting. In each meeting they trained community health workers and the village agents. The same people who trained VSL groups during weekly meeting. They normally took 30 minutes to explain each topic every week. In the past 5-7 years we've been implementing VSLA with integrated approach as entry point for economic development and other components: VSLA with family planning, VSLA with gender based violence, etc. This project is VSLA with water and sanitation management and hygiene.

Did you provide any money for toilets?
No, mostly education, and mobilization, but not giving toilets to people. Through community member participatory selection, they chose the 3 prototypes. In each sector the latrines were built, as demonstration tools at the community level. It was up to each household to decide which one to build, and they used their savings from VSLA. They used their savings to build the latrines and from income generating activities. They can use this income to buy materials, specifically from sanitation they were used to buy things like (couldn't hear)…

There are also other activities where community members contribute themselves, like digging, making bricks, etc. For the most vulnerable people there is a practice known as… (couldn't understand the word)… VSL groups mobilize community approach to support the most vulnerable members. They are helped at least to dig the toilets and then they get other materials, or through public works. National Policy like community works and other practices that are successful to use when working with vulnerable populations.

Open defecation in Rwanda is not alarming- its around 1% some areas with none.

Other Programs:
SAAs are integrated into their other programs. Integrated program where they have 5 models: VSLA, SAA, Climate change, and other models like governance- all models complement each other.- Journey of transformation model. Development of integrated model.

What were the WASH outcomes you were anticipating?
Ensuring family planning, gender based violence, hygiene and sanitation in communities. But ensuring that women experience equity and equality. Vulnerable women- socioeconomic opportunities for women.

How were you measuring water and sanitation outcomes?
Emile- measured through the increase of the use of facilities and decrease in diarrhea and other diseases. That is why we've been working with CHCs, because through health centers you can track easily this kind of improvements. Also, decrease of malnutrition, our long-

term goal is to decrease mortality rate for under 5, that's critical. In fact, in other projects (Coraneza project- Good growth) for under 6, where we work on food and nutrition, and then work with mothers training how to wash hands and clean water for vulnerable children. Organize mothers and they come together, one mother takes care of the children, they are given porridge and trained in how to use clean water, how to wash hands, and how to build appropriate latrines for small children.

Of course, use of clean water will be measured by centers. Washing hands at critical times, body hygiene, increasing of nutrition. There are a number of outcomes and indicators.