



SNV

Leaving no one behind: National Rural Sanitation and Hygiene Programme of Bhutan

SNV Bhutan, September 2019



The Government of Bhutan and its partners aim to achieve universal access to rural sanitation and hygiene services by 2023. To ensure that WASH programming contributes to the ambition to reach scale, collaborative research was undertaken in 2019 to identify several 'last mile' groups and the specific challenges they face in gaining access to sanitation and hygiene services. Research findings across three districts are now helping establish practical recommendations to ensure that no person nor household are left behind.

Bhutan has made significant progress in rural sanitation and hygiene supported by high levels of ownership, uptake of innovations, and an emerging water, sanitation and hygiene (WASH) sector. With SNV, the Public Health Engineering Division (PHED) of the Ministry of Health developed Bhutan's national Rural Sanitation and Hygiene Programme (RSAHP), an integrated district-wide government-led approach to reach all. The RSAHP, with additional support from UNICEF, reached half of the country's 20 *dzongkhags* (districts) by the end of its Five-Year Plan (FYP 2013-18). To date, households in 80 sub-districts and two full districts have achieved 100% access to improved sanitation, as per government monitoring data.

Accelerated uptake, however, has yet to be seen in households with members belonging to potentially disadvantaged groups. Inequities based on income, gender (e.g., female-headed households), disability, and distance to sanitation facilities persist and are increasing. Government data estimates that 5-10% of households within RSAHP districts still do not have access to a sanitary toilet.

This research brief shares the key findings of the *Leaving No One Behind* research undertaken as a collaborative process by staff from PHED, Gross National Happiness Commission (GNHC), Ability Bhutan Society (ABS), Disability Persons Association of Bhutan (DPAB), Bhutan Association of Women Entrepreneurs (BAOWE), *Dratshang* (monastic institutions), Bhutan Nuns Foundation (BNF), and SNV.

Aims of the study

To better understand the characteristics of households and individuals who have yet to construct a sanitary toilet in RSAHP districts;

To better understand the challenges and barriers faced by households and individuals in the 'last mile';

To offer practical and realistic programme recommendations that are tailored to the needs of households and individuals in the 'last mile'; and

To build capacity of government, civil society organisations – including disabled persons organisations – and SNV in applying a Do No Harm approach in WASH programming, and in conducting qualitative research in a safe manner.

The study's findings are based on key informant interviews (KII) conducted with 34 key district and sub-district leader informants; 24 focus group discussions (FGDs) arranged by age, gender and disability; and 19 in-depth interviews (IDIs) with community members in the districts of Wangdi (W), Samtse (S), and Pemagatshel (P). The research team, trained in Do No Harm techniques engaged with over 300 people, 241 of whom represent communities (55% females and 45% males).

Key findings

Access to toilets

The RSHAP has achieved a great deal in increasing access to toilets across the three districts visited and there are examples of success and support mechanisms involving female headed households, elderly and people with disabilities. However, there are still people who have not built their own toilets, nor are they using one. The reasons behind this are diverse: some people who can build toilets are not fully convinced of the benefits and some are not able to build toilets themselves because of lack of skills, and/ or the human or financial resources to realise construction (e.g., older person-headed households, people with disabilities, households where a key adult abuses alcohol, some female-headed households, and landless people, including those who are transient, such as seasonal workers). Open defecation practice persists; not just by people without toilets, but also by agricultural workers, passers-by (e.g., truck drivers), people from large families who share in one toilet, and children.

'Through the government, in some places in Norbugang, the gewog (sub-district) provided material for the building of toilets and houses for people belonging to disadvantaged groups. Even district staff themselves volunteered as labourers for the construction.' (KII, P)

Health Assistants (HAs), village leaders and Village Health Workers (VHWs) have been the most active in influencing people to build a toilet and in facilitating support for the most disadvantaged households. But in some areas, very little support, if any, has been extended to people who were struggling. There also seemed to be limited awareness of users' specific needs.

Some sanitation entrepreneurs, such as masons and suppliers, launched their own initiatives to support people who were potentially disadvantaged e.g. providing services at a discounted rate, or free of charge.

'I don't ask to be paid anymore because those who were unable to pay belong to low-income households. Getting food on the table was already a challenge for them.' (KII, P)

Systematic tracking of who was likely to need support and whether they had received it varied from one area to another.

'People have not been offered support across the community. The main reason is that everyone in the community is living at a subsistence level and has financial problems of their own. Cooperation within

the community is not there.'
(KII, Local Leader, S)

In some areas, several methods of pressure and sanctions had been used, such as the threat of imposing fines, carrying out labour in lieu of monetary fines, or services shut down. But, in general, these were not carried out. Despite this, some respondents who were not able to build a toilet indicated that these threats had frightened them or caused embarrassment.

'When HAs and Basic Health Unit (BHU) staff threatened us with penalties and fines, we did feel pressure to build, but we were not all able to make a flush toilet and ended up building a temporary toilet.'
(FGD, female-headed household, S)



Effectiveness in facilitating meaningful involvement

The RSHAP managed to increase the involvement of potentially disadvantaged groups, specifically female-headed households (mostly led by single women) and elderly. But, people with disabilities felt that they were often left out. In some cases, lack of access to information resulted from the common practice of only one family member attending events (and information not being cascaded) and social stigmatisation.

People with disabilities were rarely involved in planning and deciding upon the design or location of their toilet, at household level.

'Until now, people with disabilities have not been involved in CDH (Community Development for Health) workshops, as per my knowledge. This was because nobody realised that such programmes would also benefit people with disabilities.' (KII, HA, P)

People who were transient or living in temporary settlements were often not involved in programme activities. Men and adolescent boys seemed less involved, although monitoring at the time of programme activities indicated good gender parity in participation between females and males. Sanitation demand-related activities using the RSAHP approach of [CDH] workshops and behaviour change communication (BCC) activities were considered generally successful; although not everyone remembered what was said, particularly older people. Requests were made to repeat activities for better recall.

Supporting people with particular impairments or health conditions

The biggest gap seen was in toilet design. There was an overwhelming lack of knowledge in the application of features to make toilets accessible for elderly and people with disabilities. In an IDI, a woman with sight impairment described the challenges she faced whenever she was left at home alone.

'When my family members are away for work, I tend to go in the wrong direction. It would help if the toilet was closer or attached to my room.' (IDI, P)

Informants validated this reality by suggesting that there is an assumption that people with mobility limitations do not exist. As such, toilets were not adapted to their needs.

Additionally, the study also found that there was limited knowledge on how to cater to the sanitation needs of people with mental health condition and/ or heavy alcohol users, as this relates to toilet use. Although it was recognised that they are likely to be facing problems.



Incontinence was also a challenge as several people in some households Most were elderly or people with disabilities and included a woman who had become urine incontinent after a difficult birth. Although health staff were providing support to some people with incontinence, some others have been overlooked and some have been found to be in very bad conditions.

'It is important to include a conception of incontinence issues in the RSAHP to improve sanitation standards.' (KII, M/F HAs, P)

Beyond household settings to institutions

Toilet facilities in institutions such as schools, health facilities, and monastic settings are generally gender segregated, but separation does not always follow an acceptable distance. A few toilets and handwashing facilities were considered accessible, but most were not.

The lack of a constant supply of soap, open urination by boys, and limited behaviour change communication activities undertaken in the monasteries and nunneries were also raised.

Most institutions have also launched some awareness-raising on MHM, including with boys, and several interventions have been undertaken to make institutions MHM-friendly through, for example, the provision of free pads and disposal bins. Incorporating the needs of people with disabilities in MHM programming and awareness-raising activities are, however, insufficient.

'She has difficulty in taking care of her own menstrual cloth pads (old baktang) as she needs to change almost four times a day. Her sister assists her often when she needs to change and washes her used cloth pads so that she can reuse them.' (IDI, woman who is slightly impaired, P)

Benefits and challenges

There were multiple benefits expressed in relation to having a toilet and from RSAHP activities, including for people who may be most disadvantaged. These included improvements in health, hygiene, environment, convenience, privacy, and safety.

The massive effort to build toilets also resulted in reducing the cost of materials and taking Bhutan closer to achieving 100% open defecation free (ODF) communities. This was aided by increased government attention to households that were most disadvantaged.

Overall, women and girls felt safer. Although there were variations in the response, most women found using a pour flush with solid superstructure and door more convenient in comparison to a pit latrine with a cloth door.

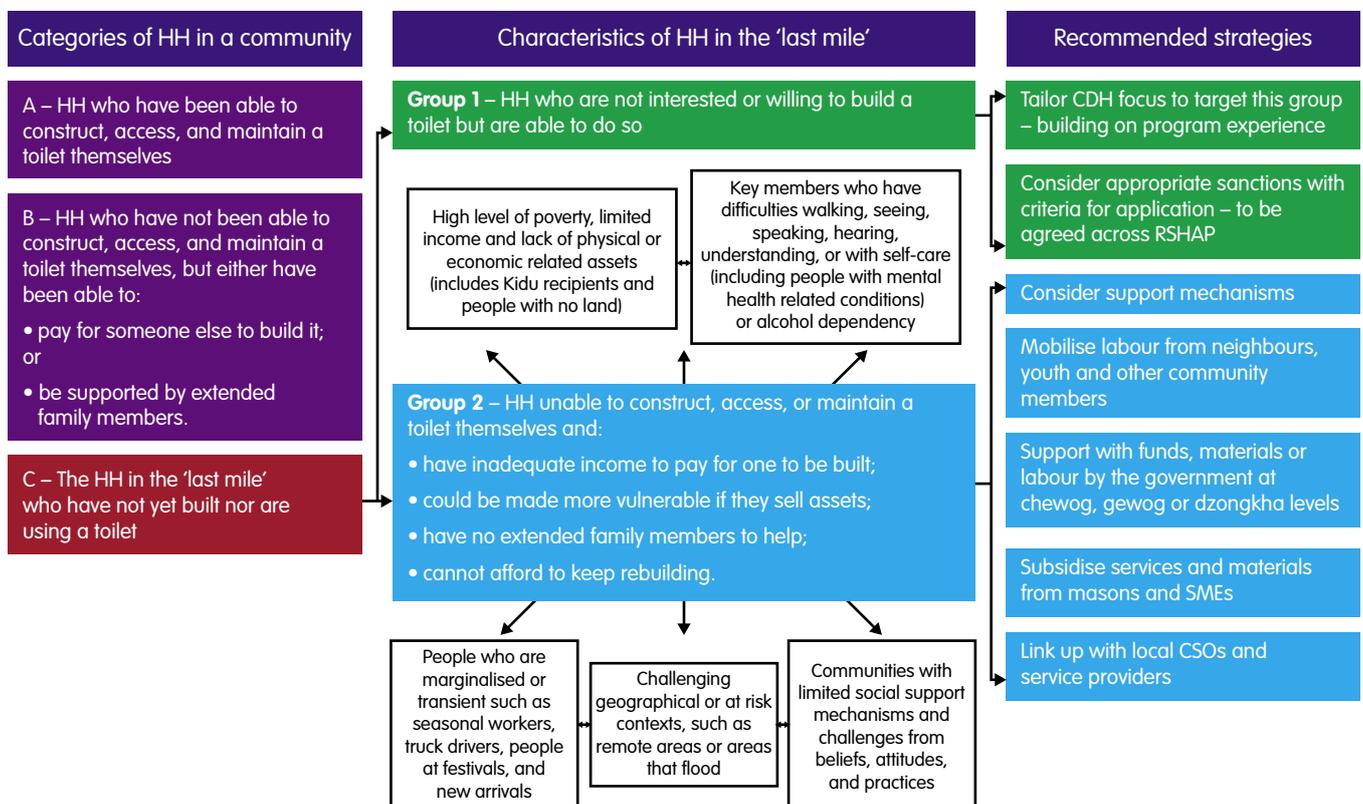
Many challenges do, however, remain. Some relate to the distance of toilets and difficulties in keeping them clean. Practising and maintaining hygienic behaviour were also issues.

'Everyone can now use a toilet, even during the evenings, because it is nearby and well lit (electricity). Yes, we have enough privacy and it is now more comfortable to change pads or wash ourselves. It was not the same as when we had pit toilets, mainly because they were constructed poorly, with no proper walls.' (FGD, schoolgirls, S)

But the new pour flush toilets were found to be too costly for some. The transport of materials to more remote areas partly explained the cost of these toilets and periods of water shortage made pour flush toilets unusable.

Challenges to toilet accessibility were magnified for people with disabilities. Toilets were either too far, or design was inappropriate. People with vision impairments faced particular difficulties when family members were not around to guide them to a toilet. All these heightened the risk for people with disabilities.

FIGURE 1: Recommended responses to households (HH) that have not yet built a toilet



Study participants' recommendations to make the programme more participatory and inclusive

Overall, participants of the study recommended that the programme should place greater attention on older people and people with disabilities and increase their involvement in programme activities. As the study showed, elderly and people with disabilities possess an interest in participating and sharing their thoughts on creative and more suitable sanitation facility designs.

Participants suggested that more support should be given to people who represent the poorest and most disadvantaged, and some expressed the need to enforce sanctions, specifically for those who are able to build but have not done so. There is a desire for repeat or refresher sanitation courses (and some activities) to ensure that new behaviours become the norm. Finally, more attention should be put on some groups of people who are currently being overlooked, such as people in semi-urban contexts and in labour camps.

Refer to Figure 1 for an overview of the findings on the households in 'the last mile', who have not yet built and are using a toilet, and how the RSAHP should respond.

Key recommendations

1. Support leadership to strengthen identification, implementation of support mechanisms, track progress and monitoring of safe sanitation service delivery.
2. Support the Ministry of Health in developing further its strategy and guidelines for identifying and providing support to the most disadvantaged households and pro-poor support mechanisms, aligned to the existing pro-poor support mechanism strategy
3. Integrate further options within existing manuals to improve accessibility of toilets (for different disabilities and also considering old age and pregnancy needs) – including MHM, and information on cost range (including lower costs).
4. Gather success stories on how family, community, government and other actors support has increased access, particularly for people with disability and share this to inspire leadership during peer-to-peer learning and monitoring visits.
5. Progress discussions on how to respond to the needs of people who are in the fringes of development efforts, such as people with mental health conditions, people who are heavy (alcohol) drinkers, transient populations, people on the move such as truck drivers, and the poorest people.



6. Increase BCC activities and attention on the availability of soap at all times, access to handwashing facilities, and accessibility of toilet facilities in schools, monasteries and nunneries.
7. Work with DHOs and HAs to improve accessibility of toilet and handwashing facilities where still needed in HCFs, and to establish handwashing facilities with soap in all required locations, for appropriate infection control.
8. Be reflexive and open to continuous learning. Other groups not covered by this study include women in *drayang*s, victims of domestic abuse/ violence, out-of-school youth, sexual and gender minorities, orphans and people who use drugs. They too may have specific WASH needs that are not being met by mainstream efforts.

Acknowledgements

This research was undertaken with support from the Australian Department of Foreign Affairs and Trade (DFAT) as part of SNV's Sustainable Sanitation & Hygiene for All approach for rural sanitation. The research was led by Ms Tshering Choden (SNV Bhutan) and Dr Sarah House in close collaboration with Ms Chundugyen Tamang and Mr Yonzan Tamang (MoH Public Health Engineering Division (PHED) team), Ms Zangmo (GNHC), Lopen Namgay (Dratshang) and Ms Thinley Dem (SNV). Special thanks go to our CSO partners: Ms Tshering Wangmo (BAOWE), Mr Chajay Rinzin (ABS), Ms Sonam Yangden (DPAB), Ms Sonam Wangmo (Bhutan Nuns Foundation), Mr Asahel Bush, (CBM Australia) and CSO leaders (ABS, DPAB, BAOWE, BNF), Dasho Dzungdas, Dasho Dzunggrabs, including participating district health officers, health workers and the many research participants for their valuable contributions and time.

This brief was prepared by Sarah House, Tshering Choden and Gabrielle Halcrow. It was edited by Anjani Abella and Sarah Bartholomew, and designed by Crunchy Frog.

Cite as follows

SNV, 2019. *Leaving no one behind: National Rural Sanitation and Hygiene Programme of Bhutan* [Research Brief]. The Hague: SNV.

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BEYOND THE FINISH LINE

Beyond the Finish Line is a five-year (2018-2022) multi-country project supported by the Australian Government's Water for Women Fund. In Bhutan and Lao PDR, the project builds on SNV's Sustainable Sanitation and Hygiene for All (SSH4A) rural sanitation product and increases the quality of sanitation and hygiene accessed by a total of 475,000 people. In Nepal, the project contributes to professionalising gender and socially inclusive sustainable rural water supply services in two districts, based on SNV's Area-wide Rural Water Supply Services (ARWSS) product.

SNV NETHERLANDS DEVELOPMENT ORGANISATION

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. We aim for premium quality and focus on only three sectors: agriculture, energy and water, sanitation and hygiene (WASH). With a long-term, local presence in over 25 countries in Asia, Africa and Latin America, we know how governments work and how relationships are built. Implementing our mission exclusively through project financing requires us to work efficiently and invest in operational excellence every day. Our team of more than 1,300 staff is the backbone of SNV.

PHOTOS @SNV/ THINLEY DEM

(FRONT) Study team member and participant washing their hands at Tading, Samtse

(P2) Community member proudly poses in front of her day-old toilet

(P3) Inception workshop

(P5) Monks of Rincheling Dratsang after FGD