



## Sustainable Sanitation and Hygiene for All (SSH4A) in Bhutan

SNV's integrated rural sanitation and hygiene approach in Bhutan started as a pilot project. Following a decade of efforts, the contributions that SNV made are now embedded in the government's own national sanitation and hygiene programme. Today, the government's national programme is systematically changing how people think about sanitation and hygiene, and is making universal access to toilets a reality for the entire nation by the end of 2022.

### Of happiness and hygiene

In the mountainous country of Bhutan, SNV has been supporting the Government of Bhutan in its ambition to ensure that everyone – including potentially disadvantaged groups, in households, schools, monastic institutions, and health care facilities – enjoy the benefits of improved sanitation and hygiene.

A Himalayan country with a population of less than 780,000, Bhutan's approach to rural health and its infrastructure needs are different from many countries. Beyond its geographical terrain and demographics, Bhutan is home to many dispersed communities who have limited road and market access.

The Royal Government of Bhutan maintains a policy of free and universal access to primary health care. The country's approach is guided by the government's unique development philosophy of Gross National Happiness (GNH), a concept that Bhutan uses alongside the more globally practised Gross Domestic Product (GDP).

GNH places the happiness and welfare of citizens alongside the conservation of fragile environments and ecosystems at the heart of the national agenda; with sanitation and hygiene among its many indicators.

Bhutan's National Sanitation and Hygiene Programme sets its sights on nothing less than



Students at play, on equal footing (SNV/Aidan Dockery)

100% access to improved sanitation and hygiene for the entire population by end 2022.<sup>1</sup>

The Bhutanese government acknowledges its role as duty bearer in providing basic services in water, sanitation, and hygiene, whilst recognising that insufficient knowledge and lack of resources have hampered the achievement of full coverage in the past.

Historically, rural Bhutanese have had low levels of improved sanitation coverage. It has been commonplace to see households using poor quality pit toilets without slabs or covers that were unhygienic.

While official sanitation coverage rates have been deceptively high, actual coverage of improved hygienic toilets has been estimated to be much lower. In 2010, the official percentage of access to sanitation was 89%, but actual access to hygienic toilets was estimated at 54%.<sup>2</sup> The remainder of toilets were unimproved facilities, many of which were not in use.

Limited access to improved sanitation and hygiene heightened people's disease risk factors, and

placed a significant burden on the country's health system. In 2010, close to 30% of health cases were (preventable) sanitation and hygiene-related illnesses.<sup>3</sup> Across age groups, children under five suffered greatly; with more than 30% of children experiencing stunting.<sup>4</sup>

Furthermore, women and girls have not had adequate opportunities to practise good menstrual health and hygiene. Insufficient access to appropriate facilities, products, and knowledge were felt most acutely by women and girls living with disabilities, in addition to the large numbers of women and girls in boarding schools and nunneries. By causing girls to miss out on part of their schooling, such a shortfall has had damaging effects on the potential for them to realise their ambitions.

## Demanding services, supplying services, using services

Sustainable Sanitation and Hygiene for All (SSH4A) is SNV's integrated approach to ensure equitable and sustainable access to improved sanitation and hygiene in rural areas. Implemented in Bhutan, part of this approach has

<sup>1</sup> Based on the current WHO-UNICEF Joint Monitoring Programme (JMP) definition of improved sanitation. For more information, see: [WHO-UNICEF JMP WASH data](#).

<sup>2</sup> UNICEF and WHO, *Progress on Drinking Water and Sanitation 2012 Update*, UNICEF and WHO, NY, 2012, [https://www.who.int/water\\_sanitation\\_health/publications/jmp\\_report-2012/en/](https://www.who.int/water_sanitation_health/publications/jmp_report-2012/en/) (accessed 26 October 2020).

<sup>3</sup> Ministry of Health, Royal Government of Bhutan, Thimphu Bhutan, 'Top Ten Diseases', *Ministry of Health Annual Health Bulletin*, Thimphu, MoH, 2010, p. 3, <http://www.moh.gov.bt/about/program-profiles/national-suicide-prevention-program/plans-orders-activities/reports/annual-health-bulletin/> (accessed 15 September 2020).

<sup>4</sup> The [Bhutan Multiple Indicator Study 2010](#) report indicates the relatively high percentage of children in Bhutan who are too short for their age (33.5% stunted).



Woman poses in front of her newly built toilet (SNV/Aidan Dockery)

*That SSH4A begins with ‘Sustainable’ emphasises SNV’s focus to strengthen the capacities of governments and local stakeholders to plan, implement and monitor sanitation and hygiene interventions for long-term gains.*

been to strengthen the capacity of the Bhutanese government to enable everybody’s access to inclusive and sustainable rural services.

First introduced in 2008, the approach has been consistently adapted based on embedded knowledge and learning processes, ensuring it remains timely, relevant, and effective. Currently, SSH4A is being implemented through projects in 18 countries in Asia and Africa. SSH4A is underpinned by a rights-based approach and a vision of governments serving as the duty bearers of the right to water and sanitation.

The beginnings of SNV’s rural sanitation and hygiene efforts in Bhutan emerged in response to the Ministry of Health’s request for assistance to develop a sanitation and hygiene approach in its national programme. SNV’s partnership with

the government resulted in the institutionalisation of what is now called Bhutan’s national Rural Sanitation and Hygiene Programme (RSAHP, also referred to as ‘the programme’). So far, RSAHP has covered 16 of Bhutan’s 20 districts. Efforts to cover the remaining four districts are ongoing, with support from SNV and UNICEF.

Change happened progressively, and is a continuously evolving process.

The first three districts targeted by the programme saw an increase in access to, and use of basic services from 27% to 99%. In 2018, and together with partners, an additional two districts and 80 of the over 2000 sub-districts, had achieved the highest ambition of 100% access to improved sanitation and eradicated completely the practice of open defecation. By November



SSH4A Phase 1 (pre-ODF status achievement) supports in the realisation of sanitation and hygiene access for all - with a focus on inclusivity and diversity.



SSH4A Phase 2 (post-ODF status achievement) supports in the transition to a service delivery model that ensures long-term access to and safely managed services.

2019, area-wide sanitation progress had been achieved in 93 sub-districts and four districts.

## The path to a national approach

Before 2008, sanitation and hygiene had simply been a minor component of water projects in Bhutan.

A pilot of promising approaches in the four sub-districts of Nanong, Jarey, Hilley and Laya formed the country's first integrated sanitation and hygiene effort. Bearing in mind learning for expansion and scaling-up possibilities, each sub-district represented four distinct cultural and geographic regions of Bhutan.

For SNV, the first step was to adapt the methodology of the government's existing Community Development for Health (CDH) workshops to trigger demand for sanitation and integrate key insights from a Community-Led Total Sanitation approach. Formative research and supply chain analyses, supported by testing and piloting, led to innovations in behaviour change communications, the development of informed choice manuals, and the emergence of a national supply chain strategy to engage the private sector.

SNV's pilot effort in Bhutan contributed to the larger multi-country development of the SSH4A approach in Asia, which was later adopted by numerous countries in eastern, southern and western Africa.



Handwashing in points of care in health care facilities (SNV/Aidan Dockery)

In 2010, the Australian Government's Department of Foreign Affairs and Trade (DFAT) provided funding for a project to scale-up SSH4A activities in the district of Lhuentse. The success of this project and the Ministry of Health's endorsement of the project's evaluation in 2011 led to the approval of SSH4A as the basis for a national approach across Bhutan, now known as the Rural Sanitation and Hygiene Programme (RSAHP).

### **The emergence of the government-led programme – RSAHP – was the start of a systems change process within the government's sanitation service delivery.**

Through the RSAHP, SNV scaled its rural sanitation and hygiene approach horizontally (to additional districts) and vertically (into higher-level considerations of policy, roles, and responsibilities at different levels of government, national targets, budgets, and plans). This meant that donor funding was significantly leveraged with Bhutan government resources from this point on.

The results of SNV and its partners' vertical scaling efforts were embodied in Bhutan's 11th Five Year Plan (2013–18), which included key sector result areas for sanitation and led to the RSAHP being upscaled to a further ten districts; with additional support from UNICEF.

Taking full ownership of the SSH4A approach, in 2018, the government committed to expand the RSAHP from 10 to all 20 districts of Bhutan during its next Five-Year Plan (2018-2023); officially

*In 2020, the country's first National Sanitation Policy was passed by the cabinet, elevating sanitation from a subset of rural water and bringing it together alongside the urban Ministry. This shift reflects much of the lessons learnt in the past decade.*

## How SNV contributed to (sanitation and hygiene) systems change in Bhutan

SNV's Sustainable Sanitation and Hygiene for All (SSH4A) approach, initially piloted and developed in Bhutan as part of donor-funded projects, is now embedded in long-term government development efforts, i.e., Bhutan's National Sanitation and Hygiene Programme from 2011, and Bhutan's Five-Year Plans 2013-2018 and 2019-2023, and the National Sanitation Policy, 2020.

Government accountability for its role in enabling people's access to sanitation services has been increased through the structured sector engagement of the multi-stakeholder national sanitation and hygiene working group, B-WASH.

A sanitation market has been kick-started through activities that enhance household demand for toilets and support local toilet suppliers – making sure that sanitation supply meets demand today and in the future.

Strengthened capacities of governments and local stakeholders have led to a better sanitation system leading to a new normal – from a sanitation coverage level of 54% in 2008 to a realistic scenario of realising full coverage by end 2022.

aiming for universal access to sanitation and hygiene by the end of 2022.

The expansion of RSAHP mobilised sub-national budgets and developed approaches to safely manage sanitation over the long term.

From what started as a short pilot project, SNV's support to the Bhutanese government in sanitation service delivery led to a new normal in 2018 – from a sanitation coverage level of 54% in 2008 to a realistic scenario of achieving full coverage by end 2022 in households and beyond.

### Sanitation at scale

Today, the RSAHP is successfully operating at scale; in 16 of the 20 districts of the country, under the leadership of the Ministry of Health and in collaboration with its core partners, SNV and now UNICEF, with ongoing support from the Australian Government's Department of Foreign Affairs and Trade (DFAT).

At national level, the RSAHP has laid the foundations of an increasingly engaged sector represented by B-WASH, the national working group for sanitation and hygiene. B-WASH has

a broad membership of diverse stakeholders – including Disabled People's Organisations, women's organisations, and monastic institutions – who all contribute to improving accountability and making access to sanitation for all the new norm.

Going forward, in order to reach and sustain the government's national sanitation and hygiene achievements, the government has committed to achieving higher service level targets in the Sustainable Development Goals; of equity in progress, and of improving the management of sanitation and hygiene in schools, institutions, and now health care facilities.

The government's commitment is strongly reflected in a country paper that Bhutan presented during the 7th South Asian Conference on Sanitation in April 2018. With the targets of the upcoming Five-Year Plan, tailored and tested tools, increasingly decentralised budgets, and strengthened systems and capacities, the government is leading sector efforts to bring sanitation and hygiene improvements in the country's remaining districts.



Sanitation material supplier in Dagana (SNV/Aidan Dockery)

## Sustainable Sanitation and Hygiene for All (SSH4A)

Sustainable Sanitation and Hygiene for All (SSH4A) is SNV's capacity development approach to achieve area-wide rural sanitation and hygiene. SSH4A combines sanitation demand creation, sanitation supply chains development, behavioural change communication and governance. Implemented in households, schools and health care facilities, SSH4A was developed since 2008 and has been carried out in more than 160 districts across 18 countries in Asia and Africa.

Read SNV's [SSH4A capability statement](#) to learn more about the organisation's rural sanitation and hygiene approach.



SNV, 'Sustainable Sanitation and Hygiene for All (SSH4A) in Bhutan', *Systems change case study*, The Hague, SNV, 2020.

## SNV

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 focus on three sectors and have a long-term, local presence in over 25 countries in Asia, Africa and Latin America. Our team of more than 1,300 staff is the backbone of SNV.

## Systems change case studies

SNV projects directly benefit millions of people. At the same time, our projects also drive systems change – strengthening institutions and kick-starting markets to help many more people work their way out of poverty, well beyond the scope of projects.

In this series, SNV documents and explores lessons on the way it achieves systems change, with special attention to four key parameters of success:

- leveraging finance,
- kick-starting/shifting markets,
- adoption of improved approaches by government and others,
- shifting values, norms and mindsets.

The growing number of case studies will cover a variety of geographic contexts, (sub-) sectors and development challenges.

## Cover photo

Handwashing with soap, a key hygiene behaviour to safeguard the health of the population (SNV/Aidan Dockery)

## For more information

Antoinette Kome  
Global Sector Head, WASH

[akome@snv.org](mailto:akome@snv.org)