LEAVE NO ONE BEHIND
Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

BHUTAN
COUNTRY REPORT
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This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.
MORE INFORMATION:

Leave No One Behind, report and resources:


The eight country reports:

· http://wsscc.org/resources-feed/leave-no-one-behind-reports

Video:

· https://www.youtube.com/watch?v=RCGm3t6DX-c

Credits:

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**Leave No One Behind** is a call to listen and learn by putting people in the centre, asking them what they need and valuing the one in everyone. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind ... the last mile ... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty...” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

¹ Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’
² (http://www.sacosanvi.gov.bd/data/frontImages/Dhaka_Declaration.pdf)
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This report is the outcome of a consultation with a group of women, adolescent girls, sanitation workers, people with disabilities and senior citizens, organised in the country in November 2015 with support from Fresh Water Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC). The purpose of this interaction was to gain an understanding of their current sanitation and hygiene status, practices and challenges in their daily life. Participants shared their life experience and struggles pertaining to inadequate sanitation facilities at the work place and public spaces. The consultations helped us to learn about their needs and the sanitation gaps, and it was also an opportunity for the participants to get engaged in the process and realize that their actions can make a difference in their communities and their lives.

We would like to thank WSSCC and FANSA for supporting us to organize these consultations prior to SACOSAN VI. We are grateful to all the participants and representatives of Marginalised groups for spending their valuable time with us and sharing their difficulties and challenges and making us more committed to address the issues related to the sanitation gaps. We are also thankful to the representatives from SNV Bhutan, Tarayana Foundation, Greener Ways, Ability Bhutan Society and LNW Consulting who participated and shared their insights and field experiences. We would also like to thank Dr. Seetharam, FANSA India for facilitating and documenting the outcomes of the consultation.

Public Health Engineering Division (PHED) under Ministry of Health (MoH) is the focal agency responsible for developing policies, associated background documents and guidelines by taking a lead in coordinating strategies and activities across different government line agencies, donors, INGOs and CSOs. As essentially deemed in addressing the Marginalised group in the SDGs era, we are committed to facilitate and ensure safe, sufficient, and sustainable sanitation facilities including adoption of safe hygiene practices by ALL citizens of Bhutan at ALL times.
Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

EXECUTIVE SUMMARY

Background

South Asian Conference on Sanitation V (SACOSAN V) held in 2013 at Kathmandu recognized the fact that many Marginalised groups like women, adolescents, physically disabled, elderly, transgender and sanitation workforce are excluded from the development process on sanitation, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI.

To support South Asian Governments to implement Commitment X of the Kathmandu Declaration, Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised a consultative process in all 8 member countries. The purpose of these consultations was to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies. As part of this initiative, a meeting was organised in Thimpu, Bhutan, with women, adolescent girls, the elderly, people with disabilities, sanitation workers and waste segregators. This report presents the key findings that emerged from this meeting and recommendations to address the WASH needs of these groups.

Key Findings

In Bhutan, participants across all groups reported the availability of household latrines, either individual or shared. However, the location and the poor quality of these latrines is a major challenge for women and girls in rural areas. The lack of privacy due to poor infrastructure, inadequate water supply and poor maintenance make usage difficult and access is further impacted due to hilly terrain especially for disabled girls and women, as well as, pregnant mothers. Maintaining menstrual hygiene is also a challenge due to the lack of privacy, inadequate water supply and the unavailability or low affordability of sanitary napkins. Even in urban areas, women and girls find it difficult to maintain menstrual and personal hygiene due to the shortage of water. Participants also shared that menstrual hygiene management was not viewed as a priority because of socio-cultural issues and the lack of information.

3 http://www.sacosanv.gov.np/file/file_down/AYis9zKathmandu%20Declaration%2024%20Oct%20FINAL.pdf
regarding MHM. Even though many schools now have health coordinators, many of them are men and girls feel embarrassed to talk to them about menstruation.

Access is a key challenge for the elderly and people with disabilities because there are few disabled-friendly WASH facilities for this historically neglected group. The available facilities are usually located at a distance from the home and are therefore difficult to reach due to the hilly terrain. Moreover, they are not designed to meet the needs of the elderly and disabled.

Most of the sanitation workers in Bhutan are from the neighbouring Indian states of Assam and West Bengal. Participants at the consultation identified low financial incentives, the lack of protective gear, and the stigma they face, as key concerns.

Each group deliberated on ways to improve accesses to WASH services and thereby their quality of life. Their key demands include:

- Participation in the planning of WASH facilities to ensure equitable access of these facilities for all.
- Provision of disabled-friendly toilets in public and educational institutions, adaptation of existing household toilets and training of masons on technical design options to suit different disabilities.
- Creating safe working conditions for sanitation workers through the provision of safety equipment and protective gear.
- Appointing women health coordinators in schools for providing information on menstrual hygiene management to girls.
- Ensuring adequate water and MHM facilities in public and educational institutions.
Key Recommendations

1. Adequate representation of the hygiene and sanitation needs of Marginalised groups in the Draft Sanitation Policy that is being currently formulated.

2. Formulating and implementing clear norms and standards for provision of WASH facilities in public and educational institutions to ensure equitable access to sanitation for people of all ages, gender and abilities.

3. Targeted awareness programmes for people with disabilities to raise awareness on their right to sanitation and the need for hygiene and sanitation practices.

4. Education on MHM to school girls and ensuring all toilets in educational and public institutions have facilities for changing and the safe disposal of used sanitary materials.
EXECUTIVE SUMMARY

Open defecation has been completely eliminated in urban areas of Bhutan. However, two-thirds of rural Bhutan does not have access to improved sanitation facilities:

Current Sanitation Coverage of Bhutan (2015)\(^4\)

<table>
<thead>
<tr>
<th>Status</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved facilities</td>
<td>78%</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>22%</td>
<td>32%</td>
<td>28%</td>
</tr>
<tr>
<td>Other improved facilities</td>
<td>0%</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>0%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

(Source: JMP WHO-UNICEF\(^5\))

The Public health Engineering Department is in the process of finalizing a separate Rural Sanitation and Hygiene policy.

- A School Health and Safety guideline and manual on WASH in school have been developed, emphasizing the need to promote sanitation and hygiene by installing and improving the quality of facilities in remote schools, monastic institutions and nunneries.
- Work has been initiated to develop a National Sanitation Policy in 2015. This policy is expected to address the urban sanitation issues in the country.

Challenges:

5. Mud rammed, wooden, traditional houses in Bhutan cannot accommodate modern pour flush toilets and people end up building poor quality toilets at a distance from the home.

6. Water scarcity in some areas due to climate change.

7. Providing sanitation facilities to the urban poor in informal settlements in the absence of a government subsidy.

8. Providing sanitation facilities to nomadic populations.

9. Collection and analysis of disaggregated data on age, sex, disability and poverty so as to be able to plan for equitable access to WASH by all.


Box 1: The Sanitation Situation In Bhutan

Open defecation has been completely eliminated in urban areas of Bhutan. However, two-thirds of rural Bhutan does not have access to improved sanitation facilities.
Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

In Bhutan the practice of open defecation is more prevalent in rural areas, where only half the population has access to sanitation facilities. Many groups like women, adolescent girls, elderly, persons with disabilities, and sanitation workers still face challenges in accessing sanitation and hygiene services, even in urban areas. Not only are they excluded from safe and satisfactory hygiene and sanitation services, they are also not consulted or included in decision-making processes. Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised consultation meetings with the above mentioned groups in all eight member countries with the dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration, and ensuring direct voices of adolescents, women, disabled/ill people, elderly men and women and sanitation workers are heard as a first step towards their inclusion in the design, delivery, management of sanitation and hygiene services.

As part of this process, a consultative workshop was conducted in Thimpu on 12th November, 2015 to listen to the sanitation and hygiene challenges of the Marginalised sections of society, viz. the disabled and the elderly, women and adolescent girls, and sanitation workers. The meeting was organised by SNV Bhutan in collaboration with the Ministry of Health, Bhutan. This meeting was attended by representatives from Greener Ways, Tarayana, Ability Bhutan Society, LNW Consulting as well as key government officials.

“In Eastern Bhutan, female-headed households find it difficult to construct toilets because of shortage of labor and finances. If a woman is trained in toilet construction, she is rarely hired by the community to build toilets because they prefer to give the work to men. I feel that women should organize themselves and form SHGs to provide construction services and support female headed households to build toilets.”
Participants reported that they all have household toilets, either individual or shared, and that hand washing with soap after defecation and prior to meals is a common practice. In urban areas, however, women and girls face challenges due to inadequate water supply and the lack of facilities for menstrual hygiene management. In rural areas, on the other hand, the key problem is poor quality of individual household latrines (IHHL) and their located far from the home.

Most of the traditional houses in Bhutan are made of thick-rammed mud and wood. These structures do not easily accommodate the modern pour flush toilets, which are also more expensive. Therefore, people often end up making poor quality toilets, located far from their homes. These latrines do not offer privacy because both men and women use them. They are poorly maintained because there is not enough water. They are also difficult to access because they are located at a distance from the house and the hilly terrain does not make it any easier. Women’s needs are rarely prioritized resulting in poor quality WASH facilities that do not address their specific needs.

Pregnant women and women and girls with disabilities experience greater hardships as the toilets have squatting seats, and do not have railings for support.

During their menstruation cycle, most women use sanitary napkins. In rural areas, though, women and girls from poorer families cannot afford to buy sanitary napkins and use cloth instead which is reused after washing. Participants shared that they do not have a private place to dry their washed cloth outside in the sun and it is embarrassing to hand it in public. So they end up drying it indoors and run the risk of contracting infection.

“The area of East Bhutan where I live is very poor and even though most households have toilet facilities, they are located far from the house. After dark, it is very difficult for women and children to go out and use these toilets. The quality of construction is also very poor and does not offer privacy for women. For example, the roof is made of banana leaves and the doors are plain sackcloth. Sometimes, when I use the toilet, I turn on the music on my mobile phone so that people know I am in there and they do not walk in. There is hardly any space to change sanitary napkins when we have our periods. Sanitary napkins are also not freely available and many women in our village cannot afford to buy them. Instead, they use cloth and are shy to dry it in the open under the sun.” – Ugyuen Tshom, Bhutan
The young girls also shared that there is no one with whom they can discuss their problems around menstruation. Though most schools have health coordinators, they are men and girls do not feel comfortable talking to them about menstruation. Other problems include not enough toilets in school, a shortage of water, insufficient space for changing sanitary napkins, and the absence of bins for disposal. Most girls change their sanitary napkins only after school once they have returned home. In spite of these challenges, they did not report missing school during their menstrual period. Some schools provide sanitary napkins to the girls. Participants highlighted the need for women counselors at school and for basic awareness on MHM not only for the girls, but the entire community, including men.
Access to infrastructure for people with disabilities has been given low priority in Bhutan and remains a neglected area resulting in their exclusion. Participants from this group recognized that there were no examples of toilets and hand-washing facilities designed for the elderly and people with disabilities in the region, except for a few special education schools where all the enrolled students are children with disabilities. There are no proper facilities available for them in public places, hospitals, schools, colleges and bus depots. Even household WASH facilities are inaccessible.

In absence of disabled-friendly sanitation facilities, people with disabilities face several challenges when they go to the toilet. As mentioned before, toilets are located at a distance from the house and it is an effort even for people without to reach the toilet. The hilly terrain and cold climate in Bhutan makes this daily routine even more daunting, especially at night, for the elderly and disabled. Moreover, the toilets are not designed for them. The access to the door is raised, the door latch inside the toilet is too high and even the toilet pan is built on a raised platform.

Participants shared how they have to crawl or drag themselves to the toilet, as they cannot walk and the toilets are inaccessible for wheelchair users. The toilets also have no railings/handles for support and there is a constant fear of falling into the toilet. The elderly and disabled are therefore dependent on other family members or care givers for their daily WASH routines. This restricts their mobility and many participants said that they stay at home for most of the time, unable to participate in family and public functions.

The disabled, themselves, are unaware of their rights and accept all hardships as a result of their ‘karma’, an attitude reinforced by the religious mindset predominant in the country. This is also, perhaps, the reason for the insignificant number of NGOs/CSOs working for the empowerment of people with disabilities in Bhutan. Because of the low priority given to the needs of the disabled, masons are not trained on how to design or build disabled-friendly, accessible toilets or hand-washing facilities. Even though government rules clearly mention building norms to

“When my wife is not at home, I restrict my food and water intake since I feel awkward to ask others for help. Once while I was trying to go to the toilet, I was unable to open my pant in time and ended up defecating in my pants.”
A participant with motor disability
null
GHUTAN - Country Report

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KEY ISSUES

SANITATION WORKERS AND GARBAGE COLLECTORS

Garbage collectors and sanitation workers in Bhutan are employed by the city corporation. Garbage collectors are responsible for waste collection, transportation and cleaning of drains. They are mostly citizens of Bhutan. Sanitation workers, on the other hand, come mostly from the neighbouring Indian states of Assam and West Bengal. They are responsible for emptying the household septic tanks, as very few houses are connected to a sewerage system even in the cities. The Bhutanese prefer not to engage in sanitation work due to the fear of stigma and social discrimination.

The sanitation workers who participated in the consultation, shared that they run the risk of injury and infection primarily because of the unhygienic environment they work in. Their job calls for frequent cleaning of pipes choked with sanitary pads and toilet paper. In spite of these occupational hazards, they do not have any protective gear.

Participants felt that the indiscriminate disposal of sanitary pads by women is the leading cause for the blockage of pipes, which poses a risk for the sanitation workers. Although initially they blamed women for this problem, in the course of the discussion they realized that women too had little choice, given the silence around menstruation and the lack of proper disposal facilities for used sanitary materials. It was then resolved that breaking the silence and raising awareness on Menstrual Hygiene Management is essential for addressing the challenge of safe and proper disposal of sanitary pads.6

Proper management of septic tanks with safe transport and disposal of sludge, is a growing concern for urban and peri-urban areas where connections to centralized wastewater treatment plants are not possible. According to NGO representatives, septic tanks are rarely desludged routinely and often only when they fail. Small towns and peri-urban areas also have little access to sludge treatment and disposal sites, resulting in sludge often being illegally disposed off in canals, landfill sites or sewer networks (where available in larger cities).

6 Consultation meeting held in Bhutan on 12/11/2015
1. Organize similar consultation workshops and meetings to ensure participation of Marginalised groups in discussions around sanitation issues and to make people aware of their rights to water and safe sanitation. This is particularly important for people with disabilities and care should be taken to ensure that the meeting venues are accessible to them.

2. Ensure inclusion of people with disabilities, women and adolescent girls, elderly and other key stakeholders, such as sanitation workers and rag/waste pickers, in planning and designing of sanitation programmes.

3. Facilitate the adaptation of WASH facilities to make them disabled friendly. For example, ramps and high toilet seats for ensuring easy access and use. People with disabilities also need training on using the toilet and maintaining personal hygiene.

4. Ensure the availability of clean, safe and easily accessible sanitation and hygiene facilities in public places and educational institutions that meet the specific needs of adolescent girls and women, as well as the elderly and disabled. The facilities must have provision for hand washing and menstrual hygiene management, including disposal bins for used sanitary material.

5. Better communication and collaboration among all stakeholders for creating awareness on proper disposal of solid waste, including the safe disposal of sanitary pads and other harmful waste.

6. Develop and run campaigns to ensure the work of sanitation workers is recognised and they are not stigmatized.

7. Provide protective gear and safety equipment to ensure better working conditions and safe environment for sanitation workers.

8. Government should give sanitation workers a good remuneration and other benefits like free housing facilities and other basic amenities. Similar terms should be given to public toilet caretakers.

9. Enlarge the net of sewerage coverage in urban areas through better enforcement of standards and norms for septic tanks.
KEY RECOMMENDATIONS

1. Disabled Peoples’ Organisations (DPOs), representing all the impairment groups (physical, visual, hearing, intellectual) should be consulted and involved in supporting empowerment work for people with disabilities, raising awareness of their human rights and self-esteem to counterbalance the dominant discourse on karma. At the same time, these organisations should build awareness on hygiene and sanitation so that people with disabilities and their caregivers learn the importance of good hygiene practices (hand washing with soap, bathing, menstrual hygiene) and implement it in their daily life.

2. Develop and implement technical guidelines for disabled-friendly sanitation and hygiene facilities. Enforce implementation of the building laws ensuring all public institutions and buildings have accessible toilets with proper signage for people with disabilities. Small, low-cost adaptations can be made in existing structures that meet the specific sanitation needs of people with different impairments. The alternative options should be disseminated to WASH implementers at the local level and masons and WASH implementers should be trained on these options.

3. The draft Sanitation Policy of the country, which is currently being prepared, must adequately represent the challenges faced by the vulnerable groups (women, adolescent girls, the elderly and disabled) regarding access to sanitation and hygiene facilities, including menstrual hygiene management.

4. Develop, disseminate and implement norms, rules and standards for WASH facilities in public and educational institutions.

5. Develop robust monitoring system and ensure disaggregated data collection to facilitate targeted planning of WASH interventions.

6. Build sensitivity of the implementers of sanitation programmes and ensure that gender and disability-related vulnerabilities are prioritized.

7. Ensure every sanitation worker is provided with protective gear and equipment

8. Sustainable models of solid waste and fecal sludge management must be developed. For this, there is need to increase the participation of NGOs and also promote public private partnerships.

9. School health coordinators need to be trained on Menstrual Hygiene Management and develop skills to be able to break the silence and facilitate discussions with students on this issue. Schools must stock sanitary napkins and make them available to girls when they require them.

10. More consultative research needs to be carried out with different Marginalised groups to get a good understanding of their needs, issues and challenges. The findings of these consultations need to be streamlined with the planning of the different, relevant line departments of the government as well as development agencies and private entrepreneurs.

The Way Forward:

The Leave No One Behind consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets and bring about collective behavior change so that people begin to adopt hygienic practices. We also need to address discrimination that acts as barriers and prevent the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.
About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

fansouthasia

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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