

**Case Study: Bhutan**

#09 | July 2022

**ACCELERATION TOWARDS OPEN DEFECATION FREE (ODF) BHUTAN AND 100 % ACCESS TO POUR FLUSH TOILETS**



■ **Background**

The Royal Government of Bhutan and in particular, the Ministry of Health (MoH) has been concerned with the high prevalence of sanitation and hygiene-related diseases. This was largely due to low coverage of hygienic pour-flush toilets; high prevalence of inferior quality pit toilets (without slab/cover) which were unsanitary and unhygienic; and households without toilets. The Bhutan Multiple Indicator Survey (BMIS) in 2010 reported that only 58% of the overall population lived in households with access to improved sanitation facilities. By area, it is 77.9% for urban households and 51% for rural households. Also, UNICEF and WHO’s Progress on Drinking Water and Sanitation 2012, reported rural households with access to hygienic toilets at 54%. As per the Annual Health Bulletin, households without toilets (open defecation) have consistently remained at about 4% since 2010 for a decade and now hovers around 2%.

Based on this fact, the MoH endorsed the implementation of the Rural Sanitation and Hygiene Programme (RSAHP) in 2010, which is a community-led, demand-driven approach designed by the Public Health Engineering Division (PHED) with technical support from SNV to improve the sanitation situation in the rural communities.

## ■ Strategy and implementation

The RSAHP approach has major elements adopted from SNV's comprehensive and area-wide Sustainable Sanitation & Hygiene for All (SSH4A) and some components from UNICEF's Community Action to Total Sanitation (CATS) and Community-Led Total Sanitation (CLTS) approaches. This strategy aligns with the achievement of SDG Goal 6 on sanitation and hygiene by 2030.

The RSAHP was rolled out in all 20 of Bhutan's districts in phases, starting with districts which have a high percentage of ODF/pit toilets, population, stunting, poverty and diarrheal cases. To support the smooth implementation of RSAHP, the following documents of the Royal Government of Bhutan are in place:

- National Sanitation and Hygiene Policy 2020
- Rural Sanitation and Hygiene Guidelines 2014
- Rural Sanitation and Hygiene Strategy 2015-23
- Training manual for Toilet Construction 2012
- Last-mile and Post ODF Strategy 2020
- Guidelines for Faecal Sludge Management for Rural Sanitation and Hygiene Programme 2019.

The implementation took multiple interventions in the 2-year programme cycles in each district<sup>1</sup>, which are listed here:

- District level RSAHP inception workshop with district officials and local government leaders
- 2-day triggering workshop conducted in all 20 districts
- Mason training with the distribution of 1-pager DIY (Do-It-Yourself) on toilet construction
- Creating linkages of local leaders/health officials with district SMEs (Small and Medium Entrepreneurs)
- Block and district level mid-term and final progress review meetings
- Institute ODF verification protocol/process
- Follow-up and joint monitoring.

## ■ Progress and results

Currently, the RSAHP implementation is ongoing in four districts (Bumthang, Gasa, Paro and Thimphu) and with the final stages of the programme cycle. The implementation was delayed due to the pandemic as there were several lockdowns, restrictions in conducting the triggering workshops, health staff were engaged in responding to the pandemic and travel restrictions for follow-up and monitoring.

As of today, RSAHP has been implemented in all 20 districts and the following progress has been achieved:

- Completed district-level RSAHP inception workshop with district officials and local government in all 20 districts
- Approximately 3,075 clusters (90,250 households) reached through 2-day triggering workshops in all 20 districts

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<sup>1</sup> RSAHP implementation started year wise since endorsement: 1. Lhuntse in 2010, 2. Pema Gatshel in 2012, 3. Mongar and Samdrup Jongkhar in 2014, 4. Wagdue and Samtse in 2015, 5. Tashiyantse in 2016, 6. Trongsa and Tsirang in 2017, 7. Sarpang in 2018, 9. Chukha and Haa in 2019 and 10. Thimphu, Bumthang, Haa and Paro in 2021

- About 37 (including 3 targeted female cohort) masons training completed with the distribution of 1-pager DIY on toilet construction
- Completed both block and district level mid-term and final progress review meetings, from the validation of data done during the block/district review meetings in all 20 districts, the national pour-flush toilet coverage stands at 91% and households without toilets at 1%
- Recognition and certification of ODF and 100% pour-flush toilet coverage block and districts during World Toilet Day
- Implementation of last-mile and post-ODF activities.

As of 2021, 63% of the communities (129 blocks out of 205 blocks) and 8 dzongkhags (districts) of the total 20 districts have achieved ODF status and improved sanitation coverage.

Further, a line listing of all households for 20 districts was conducted with support from district health officials to understand the numbers and the situation of households with unimproved and no toilets to implement the Last Mile: Leave No One Behind strategy.

The RSAHP has achieved increased access to improved toilets (from 51% in 2010 to 91% in 2022).

### ■ Lessons learned and way forward

The following are the lesson learnt:

- High sanitation coverage can be achieved without subsidy provided to the households, however, 5 to 10 per cent of households falling under the last mile (poverty, single female households, PWDs, elderly etc.) require support in the construction of the toilets from block and districts
- The ownership of their toilets can be ensured by involving them (in this case involved in construction)
- Partnership building over time with PHED, SNV and CSOs
- With the pandemic setting in, the RSAHP became less of a priority.

### ■ Way forward and potential application

Significant progress has been made through this programme, however, 1% of the population still practice open defecation in 12 districts and 9% of households do not have pour-flush toilets. In addition, other emerging issues need to be considered such as hygienic usage, operation and maintenance, creating access for persons living with disabilities, menstrual hygiene management, handwashing with soap, faecal sludge management, climate change and water adequacy. To address these emerging issues the MoH, SNV and UNICEF have initiated the implementation of the Last Mile: Leave No One Behind strategy and post-ODF activities. To accelerate the implementation, the executive order was issued from the MoH to all 20 districts to achieve ODF and access to 100% pour-flush toilet coverage by year-end (2022).

The RSAHP approach can be implemented in similar geographic areas like Bhutan where the approach has not just achieved ODF but also access to improved sanitation without subsidy.

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Related links and Documents:

- [Documentation of Best Practices for Rural Sanitation and Hygiene Programme \(RSAHP\)](#)
- [National Sanitation and Hygiene Policy Document](#)

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