

National Sanitation and Hygiene Policy

Royal Government of Bhutan
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Abbreviations

BCC	Behaviour Change Communication
CDH	Community Development for Health
CSO	Civil Society Organisation
DT	Dzongkhag Tshogdue
FYP	Five Year Plan
GNH	Gross National Happiness
GNHC	Gross National Happiness Commission
GT	Gewog Tshogdue
HCFs	Health Care Facilities
HPD	Health Promotion Division
JMP	Joint Monitoring Program
LG	Local Government
MHM	Menstrual Hygiene Management
MoE	Ministry of Education
MoEA	Ministry of Economic Affairs
MoH	Ministry of Health
MoLHR	Ministry of Labour and Human Resources
MoWHS	Ministry of Works and Human Settlement
NCWC	National Commission for Women and Children
NEC	National Environment Commission
O&M	Operation and Maintenance
R&D	Research and Development
RGoB	Royal Government of Bhutan
RSAHP	Rural Sanitation and Hygiene Programme
SDGs	Sustainable Development Goals
SNV	SNV Netherlands Development Organization
SOP	Standard Operating Procedure
STP	Small Town's Pilot Programme
TCB	Tourism Council of Bhutan
TWG	Technical Working Group
UNICEF	The United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. INTRODUCTION

Sanitation transforms lives. Globally, one billion people still defecate in the open, without access to even basic toilets or handwashing facilities. Improved sanitation, hygiene and safe water save millions of lives, accelerate economic growth, enhance people’s dignity, and create a better future for all.¹

This Sanitation and Hygiene Policy was endorsed by the Ministry of Works and Human Settlement (MoWHS) and Ministry of Health (MoH) on 23rd October 2017. The policy is based on the recommendations made by the *“Review of Policy, Legal and Institutional Arrangements for Urban Sanitation and Hygiene in Bhutan 2012”*² and the draft *“Rural Sanitation and Hygiene Policy 2012”*³. The need arose primarily because of the absence of a national policy providing clear direction for the sector and the Royal Government of Bhutan (RGoB) acknowledging it a critical sector with ever increasing demand for better infrastructure and services.

This integrated policy explicitly addresses the significant opportunities to professionalise sanitation and hygiene service delivery and reach universal coverage to reduce the incidence of disease and improve health, happiness and well-being for all in Bhutan.

This integrated policy reflects changes in institutional roles and responsibilities for sanitation and hygiene that have arisen from the decentralization process. In particular, the Local Government Act of Bhutan (2009) established new roles and responsibilities for Thromdes, Dzongkhag Tshogdue (DT) and Gewog Tshogdue (GT), including greater responsibilities for planning, budgeting, implementing water supply, sanitation, and public health initiatives, and monitoring sanitation and hygiene outcomes.

This policy holistically addresses safely managed sanitation and hygiene in alignment with the national and Sustainable Development Goals (SDGs) and contributes towards meeting broader commitments such as the RGoB’s ratification of the Right to Sanitation and Hygiene along with regional and international commitments on sanitation and hygiene initiatives. This policy considers the institutional roles and responsibilities for sanitation and hygiene and building on the existing sanitation sector encompassing all the components with respect to technology, infrastructure, environment, health and economic development. The broad framework will also be guided by the development philosophy of Gross National Happiness (GNH).

All private, government, Institutions, hospitality industry, civil society organizations (CSOs), bi-lateral and multi-lateral agencies associated in the sanitation and hygiene sector shall be guided by this policy and shall align to this policy.

This policy has been developed in an inclusive and participatory manner with combined inputs of key sanitation and hygiene stakeholders in Bhutan (from the community, government, CSOs, the private sector and development partners) through various stakeholder consultations both at the national and local levels. It also builds on the consultations and background preparations of the rural sanitation and hygiene policy formulation undertaken since 2010.

¹ <http://wsscc.org/why-sanitation-and-hygiene/>

² Review prepared for the Ministry of Works and Human Settlements and SNV Bhutan by Naomi Carrard (Institute for Sustainable Futures, University of Technology Sydney) and Dechen Wangmo (Public Health Consultant).

³ Draft Policy developed by the MoH with support from SNV Bhutan

This policy shall be reviewed and amended as and when required, in the absence of a timeframe.

2. OVERVIEW OF THE SANITATION AND HYGIENE SECTOR

Although, Bhutan has made good strides in achieving improved sanitation at 71%, current SDGs service levels show that actually improved sanitation, without attention to safe management meets only basic service levels. While Bhutan has made good strides, there is much to do even for this 71%. Additionally, Bhutan still faces 11% open defecation (5% urban and 14% rural); disparities between the richest and poorest quintiles are stark at 1.9 for the sector.⁴ Disparities in access to sanitation and hygiene facilities and services are prevalent in Bhutan. These inequalities are related to income, gender, disability, and geographic factors, and are often interrelated. Rural households are remote and scattered, often mountainous terrain with limited access and challenging supply chains. In Bhutan, poorest households' (32%) access to improved sanitation is three times less compared with the richest households (95%)⁵.

The following table shows that only 5% of the population is connected to sewer lines and 45% to septic tanks (mainly in urban areas). Currently, Bhutan does not have baseline data on **safely managed** services, depending on how excreta are managed.

Table 2. 1: Safely managed sanitation calculation (in %)

	National	Rural	Urban
Year:	2015	2015	2015
Proportion of population with improved:	71	61	87
Proportion of population with improved facilities which are:			
Sewer connected	5	1	10
Septic tanks	45	33	62
Latrines and other	14	23	0
Disposed in situ	-	-	-
Emptied and treated	-	-	-
Wastewater treated	-	-	-
Safely managed	-	-	-

Notes: The indicator for SDG 6.2, safely managed sanitation services are defined as use of an improved sanitation facility which is not shared with other households and where excreta are disposed in situ or transported and treated offsite. To make an estimate of safely managed services, information on use of different improved sanitation facilities types (sewer connections, septic tanks and latrines and other) is combined with information on containment, emptying, transport and treatment. The Joint Monitoring Program (JMP) reports estimates for safely managed sanitation when information on excreta management is available for at least 50% of the population using the dominant type of improved sanitation facility (sewer connections or on-site sanitation systems).

Source: World Health Organization (WHO)/The United Nations Children's Fund (UNICEF) JMP (2017)

The current, national hygiene estimates report that 13% of the population nationally (15% rural and 11% urban) has no hygiene facility.⁶ Safe disposal of child faeces in rural areas is still low with only 49% of the stools of children under 2 in rural areas are disposed off safely. The vast majority of child faeces are

⁴Equity Data UNICEF Bhutan, 30th May 2016.

⁵ National Nutrition Survey, 2015. Ministry of Health and National Statistics Bureau

⁶ JMP report 2017. Data collection on hand washing with soap can only be done reliably through proxy indicators, the most common proxy indicators being whether the household has a designated place for hand washing and whether soap is present.

disposed off in ditches or drains (37.9%) and another 6.7% is simply left in the open.⁷ Knowledge on safe and adequate menstrual hygiene management (MHM) including for women and girls with disabilities also need attention.⁸

With rapid urbanization and increasing number of towns, the need to adequately address urban sanitation has become urgent. It is predicted that by 2020 around half the population will live in urban areas.⁹ The need is further accentuated with the declaration of 16 new Dzongkhag Thromdes and 20 Yenlag Thromdes.

The sustainable sanitation and hygiene for all in small towns' pilot programme (STP) has good practices on the effectiveness of multi-stakeholder collaboration and behaviour change communication (BCC) initiatives for sustainability of sanitation and hygiene services.¹⁰ The STP experience has shown that hygiene promotion cannot be seen as an add-on to infrastructure provision.

Temporary settlements (including construction workers, road side workers, thromde workers, camping tourists, temporary housing constructed by students/informal boarding) either defecate in the open or use pit toilets which have not been governed by standards.

Approximately, 70% of the total Bhutanese population still resides in the rural area primarily dependent on subsistence farming. For these households, having hygienic toilet is not the only priority when they have other competing needs to sustain their livelihood. Despite achievements in increased access to rural water supply and basic toilet coverage, the current poor sanitation and hygiene situation in Bhutan is placing a significant and preventable burden on the rural health care system accounting for an estimated 30% of the health cases reported annually. This in turn, contributes to one of the high concerns for the government in terms of infant mortality and stunting rates (nationally is 21.2%; rural 26.1%). The prevalence is significantly higher among poor rural families (15%).

The experience from the rural sanitation and hygiene programme (RSAHP) shows the vital importance of budget allocation and priority to sanitation and hygiene from the gewog and Dzongkhag levels. In spite of the competing priorities at the local level for sanitation and hygiene and the zero subsidy approach, the RSAHP has been hugely successful in creating demand and in ensuring improved sanitation and hygiene for all in ten Dzongkhags. This includes 24 Gewogs that have achieved 100% improved sanitation coverage. Additionally, several formative researches on pro-poor, gender, disability and BCC has been conducted as part of the RSAHP to enhance understanding of sanitation and hygiene specific gender and inclusion issues for increased inclusion and equity in the sector.¹¹

⁷ MICS 2010

⁸ Formative researches conducted by MoH and SNV as part of the RSAHP.

⁹ Bhutan National Urbanization Strategy 2008

¹⁰ The programme operated in three towns in Chukha Dzongkhag—Gedu, Tsimasham and Tsimalakha—and Samtse Dzongkhag. The programme aimed to improve access to sanitation and safe hygiene practices. The programme was a partnership between SNV, Department of Engineering Services under the MoWHS and the respective Dzongkhags.

¹¹ The RSAHP started with a pilot project in 2008 by the MoH with technical assistance from SNV and has now covered 10 Dzongkhags as of September 2017 with additional assistance from UNICEF, the Red Cross and WHO. National Target of the RSAHP is to cover at least 15 Dzongkhags and increase the coverage of "Improved Sanitation" coverage of 80% by 2018.

In Bhutan, single female headed households are seen to be the most vulnerable from a pro-poor and gender inequality standpoint. Sanitation and hygiene related challenges faced by these single female headed households include difficulties to construct sanitary toilets (due to limited household incomes and shortages of labour).

Rural adult women were also found to do most of the sanitation and hygiene related household work (such as fetching water, cleaning toilets, etc). This reality was compounded with the common belief that “household work is women’s domain, men’s tasks are outside the house.”

Women’s participation and influence on decision making was still found to be very limited at all levels (household decision making with regard to the type, location and timing of toilet construction with slight differences due to socio-cultural factors across the country; community level decision making looking at the composition of active participation at community sanitation and hygiene decision making forums such as the inception meetings and other sanitation and hygiene decision making forums including at central levels). Exploring factors for leadership and decision making revealed several gender stereotypes and misconceptions that were not in favor of women and posed as barriers for women to engage in dialogue. These include: less societal acceptance as leaders because of traditional practices and beliefs, “Men don’t accept my decisions”, “less acceptance from society”, “less exposure to information, networks, life outside village/rural areas and media”, “Women don’t support other women”.

Persons with Disabilities in Bhutan faced multiple systemic factors plus deep-rooted discrimination preventing their access to adequate sanitation and hygiene facilities in Bhutan.

Persons with Disabilities from poorer households faced greater challenges in terms of access to a safe toilet and hand washing facility.

In addition, to a general lack of knowledge on safe and adequate menstrual hygiene for women and girls in rural Bhutan (including in schools and nunnery), women and girls with disabilities faced additional challenges for proper MHM.

The national and local government (LG) level authorities where the RSAHP has been implemented now have adequate capacity to lead, plan, coordinate, implement, monitor and steer the programme. However, there is continued need for capacity building in terms of implementation of evidence-based, adaptive programming approaches particularly for gender, socially inclusive Water, Sanitation and Hygiene (WASH), environmentally safe emptying, climate change and disaster responsive approaches. In addition, the new Dzongkhags shall also require similar support.

Although, all schools in the country have one toilet, 11% still do not have access to improved sanitation and about 20% do not have functional toilets.¹² Additionally, adequate MHM for girls and accessibility issues for children with disabilities is of grave concern.

¹² Annual Education Statistics 2016

There is dire need to have adequate sanitation facilities at public places and during public gatherings given the huge health implications of lack of such public facilities (including on highways and tourist sites).

During any kind of emergency situations, drinking water supply structures and sanitary facilities are some of the infrastructure that could be damaged. Therefore, along with food and shelter, safe water and sanitation are the highest priority interventions that need to be addressed in emergency situations.

The situation of sanitation and hygiene in health care facilities (HCFs) report of 2016 states that 41.48% of the 28 hospitals surveyed reported E.coli/faecal contamination and about 5% toilets were reported to be dysfunctional.

There is a need to compile sanitation data from other institutions such as the armed forces, dratshangs, nunneries, educational institutions besides schools.

3. GOAL OF THE POLICY

3.1 The overall goal of the National Sanitation and Hygiene Policy is to achieve universal coverage and access to safe sanitation and hygiene services for a healthy, happy and productive society.

3.2 This policy is aimed to provide good guidance to all stakeholders at both central and local levels concerned with sanitation and hygiene and shall act as a starting point for programme planning, budgeting, and eventual field implementation.

3.3 This policy is critical to realising the human right of access to safe drinking water and sanitation as recognised by the RGoB (64th UN General Assembly, 28 July 2010), thus, it is anchored in GNH principles and values, recognises the importance of applying principles of equity, non-discrimination and progressive realization in setting targets and commitment to achieve universal access to improved sanitation to improve the lives of all in Bhutan.

3.4 The goal of this policy aligns with other goals of the RGoB especially those relating to preventative health, the protection of the environment, waste management, and overall development goals.

3.5 The policy shall specify the need for clear responsibility and commitment for implementation of sanitation and hygiene programmes which are usually at the LG level, where sanitation rarely receives priority because of competing political, financial, and resource issues.

4. SCOPE OF THE POLICY

4.1 This policy shall cover sanitation and hygiene of all areas in Bhutan, including households and going beyond households to cover schools, institutions and public places, *and end open defecation, paying special attention to the needs of women and girls and other vulnerable groups.*

5. DEFINITIONS AND SERVICE LEVEL STANDARDS

5.1 Sanitation is defined as the hygienic separation of human excreta from human contact. Sanitation services refer to the management of excreta from the facilities used by individuals, through emptying and transport of excreta for treatment and eventual safe discharge or reuse.

5.2 Service levels : This policy strives to end open defecation where it is prevalent and shall focus on achieving safely managed sanitation as per the following SDGs service levels:

- SAFELY MANAGED: Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site.
- BASIC: Use of improved facilities which are not shared with other households. Improved facilities include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.
- LIMITED: Use of improved facilities shared between two or more households.
- UNIMPROVED: Use of pit latrines without a slab or platform, hanging latrines or bucket latrines.
- OPEN DEFECATION: Disposal of human faeces in fields, forests, bushes, open bodies of water, with solid waste and other open spaces.

5.3 Hygiene refers to the conditions and practices that help maintain health and prevent spread of disease including hand washing with soap, safe disposal of child faeces, MHM (including for women and girls with disabilities).

5.4 Minimum service levels: This policy shall focus on achieving the basic service level for hygiene as per the following service level:

- BASIC: Availability of a hand washing facility on premises with soap and water.
- LIMITED: Availability of a hand washing facility on premises without soap and water.
- NO FACILITY: No hand washing facility on premises.

Hand washing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powder detergent, and soapy water, but does not include ash, soil, sand or other hand washing agents.

Sanitation and hygiene service levels in terms of ratio for non-households shall be determined by the concerned lead agency.

Sanitation and hygiene service levels in terms of accessibility for Persons with Disabilities, the elderly and those with temporary mobility restrictions (such as pregnant women and the sick) shall be taken into account as and when required.

6. RELEVANT POLICY AND LEGAL FRAMEWORKS

6.1 **The Constitution** obliges the RGoB to ensure a safe and healthy environment for Bhutanese citizens. Additionally, the RGOB has recognised access to sanitation as a right.¹³ The elements of the Constitution

¹³ “UN General Assembly resolution 64/292 (July 2010”. Bhutan is on the list who voted in favour.

which relate to sanitation include: environmental protection, provision of a healthy living environment, and the pursuit of GNH.

6.2 **The Gross National Happiness** philosophy is the guiding principle for national development in Bhutan. There are nine domains representing each of the components of wellbeing. Sanitation is a sub-indicator under housing in the domain of living standard and is monitored as part of the national surveys.

6.3 **The Bhutan Vision 2020** provides a **national vision for equitable access** to basic services and infrastructure under which priority is given to rapid expansion of access to potable water and safe sanitation. The vision statement envisages a steady progress towards affordable and equitable access to water and safe sanitation for the improvement of health outcomes.

6.4 **The Water Act of Bhutan 2011** defines that all water resources are property of the State and that all water resource rights are vested in the State, and that the RGoB is the public trustee of the water resources. The highest priority purpose for allocating water resources is for drinking and sanitation.

6.5 **The National Environment Protection Act 2007** states a person has the fundamental right to a safe and healthy environment with equal and corresponding duty to protect and promote the environmental wellbeing. This act shall be an integral link to the sanitation and hygiene policy with respect to conservation of environment.

6.6 **The Bhutan Building Rules 2002** sets guidelines on the location of septic tanks, soak pit, roof drainage, and drainage plan in urban areas to get the approval for a building permit. It also sets guides on the roles of inspection team to verify that septic tank and soak-pit have been constructed as per standards and are located as per approved plan before giving out the occupancy certificate. It also states the need for accessible facilities follow standard codes of good practice.

6.7 **The Guideline for Differently-Abled Friendly Construction 2017** guides to design and construct barrier free built environment facilities and structures considering the needs of Persons with Disabilities. This document covers both new and retrofit construction. In chapter three of this guideline, it includes a section on design considerations for indoor spaces, whereby it mentions the entrance, access, and toilet and bathroom design for Persons with Disabilities.

7 LEGAL AND POLICY BASIS FOR ROLES AND RESPONSIBILITIES IN SANITATION AND HYGIENE

7.1 The **Royal Decree of 1992** established RGoB investment in water supply through three subsequent five-year plans. It reflected upon the failure of the use of subsidies to promote sanitation and ended their use for individual household sanitation facilities as a policy. Instead it outlined the obligations of households to provide and maintain their own household sanitation. The Royal Decree also emphasised the responsibilities of DT and GT to promote sanitation.

7.2 The **National Health Policy 2010** explicitly emphasises the need for multi-sectoral coordination in delivering water supply, sanitation and hygiene services.

7.3 The **Local Government Act of Bhutan 2009** significantly decentralised responsibilities for water supply, sanitation, hygiene and public health. Each Thromde Administration and DT has regulatory powers and obligations to protect health, safety and wellbeing of the people in its area. Each GT, similarly has responsibilities for regulating and allocating of drinking water. The act also gives power to the LGs to formulate local area plans and priorities (in terms of planned development and appropriate land use approve building drawings in accordance with codes, standards, laws and rules; provide services such as water supply, sewerage services, solid waste management, drains, etc).

7.4 The **Waste Prevention and Management Act 2009** reinforces the responsibility of Thromde, Dzongkhag Tshogdu and Gewog Tshogde in ensuring proper management of human waste, as well as the responsibility of citizens themselves. It provides Thromde, DT and GT with the power to regulate, sanction as well as stimulate improved sanitation practices among the population in their area.

7.5 The **Water Act of Bhutan 2011** puts first priority of water use for drinking and sanitation and it also outlines obligations for DT and GT and Administrations, in collaboration with the MoH, for ensuring safe, adequate drinking water supply in rural areas (15b); and for the MoH to monitor water quality.

8. NATIONAL FOCUS AREAS WITH POLICY OBJECTIVES AND STATEMENTS

8.1 UNIVERSAL COVERAGE AND EQUITABLE ACCESS TO SAFELY MANAGED SERVICES

Sanitation being a human right and a collective responsibility and the need for collective action in order to achieve a complete open defecation free status in the country, the commitment to leave no one behind is crucial. Ensuring universal coverage entails going beyond households, including schools and institutions with special considerations for vulnerable groups (such as single female headed households¹⁴, households living in poverty¹⁵, households with members with disabilities¹⁶, households living in temporary settlements¹⁷), and reducing the existing inequalities:

Table 8. 1: Inequalities in sanitation and hygiene

Inequalities in use of basic service for sanitation			Inequalities in use of basic service for hygiene		
	Lowest region	Highest region		Lowest region	Highest region
Basic	31%	80%	Basic	49%	94%
Unimproved	8%	62%	Limited	1%	51%
Open defecation	0%	6%	No Facility	0%	24%

Source: WHO/UNICEF JMP (2017)

8.1.1 Policy Objective: Achieve universal coverage and access to safely managed services.

Policy Statements:

8.1.1.1 The relevant agencies shall ensure safely managed sanitation and hygiene services accessible for all taking into account equality and affordability for poorer households.

8.1.1.2 The relevant agencies shall ensure safely managed sanitation and hygiene facilities in schools, institutions and public spaces with particular emphasis on safe and adequate MHM, accessibility and user friendliness.

8.1.1.3 The relevant agencies shall ensure that the facilities provided are safe, durable, reliable and affordable.

8.1.1.4 The relevant agencies shall ensure all Dzongkhags and Throms are open defecation free with particular emphasis on road side amenities.

¹⁴ 35% nationally with incomes lesser than male headed households as per Poverty Analysis Report 2012

¹⁵ 12% nationally

¹⁶ Around 29% corresponding to the reported 3.4% of the total population as per the 2005 Population and Housing Census

¹⁷ 332 households in the three towns of Thimphu/Samtse/Chukha as per the "Temporary Urban Settlements Study Report," 2015

8.2 TECHNOLOGY DEVELOPMENT AND MANAGEMENT

Current national estimates for improved sanitation facilities report 5% with sewer connections (1% rural and 10% urban), 45% using septic tanks (33% for rural and 62% urban) and 13% of the population using improved sanitation facilities (excluding shared) at the national level for latrines and other (23% for rural and 0% for urban). Current national hygiene estimates report that 13% of the population nationally (15% rural and 11% urban) has no hygiene facility.¹⁸ Safe management of waste water (both black and grey waste water) is a concern in both rural and urban areas with grey water being discharged directly to drains without treatment.¹⁹

In urban areas, although the municipalities in the four Thromdes provide desludging services, the proper management of septic tanks, safe transport and disposal of sludge is a growing concern. In addition, the sites for treatment plant and disposal of sludge are often unavailable for small towns and peri-urban areas resulting in illegal disposing of sludge in canals and landfill sites. With the increasing pressure on services and related infrastructure in urban areas, it is imperative that service providers ensure services and infrastructure for accessing, maintaining and sustaining safely managed sanitation and hygiene for all (with particular emphasis on women, girls, children and Persons with Disabilities).

In the rural areas, experience from the RSAHP show that despite competing priorities, timely demand creation and linkages with sanitation suppliers has resulted in significant investment from the households. However, households are still choosing more basic sanitation options to save costs given other competing priorities raising sustainability and safely managed concerns.

8.2.1 Policy Objective: Adopt appropriate technology for safely managed sanitation systems.

Policy Statements:

8.2.1.1 The relevant agency shall explore and adopt appropriate treatment systems that are locally appropriate and affordable, cost efficient, disaster resilient, environment friendly and sustainable.

8.2.1.2 The relevant agency shall ensure the safe management of effluent from onsite systems to minimize the contamination of surface waters or groundwater.

8.2.1.3 The relevant agency shall ensure that cost effective and environmentally safe treatment systems and recycling for grey water are explored.

8.2.1.4 The relevant agencies shall ensure safe, adequate and potable water supply for sanitation and hygiene.

8.2.1.5 The individual households and public shall be responsible for adopting the appropriate infrastructure options that are relevant and affordable.

¹⁸ JMP report 2017

¹⁹ According to the baseline research conducted by SNV

8.2.1.6 The relevant agencies shall ensure adequate sanitation and hygiene facilities during public gatherings and in public spaces (including road side amenities).

8.2.1.7 The relevant agencies shall ensure that women, children, Persons with Disabilities, elderly, people with temporary mobility restrictions (such as pregnant women and the sick) are included in the planning and management of sanitation and hygiene programmes to ensure their particular needs and preferences are met.

8.2.1.8 The relevant agencies shall invest in research and development (R&D) in the sanitation and hygiene sector to devise appropriate, cost effective, socially acceptable, environmental friendly and disaster resilient technology options and promote safe emptying practices.

8.3 GOVERNANCE AND INSTITUTIONAL MECHANISMS

The current institutional set up of segregated rural and urban sanitation and hygiene under two separate ministries has created confusion at local levels particularly for peri-urban areas (in terms of responsibility). It has also resulted in uneven service provision within different areas in the urban areas (for small and emerging towns- in terms of their wastewater management), and has led to a lack of clear responsibility for public amenities (on highways, tourist camping sites, tourist trekking routes, etc).

While, there is a successful RSAHP, the initial urban pilot programme has not picked up as anticipated resulting in an infrastructure driven urban sector. A coordination mechanism (Bhutan WASH cluster) at the central level is already in place, which has the potential to curb any coordination issues in the sector at the central level. Replicating this kind of mechanism even at the local levels has the potential to improve coordination and collaboration amongst different actors during implementation. In order to deliver uniform level of services through-out the country and avoid duplication of activities leading to wastage of resources, it is essential to build on the existing good practices and improve the existing institutional set up with clear roles and responsibilities for key stakeholders at all levels.

8.3.1 Policy Objective: Consolidate existing institutional arrangement for effective and efficient coordination and service delivery in the sanitation and hygiene sector.

Policy Statements:

8.3.1.1 The government shall establish a High Level Committee (HLC from MoH and MoWHS) for Sanitation and Hygiene as the apex body for decision making, overall guidance and monitoring related to sanitation and hygiene in the country.

8.3.1.2 The MoH shall be the lead agency for health and hygiene planning, implementation and monitoring in terms of quality and impact of sanitation and hygiene on health outcomes.

8.3.1.3 The MoWHS shall be the lead agency for sanitation service provision including setting standards, developing guidelines, user education and awareness related to sanitation infrastructure and monitoring.

8.3.1.4 The LG with support from relevant agencies shall be responsible for implementation of plans and programmes on sanitation and hygiene including compliance.

8.3.1.5 The relevant agencies shall strengthen sector coordination and collaboration mechanisms, monitoring and reporting systems, both to track progress in terms of the extent and sustainability of services.

8.3.1.6 The relevant lead agencies shall harmonise data collection, analysis and use of sanitation and hygiene information in the country.

8.3.2 The responsibilities of the key agencies are as follows:

8.3.2.1 The **Sanitation and Hygiene HLC** shall meet annually to provide strategic guidance and direction for the sector and to monitor progress in line with this policy.

8.3.2.2 The **Gross National Happiness Commission (GNHC)** shall mainstream sanitation and hygiene in the national five year plans (FYPs), link to international commitments and mobilise resources. The GNHC shall also coordinate effective collaboration amongst relevant sanitation and hygiene agencies.

8.3.2.3 The **National Environment Commission (NEC)** shall be responsible for establishing, updating and ensuring compliance with standards, codes of practice and regulations on effluent discharge and faecal sludge.

8.3.2.4 The **MoH** shall take the lead on policy and strategy formulation, planning, design standard setting, guidelines development/updating, technical backstopping and capacity building, business development and resource mobilisation, monitor and evaluate programme approaches and on-going activities related to health and hygiene. The MoH shall be responsible for hygiene promotion and shall also plan, budget and promote sanitation and hygiene in HCFs.

8.3.2.5 The **MoWHS** shall take the lead on policy and strategy formulation, planning, design standard setting, guidelines development/updating, technical backstopping and capacity building, business development and resource mobilisation, monitor and evaluate programme approaches and on-going activities related to sanitation service provision. The MoWHS shall ensure sanitation demand creation, user education and awareness related to sanitation infrastructure is integrated with sanitation service delivery.

8.3.2.6 The **Ministry of Education (MoE)** in collaboration with the relevant agencies shall plan, budget and coordinate the construction of accessible sanitation and hygiene facilities in schools, provide training for school health coordinators on facilities maintenance, and coordinate the monitoring and reporting sanitation and hygiene in schools and developing relevant guidelines.

8.3.2.7 The **Ministry of Labour and Human Resources (MoLHR)** in collaboration with the relevant agencies shall ensure health and hygiene of workforce as per the Labour Act and the regulations. The MoLHR shall train and certify skilled workforce in the area of sanitation and hygiene.

8.3.2.8 The **Ministry of Economic Affairs (MoEA)** in collaboration with the relevant agencies shall ensure safe management of industrial waste.

8.3.2.9 The **Ministry of Agriculture and Forests** in collaboration with the relevant agencies shall ensure the proper management of domestic animal waste.

8.3.2.10 The **Dratshang Lhentshog, Bhutan Nuns Foundation and Armed Forces** in collaboration with the relevant agencies shall plan, budget and construction of accessible sanitation and hygiene facilities in their respective institutions.

8.3.2.11 The **Tourism Council of Bhutan (TCB)** in collaboration with the relevant agencies shall ensure safe sanitation and hygiene facilities in tourist sites and monitor sanitation and hygiene facilities in tourist hotels.

8.3.2.12 The **Department of Disaster Management, Ministry of Home and Cultural Affairs** in collaboration with the relevant agencies shall develop and implement a WASH in emergencies plan.

8.3.2.13 The **Gewog, Dzongkhag and Thromde Administrations** with support from the relevant agencies shall be responsible for implementing the inclusive sanitation and hygiene plans and programmes in compliance to the policy and standards. To ensure effective implementation, LG shall establish a Gewog/Dzongkhag/Thromde Sanitation and Hygiene Committee comprising of relevant stakeholders including representatives to ensure the needs and preferences of potentially disadvantaged groups are taken into account. The LG shall ensure safe sanitation services and hygiene practices during public events and gatherings.

8.3.2.14 The **CSOs** (including local organisations) in collaboration with relevant agencies shall promote sanitation and safe hygiene practices for all to ensure no one is left behind.

8.3.2.15 The **households/individuals/building owners** shall pay for the construction and maintenance of their own sanitation facilities and for accessing public sanitation services. Voluntary unskilled workers shall also be provided by community members with coordination from the LG to support poor households.

8.3.2.16 The **private sector actors** such as suppliers, masons, plumbers and carpenters shall be directly employed/ paid by households/individual users to assist in the construction of sanitation facilities, and to construct and maintain school and other public institution facilities. Other private sector actors such as service providers for faecal sludge management such as public toilet managers and cleaners/workers, sanitation systems' managers would charge their service fees to the individual users.

8.3.2.17 The **development partners** shall provide technical assistance and capacity building in supporting the relevant agencies to ensure safe and improved sanitation and hygiene for all (including women, children and Persons with Disabilities) based on capacity needs assessments. They shall also assist the lead agencies in business development and resource mobilisation; and facilitate international

linkages with sanitation and hygiene institutions and membership to international sanitation institutions.

8.3.2.18 Communities, LG, private sector and development partners shall work together to develop appropriate support mechanisms if and when needed to ensure no household is left behind.

8.3.2.19 All other relevant agencies shall collaborate with the relevant agencies to ensure safe sanitation and hygiene for all.

8.4 SUSTAINABILITY AND INCLUSIVE FINANCING MECHANISMS

The current practice of high investment for sanitation infrastructure development by the government and/or donor agencies is not sustainable. The declaration of more new urban towns and rapid urbanization pose huge demand for urban services. Financing mechanisms need to consider if/where cross-subsidization with water is needed to address public financing needs of sanitation. The ‘private’ part of sanitation (in the household) may feasibly be covered by households (aside from vulnerable/disadvantaged groups) however, public infrastructure (pipes, decentralised and centralized treatment plants, sludge treatment plants etc.) may well need to be subsidized through taxes, transfers or cross-subsidies with water tariffs.

Acknowledging the availability of diverse options for meeting the on-going financing needs of the sector, innovative financing options relevant to the local context also need to be explored.²⁰

Agencies responsible for ongoing operation and management of systems face challenges related to financing ongoing recurrent costs as well as capital maintenance and asset replacement costs.

There are significant gaps in financing both capital and recurrent costs for infrastructure in smaller towns and emerging urban areas. Grouping small towns can be a strategy to assist with economies of scale around capacity, technical support, etc. Thus, there is the need to explore managing services across multiple small towns by a single entity.

More finance is needed to support effective programming, particularly for recurrent and capital maintenance costs. Regulations authorize the charging of tariffs, however where centrally designed systems don’t exist such as in smaller towns this is not a viable option.

The majority of funds allocated are for infrastructure development with only a small portion allocated for education and advocacy to promote behavior change for safe use and sustainability.

Currently, the sector is faced with no active private sector and community participation, and limited CSO engagement which are critical for sector sustainability and efficiency. Finance for inclusive sanitation is also critical for the sustainability of the sector.

²⁰ Institute for Sustainable Futures (ISF); University of Technology Sydney (UTS). 2014. *Financing Sanitation for Cities and Towns – Learning Paper*. SNV Sustainable Sanitation and Hygiene for All – Urban Program (SSH4AUrbn) Netherlands Development Organisation. 47 p.

8.4.1 Policy Objective: Develop a sustainable and efficient financing mechanism for safe sanitation and hygiene services for all.

Policy Statements:

8.4.1.1 Government shall explore innovative financing options relevant to the local context. This shall include the mobilisation of various resources and cross-subsidisation with water.

8.4.1.2 Government shall explore a proper cost recovery mechanism for capital and operational expenditure for urban sanitation infrastructure.

8.4.1.3 Government shall explore retention of sanitation fees collected by LG for sustainability of services and shall explore mobilisation of local resources.²¹

8.4.1.4 Government shall plan and allocate adequate budget for hygiene promotion and operation and management (O&M) along with infrastructure development.

8.4.1.5 The LG shall plan and allocate adequate budget for sanitation demand creation activities in line with guidance from the relevant lead agency.

8.4.1.6 The relevant agencies shall encourage private sector participation and public-private-partnerships for development and management of sanitation and hygiene services.

8.4.1.7 The relevant agencies shall promote active community participation in the planning, implementation and maintenance of sanitation and hygiene services with particular efforts to include representatives from potentially disadvantaged groups to ensure their needs and preferences are taken into account.

8.4.1.8 The relevant agencies shall promote strategic partnerships with the National Commission for Women and Children (NCWC), CSOs and Development Partners for increased participation and influence of women and Persons with Disabilities on sanitation and hygiene related decision making.

8.5 CAPABILITY DEVELOPMENT AND BEHAVIOUR CHANGE COMMUNICATION

Current challenges include human resource capacity at all levels including capacity of local administrative bodies to effectively plan, implement and monitor sanitation and hygiene initiatives. The availability of skilled personnel is also a key constraint, and the multiple responsibilities of Dzongkhag level administration could be a potential barrier to prioritisation of sanitation and hygiene.

The critical role of BCC initiatives for sustainability of sanitation and hygiene services is well documented. Currently, hygiene messages are promoted as part of Community Development for Health

²¹ Local resources include financial resources mobilised by and available to local government through collection of local/municipal taxes, as well as labour and other voluntary contributions from communities.

workshops, as messages through outreach clinics by health assistants using information education and communication and mass media are commonly used for awareness raising.

At a national level, the RSAHP with the MoH's Health Promotion Division (HPD) has developed capacity for BCC, including undertaking formative research. The prioritized behaviors are handwashing with soap at critical times, hygienic usage of toilets and safe MHM. Formative research studies have identified a number of behavioral determinants related to motivations, including emotional drivers, behaviors and target groups. There is recognition that hygiene promotion should be more behavior centre, using focused creative messaging and move beyond health knowledge. Further guidance in terms of operational guidelines, including communication objectives and innovative strategies, would be beneficial. The STP experience has shown that hygiene promotion cannot be seen as an add-on to infrastructure provision.

In terms of knowledge sharing, there is limited platform for experience sharing among sanitation and hygiene professionals and institutions in addition to no collaboration with technical training institutions leading to a mismatch of skills and market demand for plumbing and masonry skills.

A key constraint to replication and scaling up of successful pilot programmes (particularly in the urban context) could be due to the nonexistent national level sanitation policy frameworks within which national and LG agencies, and the private and civil society sectors operate.

There is a strong need for advocacy and awareness raising even at decision making levels and the capacity building of implementers on adopting sustainable, fair and inclusive skills building.

8.5.1 Policy Objective: Strengthen capabilities to plan, implement and manage sanitation and hygiene initiatives including BCC at all levels.

Policy Statements:

8.5.1.1 The government shall strengthen the human resource management for the sanitation and hygiene sector.

8.5.1.2 The technical capacity of the relevant agencies and other stakeholders shall be strengthened for professionalizing sanitation and hygiene services.

8.5.1.3 The MoWHS shall enhance the capacity of the LG to plan, implement and manage sanitation infrastructure related initiatives.

8.5.1.4 The MoH shall enhance the capacity of the LG to plan, implement and manage health and hygiene initiatives.

8.5.1.5 The relevant agencies shall develop evidence based and specific BCC strategies for different target groups (including for safe and adequate MHM) for increased awareness and ownership by the end users. These BCC strategies shall be based on formative research and tapping into drivers beyond knowledge.

8.5.1.6 The HLC in collaboration with relevant agencies shall develop a knowledge management strategy for the sector.

8.5.1.7 The HLC in collaboration with relevant agencies shall institute an inclusive and participatory national sanitation and hygiene conference to facilitate knowledge sharing and learning.

8.5.1.8 The HLC in collaboration with relevant agencies shall encourage partnerships with local research institutes, colleges and training institutes for improved skills in the sanitation and hygiene sector.

8.6 COMPLIANCE AND MONITORING MECHANISM

The current weakness in enforcement and compliance in the sector has been due to lack of a common regulatory framework for sanitation and hygiene. There is the need for clear regulatory role in setting wastewater effluent standards and in monitoring regulatory compliance.

There is no harmonised data and integrated monitoring system on sanitation and hygiene within the country at the moment with each agency adopting its own individual system leading to scattered and incomplete data. Additionally, there are gaps in data on disability access in the sector.

Strategies for sustainability and compliance for effective implementation need to be formulated.

8.6.1 Policy Objective: Strengthen the regulatory environment for compliance.

Policy Statements:

8.6.1.1 The MoWHS shall develop/and or update guidelines and standards on sanitation infrastructure and service provision in consultation with all relevant stakeholders. These shall be made publically available on the Ministry and LG websites.

8.6.1.2 The MoH shall develop/and or update guidelines and standards on hygiene promotion provision in consultation with all relevant stakeholders. These shall be made publically available on the Ministry and LG websites.

8.6.1.3 The LG shall ensure compliance to standards and guidelines.

8.6.1.4 The LG technical committee shall assist the central agency in developing national regulations and ensure their implementation.

8.6.1.5 The lead agencies shall develop/update the WASH in emergency plans and standard operating procedure (SOP) and communicate to relevant agencies.

8.6.1.6 The relevant agencies shall encourage recognition for sanitation champions.

8.6.2 Policy Objective: Strengthen monitoring mechanisms.

Policy Statements:

8.6.2.1 The lead agencies shall develop monitoring framework and guidelines on quality, use by all including Persons with Disabilities, hygiene aspects with equity considerations, for inclusion into annual surveys and annual data collection for information beyond coverage.

8.6.2.2 The MoWHS shall develop an integrated national sanitation infrastructure and service information system in line with existing national systems.

8.6.2.3 The MoH shall develop an integrated national hygiene information system that reflect the overall monitoring framework and guidelines.

8.6.2.4 The Sanitation and Hygiene HLC shall strengthen accountability and transparency systems with clearly defined roles and responsibilities for all key sanitation and hygiene stakeholders.

8.6.2.5 The Sanitation and Hygiene HLC shall encourage CSOs' role in the monitoring, evaluation and auditing of institutions and programmes.

8.6.2.6 The relevant agencies shall initiate consumer feedback and grievance redressal systems.

9. IMPLEMENTATION FRAMEWORK

The MoWHS and MoH shall act as the principle implementing agency and shall bear the primary responsibility to oversee the implementation and compliance of the objectives of this policy. Specifically, the following key policy actions would be undertaken as presented in Table 9.1.

Table 9.1: Policy directions

Policy Objectives	Policy Actions	Lead Agency	Collaborating Agencies	Timeline
8.1.1 Achieve universal coverage and access to safely managed services	Develop an inclusive national road map for sanitation and hygiene services.	HLC	All relevant stakeholders	Six months after the approval of the policy
	Develop a pro-poor support strategy for sanitation and hygiene.	HLC and LG	MoH, MoWHS, GNHC, CSOs, Development Partners	
8.2.1 Adopt appropriate technology for safely managed sanitation systems.	Ensure appropriate technology for safely managed sanitation systems and provisions for promotion of safe emptying practices are part of the national road map for sanitation and hygiene services.	HLC and MoWHS	All relevant stakeholders	
	Invest in research and development within the sanitation and hygiene sector.	HLC, MoH and MoWHS	All relevant stakeholders	
	Establish international linkages with sanitation and hygiene institutions and membership to international sanitation institutions	HLC, MoH and MoWHS	Development Partners and All relevant stakeholders	
8.3.1 Consolidate existing institutional arrangement for effective and efficient coordination and service delivery in the sanitation and hygiene sector.	Establish a high level committee for sanitation and hygiene.	MoH and MoWHS	Royal Civil Service Commission (RCSC), GNHC and All relevant stakeholders	Three months after the approval of the policy
	Establish a technical working group (TWG) as part of the HLC	HLC,	All relevant stakeholders	
	Establish a national data repository system for sanitation and hygiene in line with the monitoring framework and approach.	MoH and MoWHS	All relevant stakeholders	Six months after the approval of the policy

	Strengthen the existing national coordination mechanism- the Bhutan WASH cluster group to make it more inclusive and participatory.	HLC/Technical Working Group (TWG)	All relevant stakeholders	Six months after the approval of the policy
	Establish Dzongkhag/Thromde coordination mechanism- the D/T-WASH group (Dzongkhag/Thromde)	Dzongkhag Administration & Thromde Administration	All relevant stakeholders	
	Establish gewog coordination mechanism- the GewogWASH group.	Gewog Administration	Dzongkhag Administration and All relevant stakeholders	
8.4.1 Develop a sustainable and efficient financing mechanism for safe and inclusive sanitation and hygiene services for all.	Explore innovative financing options for the sector.	HLC/TWG	All relevant stakeholders	
	Explore a proper cost recovery mechanism for capital and operational expenditure for urban sanitation infrastructure.	HLC/TWG, MoWHS and LG	All relevant stakeholders	
	Explore mobilization of local resources (resources include financial resources mobilised by and available to local government through collection of local/municipal taxes, as well as labour and other voluntary contributions from communities) for sanitation and hygiene	LG	All relevant stakeholders	
	Allocate adequate budget for sanitation demand creation activities in line with guidance from the relevant lead agency.	MoWHS and LG	All relevant stakeholders	
	Develop a national business development and resource mobilization plan as part of the national road map.	HLC/TWG, MoH and MoWHS	Development Partners and All relevant stakeholders	
	Allocate adequate budget for hygiene promotion and O&M along with infrastructure development	MoWHS and LG	All relevant stakeholders	
	Create an enabling environment for private sector participation and public-private-partnerships for development and management of sanitation and hygiene services.	HLC/TWG, MoH, MoWHS LG	Bhutan Chamber of Commerce and Industry, MoEA and All relevant stakeholders	
8.5.1 Strengthen capabilities to	Develop a comprehensive capacity building master plan for all stakeholders at all levels as part of the road map for	HLC/TWG, MoH, MoWHS and LG	RCSC, Development Partners and All	

plan, implement and manage sanitation and hygiene initiatives including BCC at all levels.	sanitation and hygiene.		relevant stakeholders	
	Develop a national evidence based BCC strategy for sanitation and hygiene	HLC/TWG, MoH, MoWHS and LG	HPD, MoH and All relevant stakeholders	
	Develop a knowledge management strategy for the sanitation and hygiene sector	HLC/TWG, MoH, MoWHS and LG	All relevant stakeholders	
	Institute an inclusive and participatory national sanitation and hygiene annual conference.	HLC/TWG	All relevant stakeholders	
	Establish partnerships with local research institutes, colleges and training institutes for improved skills in the sanitation and hygiene sector.	HLC/TWG	MoLHR and All relevant stakeholders	
8.6.1 Strengthen the regulatory environment for compliance.	Develop/and or update guidelines and standards in consultation with all relevant stakeholders, in particular on the following:			Twelve months after the approval of the Policy
	- Household level sanitation and hygiene	MoH and MoWHS	All relevant stakeholders	
	- Sanitation in public places and institutions (including health care facilities, monastic institutions and nunneries, armed forces, etc.)	MoH and MoWHS	MoH, Dratshang Lhentshog, BNF, Armed Forces and All relevant stakeholders	
	- Sanitation and hygiene during festivals and other public gatherings (including strong mandate for the organisers to plan and budget adequately for sanitation and hygiene during public gatherings, need for well-maintained, gender friendly and accessible toilets in public places such as market places, town areas, bus stations, high way amenities, when tourists go on treks)	MoH, MoWHS	TCB and All relevant stakeholders	
	- Sanitation and hygiene for workers' camps and other temporary settlements (including temporary housing constructed by students/informal boarding)	MoH and MoWHS	All relevant stakeholders	
	- Waste from big business establishments (including guidelines for their faecal sludge management)	MoH and MoWHS	All relevant stakeholders	
	- Requiring sanitation facilities as a condition of approval for new buildings in rural areas	LG	All relevant stakeholders	

	- Updating the Environmental Discharge Standard 2010, to define standards for discharge from septic tanks, to provide a benchmark for the performance of septic tanks	NEC	Lead Agency and All relevant stakeholders	
	- Standards and guidelines on proper septic tank management	MoH and MoWHS	All relevant stakeholders	
	- Environmentally sound grey water management options	MoH and MoWHS	All relevant stakeholders	
	- Guidelines on appropriate construction and management of cluster scale treatment options where they are identified as the most appropriate solution	MoH and MoWHS	All relevant stakeholders	
	- Guidelines on faecal sludge management	MoH, MoWHS and NEC	All relevant stakeholders	
	- Guidance on appropriate construction and management of these systems as well as developing mechanism for compliance and enforcement of important environmental protection measures	MoH, MoWHS and NEC	All relevant stakeholders	
	Convert the above guidelines into regulations.	HLC and NEC	All relevant stakeholders	
	Raise public awareness on the above guidelines/regulations	MoH, MoWHS and Local Government	Media and All relevant stakeholders	
	Update/Develop and communicate the WASH in emergency plans and SOPs.	MoH, MoWHS and LG	Department of Disaster Management, media and All relevant stakeholders	
8.6.2 Policy Objective: Strengthen monitoring mechanisms.	Develop monitoring framework and guidelines on quality, use by all including people with disabilities, hygiene aspects with equity considerations, for inclusion into annual surveys and annual data collection for information beyond coverage.	MoH and MoWHS	All relevant stakeholders	
	Develop an integrated national sanitation infrastructure and service information system in line with existing national systems.	MoWHS	All relevant stakeholders	

	Develop an integrated national hygiene information system that reflect the overall monitoring framework and guidelines.	MoH	All relevant stakeholders	
	Training at all levels on the use of the monitoring framework and guidelines and the information systems.	MoH and MoWHS	All relevant stakeholders	