

Leave No One Behind and Post ODF Strategy

1. Background and Introduction

Bhutan Multiple Indicator Survey (BMIS) in 2010¹ reported only 58% improved sanitation coverage in rural Bhutan. Prior to 2008, the improved sanitation coverage was even less. This low coverage was due to the high prevalence of inferior quality pit toilets without slab/cover which were unsanitary and unhygienic. The Rural Sanitation and Hygiene Programme (RSAHP) which is a community led demand driven approach was designed and developed in 2008 as a pilot in four diverse Gewogs of Lhuntse, Pema Gatshel, Sarpang and Gasa Dzongkhags with support from SNV. The main objective was to increase the improved sanitation and hygiene coverage and address the challenges. The RSAHP is led and coordinated by Public Health Engineering Division (PHED) under the Ministry of Health. Success and good result(s) of the pilot phase led to the expansion of RSAHP to all 8 Gewogs of Lhuntse. The improved sanitation coverage of Lhuntse increased drastically from 27% to 95% in 2010-2011. After the endorsement of the RSAHP approaches/activities from Ministry of Health (MoH), RSAHP was/is scaled up in 16 Dzongkhags with the focus on improving the overall sanitation and hygiene practices in the rural communities of Bhutan with support from UNICEF and SNV. RSAHP will be rolled out to rest of the Dzongkhags by 2023.

As part of the monitoring system, ODF verification protocol/process is instituted to keep track of sanitation progress and also to recognize gewogs/dzongkhags for their achievements annually during World Toilet Day. In 2019, 12 additional blocks (Gewogs) were verified and certified for achieving 100 per cent improved sanitation coverage, bringing the total number of gewogs to 93 (45 percent) nationwide. The table below provides the list of gewogs with ODF and 100% improved sanitation coverage as of November 19, 2019:

Sl. No	Dzongkhag	Review Status	Gewogs with ODF and 100% Improved Sanitation Coverage	Remaining Gewogs	Slippage ²
1	Lhuntse	Completed	Kurtoed, Khoma, Minjay, Menbi, Jarey, Tsenkhar, Metsho (7 gewogs)	Gangzur	
2	Pema Gatshel	Completed	Chokorling, Nanong, Zobel, Khar, Dechheling, Norbugang, Chimong (7 gewogs)	Yurung, Dumgmin, Shumar, Chongsing	Chokorling
3	Mongar	Completed	Narang, Tsakaling, Kengkhar, Jurmey, Balam, Saling, Tsamang, Chaskhar, Chali, Shermuhoong, Ngatshang, Thangrong, Drepong, Mongar, Gongdue, Drametse, Silambi (17 gewogs)	Nil	Data not available
4	Samdrup Jongkhar	Completed	Serthi, Lauri, Samrang, Martshala, Langchenphu, Dewathang, Pemathang, Phuntshothang, Wangphu, Gomdar, Orong (11 gewogs)	Nil	Data not available

¹ http://www.nsb.gov.bt/news/news_detail.php?id=62&task=view

² Returns to an unhygienic behavior or the inability of the community to continue to meet all Open Defecation Free (ODF)/100 per cent improved sanitation criteria

5	Samtse	Completed	Dungtoe, Norbugang, Norgaygang, Tendruk, Sangngachhoeling, Duenchukha, Dophoogchen, Ugyentse (8 gewogs)	Tashicholling, Pemaling, Namgaycholing, Yoeseltse, Tading, Phuntshopelri, Samtse	
6	Wangdue Phodrang	Completed	Athang, Gasetshogom, Gasetshowom, Sephu, Daga, Dangchu, Phobji, Nysho, Gangtey (9 gewogs)	Bjena, Kazhi, Nahi, Phangyul, Rubesa, Thedtsho	Data not available
7	Trongsa	Completed	Korphu, Tangsibji, Dragten, Langthel, Nubi (5 gewogs)	Nil	Not applicable
8	Tsirang	Completed	Doonglagang, Barshong, Goserling, Kilkhorhang, Tsholingkhar, Semjong, Mendrelgang, Patshaling, Sergithang, Tsheringtoe, Rangthangling, Phentenchu (12 gewogs)	Nil	Not applicable
9	Trashigang	Completed	Yangneer, Barsham, Kangpara, Lumang, Bidung, Khaling, Radhi, Thrimshing, Shongphu, Phongmey (10 gewogs)	Merak, Sakten, Samkhar, Kanglung, Udзорong	
10	Trashi Yangtse	Completed	Bomdeling, Tongmeyjansa, Jamkhar, Ramjar, Yangtse, Yallang (6 gewongs)	Khamdang, Teodtsho	Data not available

The programme has achieved a great deal in increasing access to improved toilets and ODF status. However, in the dzongkhags where RSAHP final programme review has been completed according to PHED programme record, there are still 5 to 10 per cent of households who have not build their toilets. On the other hand, there are other emerging issues that needs to be addressed in the ODF communities. Sustaining the ODF status and other hygiene and sanitation behavioral change related issues of hygienic usage, operation and maintenance, creating access for person living with disabilities, menstrual hygiene management, handwashing with soap and fecal sludge management needs to be considered. Hence, a clear strategy for Leave No One Behind and Post ODF was necessary.

The strategy is expected to contribute towards other SDG goals, including those relating to health, nutrition, education, poverty and economic growth, gender equity, social inclusion, resilience and climate change.

2. Leave No One Behind

One of the key principles behind the SDGs is ‘Leave No One Behind’ meaning that no goal is met unless it is met for everyone. The Kathmandu Declaration from SACOSAN 5 recognize the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty”. The Royal Government of Bhutan in its 12th FYP (2018-2023) has set target to achieve 100 per cent improved sanitation coverage and also recognizes and identifies the person with disabilities as one of the vulnerable groups in need of additional interventions.

Despite great achievement in sanitation coverage there are still 5 to 10 per cent of households who have not build their toilets. The reasons behind this are diverse; some people who can build toilets are not fully convinced of the benefits and some are not able to build themselves because of lack of skills, and/or human or financial resources. Also, the WASH services are mostly designed to meet the needs of the mainstream, dominant community.

2.1 Objective

Achieving ODF and 100% improved sanitation coverage in remaining gewogs by

- supporting the households who are unable to construct, access or maintain a toilet for themselves
- facilitating/convincing the households who are not interested or willing to construct

2.2 Households in the ‘Last Mile’

The Leave No One Behind study 2019 broadly identified 2 groups of households in the last mile categories. And these households are either unwilling or unable to construct their toilets. Some of these households are in the vulnerable groups and the strategies needs to be developed based on the principles of fair, transparent, equality and equity with emphasis on “do no harm” approach.

Last Mile groups	Categories
Households who are unable to construct, access or maintain a toilet for themselves	Lack of income (Poverty)
	Transient and seasonal workers (migratory)
	Persons living with disabilities
	Single headed households
	Kidu recipients
	Social Norms and believe systems
	Space/land issues
	New house construction
Households who are not interested or willing to construct	Remoteness/access to supplies
	Mental Health related conditions
	Alcoholics
	Stubborn

However, the above categories need to be validated by the local government in consultation with the community/HAs.

Apart from the 2 identified categories in the last mile, the sanitation and hygiene needs in the public places, institutions and informal settlement should also be prioritized in order to achieve area wide sanitation ODF and hygiene coverage.

2.3 Strategies

The households within the last mile have different challenges and needs as identified from the study. Therefore, the strategy is tailored and customized to meet the needs of these households.

Last Mile	Categories	Strategies
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Households who are unable to construct, access or maintain a toilet for themselves	Lack of income (Poverty)	<ul style="list-style-type: none"> • Implement pro-poor support mechanism. • LG identifies the pro-poor households. • LG allocate or mobilize budget and resources. • RSAHP/LG to explore/link with CSOs-MoU/private sectors for support
	Transient and seasonal workers (migratory)	<ul style="list-style-type: none"> • Create awareness and sensitize on safe sanitation and hygiene practice. • Adopt appropriate technology options (low cost, effective and safe materials, eg. SaTo Pan, VIDP etc)
	Persons living with disabilities	<ul style="list-style-type: none"> • Identify the HH and needs of the persons living with disabilities • Adapt and make changes (to existing toilets) to meet the specific needs • Construct new toilet as per the needs referring to the accessibility guidance • LG to mobilize resources (financial and human) depending on the needs
	Single headed households	<ul style="list-style-type: none"> • LG to mobilize resources (financial and human) depending on the needs • RSAHP/LG to explore/link with CSO for support
	Kidu recipients	<ul style="list-style-type: none"> • LG to mobilize resources (financial and human) depending on the needs • RSAHP/LG to explore/link with CSO for support
	Social Norms and believe systems	<ul style="list-style-type: none"> • There is space close to the house, but because of social believes such as existence of Lu (serpent god/goddess) people fear to build toilet. Explore alternate options to overcome the believe systems. • If no space at all, explore other technology option or arrange the toilet sharing mechanism as per ODF protocol
	Space issues	<ul style="list-style-type: none"> • If there is enough space away from the house, HH can construct in the alternative available space • If no space at all, explore other technology option • If no space at all, arrange the toilet tank sharing mechanism
	New house construction	<ul style="list-style-type: none"> • LG while approving the new house construction should ensure toilet is included in the drawings • LG to follow up and monitor on the progress of construction and set time frame
	Remoteness/access to supplies	<ul style="list-style-type: none"> • Adopt appropriate technology options (low cost, effective and safe materials, eg. SaTo Pan, VIDP etc) • RSAHP/LG to explore/link with CSO for support • LG to explore and facilitate access and transport of materials
Households who are not interested or willing to construct	Mental Health related conditions	<ul style="list-style-type: none"> • Adapt and make changes (to existing toilets) to meet the specific needs • Construct new toilet as per the needs referring to the accessibility guidance • LG to mobilize resources (financial and human) depending on the needs

	Alcohol dependent	<ul style="list-style-type: none"> Engage local influential family or village members to discuss and encourage Constant reminder by neighbors or by inviting other gewog or dzongkhag officials/authorities Support and facilitate with adequate and appropriate information
	Stubborn	<ul style="list-style-type: none"> Engage local influential family or village members to discuss and encourage using adapted CDH approach Constant reminder by neighbours or by inviting other gewog or dzongkhag officials/authorities Support and facilitate with adequate and appropriate information LG can discuss on the appropriate sanction/regulation
Public places, institutions	Workers camps	<ul style="list-style-type: none"> LG to ensure adequate and appropriate sanitation facilities while approving camp site Create awareness on the need and importance of sanitation hygiene facilities for existing camps LG to ensure/enforce that camp sites have adequate and appropriate sanitation and hygiene facilities
	Informal settlements (small shops, temporary huts)	<ul style="list-style-type: none"> Promote and create awareness and sensitize on safe sanitation and hygiene practices Adopt appropriate technology options (low cost, effective and safe materials, eg. SaTo Pan, VIDP etc)
	Institutions	<ul style="list-style-type: none"> Promote and create awareness and sensitize on safe sanitation and hygiene practices LG to ensure adequate and appropriate sanitation facilities in all institutions within the gewog
	Public gathering	<ul style="list-style-type: none"> Create awareness on WASH needs during mass public gatherings (in reference to Sanitation and Hygiene guidelines 2014) Develop WASH plans for the public gathering event in close consultation with relevant stakeholders LG to ensure the provision of adequate WASH facilities by the organizers

3. Post ODF

Post-ODF in communities are critical for the long-term sustainability of open defecation free and improved sanitation, however this is something that has been widely neglected until recently. As of now the programme do not typically have a strategy for continued improvements of post-ODF, capacity building or for responding toward slippages.

Currently the programme has made significant improvement in creating access to improved sanitation and ODF status. In November 2019, 93 Gewogs and 4 Dzongkhags have been declared as ODF/ Improved Sanitation. Whilst the programme declared these communities/gewogs/dzongkhags as ODF, there are other emerging issues that needs to be addressed. Sustaining the ODF status and other hygiene and sanitation behavioral change related issues such as hygienic usage, operation and maintenance, creating access for persons with disabilities, menstrual hygiene management, handwashing with soap and fecal sludge management needs to be considered.

3.1 Objective

- Support household/communities/institutions to climb the sanitation ladder to progressively achieve “Safely Managed” status in line with SDGs.
- Sustain the sanitation status achieved, accessible toilet for PWDs, maintenance and hygienic usage of toilets, HWWS, MHM and safe management of faecal sludge.
- Capacity building of local government and to embed post ODF strategies including gender equity and social inclusion into their local plans

3.2 Strategies

Post-ODF follow up is often assumed to take care of itself through natural leaders, health assistants or local leaders, however recent studies have highlighted that external support, follow up and encouragement to communities is critical for sustaining behavior change. Hence a clear strategy is deemed necessary to achieve the objectives. The identified issues with key messages and delivery channels is defined in the table below.

Issues/Categories	Strategy
Slippage and Sustainability: A community that returns to an unhygienic behavior or the inability of the community to continue to meet all ODF criteria	<ul style="list-style-type: none"> • Annually monitor the sanitation and hygiene status at gewog/Dzongkhag/central • Targeted interventions for identified households • Integrate WASH activities/strategies at all levels
Accessibility: Upgrade or improvise to accommodate the needs of persons with physical disability.	<ul style="list-style-type: none"> • Identify households with persons with disabilities by LG/HAs • Targeted interventions for identified households based on their needs with DPOs engagement
MHM: Menstrual Hygiene management and facilities that take into account all girls and women.	<ul style="list-style-type: none"> • Integrate the indicators (MHM, FSM, Hygienic usage and HWWS) in the district annual monitoring system • Allocate separate budget at LG/central for hygiene promotion (MHM, FSM, Hygienic usage and HWWS) in their plans • Involve schools/institutions to disseminate hygiene promotion messages with involvement of RHP and MoE • Advocate and promote volunteers (Youth, Community Action Group, Dessups, CSOs, MSTF, etc) in sensitizing good hygiene behaviors in the communities • Enhance outreach of key good hygiene behaviors messages through mass campaign (social media, print media, radio, entertainment platforms and events)
FSM: Effective faecal sludge management that includes safe pit emptying, removal and disposal in the rural communities.	
Hygienic Usage/ Maintenance: Faecal matters to be contained and maintain functionality in order to minimize risk of infection and environmental cleanliness.	
Handwashing with soap: Handwashing during critical junctures with access to soap and water by all.	

4. Implementation Modalities

4.1 Leave No One Behind

Outcome	Activities	Tools	Delivery channel
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Every households have access to improved sanitation facility and their community declared ODF	1. Engagement meeting with CSOs/DPOs/volunteers/private sectors to support the supply/construction of the toilets and development of action plans	Baseline/ Annual HH data, Presentation(s)	Meeting(s) at national/districts level WASH Cluster meeting
	2. Develop/explore appropriate technology options for different scenarios (space constraint, remoteness, climatic conditions, land issues, migratory population, etc.)	NA	Technical meeting(s) at national level
	3. Capacity building of HAs/LGs to identify, plan, integrate and allocate budget into the local plans to support the last mile.	Baseline/ Annual HH data, Best practices document, Presentation(s) Bhutan Building Regulations 2018	One day workshop at gewog level
	4.Implementation of action plans by gewogs/CSOs/DPOs/Private Sectors/Volunteers and monitoring	Agreed Implementation Plans Technology options Communication materials	Actual construction of toilets for households
All public places and institutions have access to improved sanitation facility	5. Engagement meeting with respective sectors and relevant agencies (for Workers camps, informal settlements, institutions and public gatherings) and development of action plans	Presentation(s) Bhutan Building Regulations 2018 National Sanitation and Hygiene Guidelines 2014	Meeting(s) at national/districts level WASH Cluster meeting
	6.Implementation of action plans by agencies working for Workers camps, informal settlements, institutions and public gatherings and monitoring	Agreed Implementation Plans Technology options Communication materials	Actual construction of sufficient toilets

4.2 Post ODF

Outcome	Activities	Tools	Delivery channel
Sustained ODF status and other hygiene and sanitation behavioral change related issues such as hygienic usage, creating access for person living with disabilities, menstrual	1.Develop manual/awareness packages that will be used by HAs during the household visits, ORC and other health related meetings/gatherings	NA	NA

hygiene management, handwashing with soap and fecal sludge management.	2. Capacity building of HAs/LGs to carryout annual monitoring surveys (incorporating MHM, FSM, Accessibility, HWWS and Hygienic usage), integration of WASH into local plans and carryout targeted interventions.	Baseline/ Annual HH data, Best practices document, Presentation(s) Manual (Awareness package) Posters/videos Guidelines	One day workshop to discuss and plan for implementation of Post ODF activities in their respective catchment Facilitate during GTs/DTs for integration of WASH activities in local plans
	3. HAs conduct awareness programme during the household visits, ORC and other health related meetings/gatherings using the awareness package	Awareness package including posters and videos	household visits, ORC and other health related meetings/gatherings
	4. Conduct workshop to engage schools/institutions/volunteers (Youth, Community Action Group, Dessups, CSOs, MSTF, etc) to disseminate and sensitize good hygiene behaviours to reach out to communities	Baseline/ Annual HH data, Best practices document, Presentation(s) Manual (Awareness package) Posters/videos Guidelines	Explore engagement of volunteers through appropriate forums in consultation with them
	5. Develop and disseminate key hygiene behaviors messages through mass campaign (social media, print media, radio, entertainment platforms and events) for wider outreach to communities	Awareness package for mass campaign	National television, social media, Radios, entertainment platforms and events

5. Conclusion

To ensure sustainability, the last mile and post ODF strategies needs to be embedded into governments process and system from the national to the community level including budget allocation. This is a challenge and will involve different level of government sectors taking on clearly defined roles alongside working with CSOs/DPOs/private sectors and interacting closely together to reinforce and support each other.

Hence, the need for wider consultation and engagement of relevant agencies in developing the Leave No One Behind and Post ODF plans, interventions activities, implementation and monitoring. The strategy is expected to address the issues of households who have not been able to build toilet and other hygiene behaviors such as hygienic usage, operation and maintenance, creating access for persons with disabilities, menstrual hygiene management, handwashing with soap and fecal sludge management.