

Pro-poor support mechanisms to accelerate access to improved sanitation for all in rural Bhutan

Poorest of the Poor
Disability

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Towards Inclusive WASH Sharing evidence and experience from the field

"...people need to be made more aware of the importance universal sanitation plays in community improvement."

Participant



Background

In Bhutan, the Ministry of Health and SNV Bhutan have partnered together to develop the Sustainable Sanitation and Hygiene for All Program as part of the Ministry of Health's Rural Sanitation and Hygiene Program (RSAHP). This program seeks to achieve access to sustainable sanitation and hygiene practices for 35,000 people, without external subsidy, and is based on concepts of

Location

- » Lhuentse District, Northeast Bhutan



Figure 1
New improved toilets
built using local
materials, Lhuentse

Phurpa Thinley, LNW Consulting

community-led action and appreciative inquiry. The program is based on a comprehensive approach involving:

- » sanitation demand creation met with supply chain development;
- » behaviour change communication; and
- » inclusive governance.¹

In the remote district-wide program area of Lhuentse in Eastern Bhutan, performance monitoring data in 2011 showed that,

while access to improved sanitation had increased from 27 per cent to 86 per cent in the past year, there were still a number of households that remained without access (Figure 1). As a district, Lhuentse has some of the highest poverty levels in Bhutan with 43 per cent of households reported as living in poverty.² With a focus on inclusion and the objective of achieving district-wide universal access to sustainable sanitation and hygiene, the program sought to understand more about existing local pro-poor support mechanisms, which might be mobilised within communities in the program area. This program also aimed to understand specific difficulties households were facing in meeting their sanitation aspirations, beyond financial limitations.

Purpose of the Research

This program's approach was underpinned by recent qualitative research on support mechanisms in remote Bhutanese communities. The qualitative research was jointly conducted in 2011 by the Ministry of Health and SNV Bhutan as part of their program in Lhuentse District. All of the relevant stakeholders, including officials from central, district and community levels, were involved in the organisation of the research and also participated in the field work, which led to increased ownership of the research findings and recommendations. The overall objective of the research was to identify appropriate support mechanisms to assist people living in poverty (PLIP) to meet their aspirations for improved sanitation and hygiene. Moreover, the research was expected to inform a national policy reformulation process and program in terms of articulating how poverty is understood for access to sanitation. In the future, this research is expected to influence ways in which microfinance services can be accessed and local government and traditional community support can be mobilised.

¹ The program is part of SNV Asia's regional program. Further information is available at <http://www.snvworld.org/en/regions/asia/our-work/sectors/water-sanitation-hygiene/sustainable-sanitation-hygiene-for-all>

² Royal Government of Bhutan (RGoB) (2007) Poverty Analysis Report 2007, National Statistics Bureau

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Findings – Why poverty impacts on sanitation in rural Bhutan

Focus group discussions (FGDs) and key informant (KI) interviews were conducted with women and men from six selected communities in Lhuentse District that were already part of the Sustainable Sanitation and Hygiene for All Program. The selection of these communities took into account a number of factors, including poverty status. The high and low poverty status of eight communities in Lhuentse contributed to their selection because the program was focused on knowing more about the PLIP in communities that have officially high poverty rates and in communities that have officially low poverty rates. Therefore, one community was selected among those with the highest poverty rate, another was selected from those with a high poverty rate and lastly one community from those considered better off. Another factor was differences that exist in livelihood activities between the different communities. This is because support mechanisms may vary depending on the livelihood activities the communities engage in. Accessibility to the road head was another factor; three communities situated near the road head and three situated at a distance of two to three hours walk from the road head were chosen.

The researchers conducted a total of 20 KI interviews with largely middle-aged men and six FGD that included mainly women participants as well as older participants. A total of 91 individuals (57 women and 34 men) participated in the research. Already having been exposed to sanitation demand creation and hygiene promotion, the research participants gave good insights into how they define PLIP within their own communities. They also suggested possible support the community and the local authorities could give that would enable them to improve the sanitation and hygiene situation of the poorest in their communities.

The process sought to articulate the characteristics and barriers that make it difficult for certain households or individuals to improve their sanitation, as perceived by the respondents. In rural Lhuentse, poverty was understood more broadly than purely financial constraints. The participants also expressed hardship in terms of households who lack manpower, single-female-headed households and older people living alone. The issue of **labour shortages** for certain households, such as single females or older people without relatives was seen as the main limiting factor for improving sanitation.

Financial constraints to pay for labour, toilet pans and cement was the second most cited criterion to characterise the households or individuals who were perceived as facing difficulties in building a sanitary toilet. In Bhutan, those that receive social security benefits, known as *kidu*, were also identified as households or individuals that may need specific support to build a sanitary toilet.

Limited or **no land assets** and **disability** were two other characteristics that were mentioned by participants as constraints to sanitation access. Some people without land in Lhuentse were constrained from building a toilet because they were required to ask for permission from the land owners who were usually living in a different district. Some households with disabled members in their family lacked available labour to build toilets.

Each of the six focus villages seemed to have a few households or individuals (varying between one and five) that the community identified as in need of support to complete construction of a sanitary toilet.

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Figure 2
Community members at work constructing a toilet after a workshop
Phurpa Thinley, LNW Consulting

Existing traditional support systems

The research highlighted a prevailing view that traditional support systems are stronger in more remote areas located further from the road head. Participants in all the villages mentioned that people provide support to each other in times of sickness and death and for labour intensive jobs such as construction of houses (Figure 2). Helping each other with farm work was reported as a common support mechanism in two villages. The types of support in all the villages were limited to *lasa* (exchange of labour), *kaylen* (giving of food rations) and *lemen* (labour contribution). It seems that support in terms of giving cash is very rare, although lending of money was mentioned by two respondents.

Examples of community members providing labour exchange for toilet construction were reported in the three communities located furthest from the road head.

Existing financial support mechanisms

The use of formal credit facilities seemed to be limited in general. The Bhutan Development Finance Corporation Limited (now BDBL), the only bank with a focus on farmers in the rural areas, was the financial institution that provides credit facilities most frequently cited by respondents. In Lhuentse loans are taken for various purposes,

predominantly for economic investments such as livestock, cattle, poultry, power tillers, power chains or for home renovation and roofing. So far there is no record of people accessing formal loans to construct or improve latrines specifically, although they may have as part of a larger loan for home renovation.

While BDBL was ready to offer a special product with a reduced interest rate to finance sanitation investment, the research found that the community did not consider formal credit an appropriate option for the poorer sections of their village. Reasons given included financial illiteracy, a personal preference to borrow from neighbours and high interest rates.

Informal credit is another support mechanism that may assist people with sanitary latrine construction. The research showed that villagers often borrowed small amounts of money from relatives, friends and neighbours, apparently without any interest being charged.

Participants' recommendations

The participants provided a range of suggestions on how to support the poorest in their communities to afford latrines. These included mobilising community labour, initiating community groups for raising funds to improve sanitation access and possible use of local taxes or budget to fund sanitation in their respective communities. The majority of participants agreed that mobilising the community to contribute labour for toilet construction was a good strategy to support the poor.

Many respondents mentioned that since community awareness of collective benefits is still low, raising awareness especially in terms of the communal benefits of sanitation would be an important motivator for the wider community to support the poor to build latrines. One participant stressed that "people need to be made more aware of the importance universal sanitation plays in community improvement."

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Research team's recommendations

The following recommendations emerged from the research for the RSAHP in Lhuentse, but can also be used in other districts where the program is implemented or scaled up. The recommendations include:

- » Strengthen awareness-raising around collective responsibility for sanitation improvement and the need for collective action in order to achieve open defecation free status in the community.
- » Encourage (official and unofficial) community leaders to advocate for community wide support of disadvantaged households and strengthen leadership skills of those who already demonstrate support for disadvantaged people.
- » Hold workshops to instigate this pro-poor attitude amongst natural leaders. At the end of the workshop, natural leaders are identified to monitor the implementation of the collective action plan that the participants developed during the workshop. They form the sanitation *Tshogpas*, each group consisting of a minimum of two and a maximum of four such natural leaders. One sanitation *Tshogpa* covers a cluster, which usually consists of 30 to 40 households. The sanitation *Tshogpas* will know their community and thus be well placed to identify households that are facing difficulties constructing a sanitary toilet, the specifics of those difficulties and to find solutions together with their community to support those households.
- » Improve capability at local levels of the government to improve data collection and use of monitoring data. When measuring progress in terms of access to improved sanitation, it is essential to give consideration to equity and inclusion. Special attention should be paid to monitor the inclusion of the poor and other vulnerable groups that do not have access to improved sanitation as well as to find out the reasons that explain slow or no progress for these groups. Collection of such data should be made an integral part of a monitoring system that provides data with regard to access to improved sanitation.
- » Analyse and use aforementioned data to inform local leaders about factors of success and possible difficulties or challenges faced by some households and individuals in accessing improved sanitation facilities. Indeed, such information is expected to help local leaders to make decisions about appropriate actions that will be required to ensure access to improved sanitation for all.
- » Encourage local leaders to mobilise the community to contribute labour to those households who face labour shortages and are not able to pay for labour.
- » Increase awareness at local levels about the possibility of finding local financial solutions to help these households and individuals that face genuine difficulties in constructing a sanitary toilet, difficulties such as purchasing materials and/or paying or compensating for labour. Some examples of local financial solutions are the untied portion of the Annual Capital Grants allocated to the local governments as well as the Constitutional Development Grants that the Members of the National Assembly have at their disposal and lastly the local tax revenue.
- » Advocate for transparency at the local level in the identification of the households or individuals in the communities that are facing difficulties in building a sanitary toilet.
- » Encourage partnership with Civil Society Organisations (CSOs) that target the poorest of the poor and support income-generating activities and/or provide micro-finance facilities for these households.

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Impact of the research

The findings of the research were shared with all the relevant stakeholders at both district and national levels, including the decision makers who were involved in the reformulation process of the Rural Water Supply and Sanitation (RWSS) Policy. Recommendations from the report contributed to informing policy and these have been used as a basis when discussing the principles of the revised RWSS policy, specifically:

- » Sanitation and hygiene is a public health issue not just an individual household concern
- » Pro-poor support mechanisms should be in place so that all households are able to meet their sanitation obligations
- » The government needs to increase awareness and demand for sanitation improvement at all levels, and should provide information and technical support to households according to their needs
- » Sanitation improvement should be an integrated approach and it is important to pay special attention to integration and collaboration with CSOs and the media as appropriate
- » Strengthen information and monitoring: Basic Health Unit (BHU) staff should have the capacity to analyse, present and discuss their local area sanitation coverage at community and district-level meetings, while staff from the national level should aim to make some parts of

the data more accessible to local governments and BHU and some information to the general public as well.

Beyond the policy level, the research in Lhuentse did not remain as a stand-alone research activity and the findings were incorporated to increase sanitation coverage within the existing program. Specifically pro-poor support considerations in sub district-level action plans in Lhuentse were included as part of a district level strategy for behaviour change. The local plans particularly took into account recommendations around mobilising labour and advocacy activities.

This uptake at both policy and program level is likely attributable to the fact that all the relevant stakeholders, including officials from central, district and community levels, were not only involved in the organisation of the research but also participated actively, which led to a strong ownership of the research findings and recommendations.

Learning Points

This experience demonstrated the value of integrating a research process within programs and timing it with policy reviews. The process enabled the involved communities, leaders, the program team and policy makers to see the existing mechanisms for pro-poor support as alternatives to external centralised subsidy approaches. Non-subsidised options are

Figure 3
Working with households to improve sanitation in remote communities, Lhuentse

Aiden Dockery, SNV



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preferred based on previous experiences in the 1990s in Bhutan in which directly subsidising construction materials for households resulted in some toilets being unmaintained or unused. The research also contributed to a more nuanced understanding of the barriers that prevent disadvantaged households from improving their access to sanitation, including barriers beyond financial limitations. Therefore the research revealed the potential limitations of options such as micro-credit as a strategy for reaching these stakeholders.

In contexts such as this where hygienic toilets can be commonly constructed by the householders themselves using local materials, labour was shown to be a more important barrier than money. This is an issue not immediately solved by responses that focus on providing external materials or financial subsidies. In addition to poverty and toilet costing calculations, this type of research into a local context enabled the program to look more broadly at these constraints and respond with strategies that build on the existing reality.

In the future, integrating such a research process into the program earlier is hoped to ensure optimal use of the findings in efforts to achieve inclusive participation to the program. Integrating a research process within a program in this example meant the findings and recommendations were able to be translated into action. This is likely

attributable to the fact that all the relevant stakeholders, including officials from national, district and community levels, were not only involved in the organisation of the research but also participated in the field work, which led to increased ownership of the research findings and recommendations (Figure 3).

References

- » Choden, T. and Levaque, L., SNV (2011) Report: *Qualitative research on pro-poor support mechanisms for sanitation and hygiene improvement in the PHED Rural Sanitation and Hygiene Programme (RSAHP) area of Lhuentse, Bhutan*, SNV, Thimphu.
- » Royal Government of Bhutan (RGoB) (2007) *Poverty Analysis Report 2007*, National Statistics Bureau, Thimphu
- » RGOB and the World Bank (2010) *Small Area Estimation of Poverty in Rural Bhutan*, National Statistics Bureau, Thimphu

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This case study is one of sixteen from the Towards Inclusive WASH series, supported by AusAID's Innovations Fund. Please visit www.inclusivewash.org.au/case-studies to access the rest of the publication and supporting resources.

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