

KEY RECOMMENDATIONS

1. Disabled Peoples' Organisations (DPOs), representing all the impairment groups (physical, visual, hearing, intellectual) should be consulted and involved in empowering people with disabilities, raising awareness of their human rights and self-esteem to counterbalance the dominant discourse on 'Karma'. At the same time, these organisations should build awareness on hygiene and sanitation so that people with disabilities and their caregivers learn the importance of good hygiene practices (hand washing with soap, bathing, menstrual hygiene) and implement it in their daily life.
2. Develop and implement technical guidelines for disabled-friendly sanitation and hygiene facilities. Enforce implementation of the building laws ensuring all public institutions and buildings have accessible toilets with proper signage for people with disabilities. Small, low-cost adaptations can be made in existing structures that meet the specific sanitation needs of people with different impairments. The alternative options should be disseminated to WASH implementers at the local level and masons and WASH implementers should be trained on these options.
3. The draft Sanitation Policy of the country, which is currently being prepared, must adequately represent the challenges faced by the vulnerable groups (women, adolescent girls, the elderly and disabled) regarding access to sanitation and hygiene facilities, including Menstrual Hygiene Management (MHM).
4. Develop, disseminate and implement norms, rules and standards for WASH facilities in public and educational institutions, including facilities for MHM.
5. Develop robust monitoring system and ensure disaggregated data collection to facilitate targeted planning of WASH interventions.
6. Sensitize implementers to the sanitation challenges of women, adolescent girls and persons with disabilities and ensure that gender and disability-related vulnerabilities are prioritized.
7. Ensure every sanitation worker is provided with protective gear and equipment
8. Sustainable models of solid waste and fecal sludge management must be developed. For this, there is need to increase the participation of NGOs and also promote public private partnerships.
9. School health coordinators need to be trained on MHM and develop skills to be able to break the silence and facilitate discussions with students on this issue. Schools must stock sanitary napkins and make them available to girls when they require them.
10. More consultative research needs to be carried out with different vulnerable groups to get a good understanding of their needs, issues and challenges. The findings of these consultations should inform the planning of the different relevant line departments of the government, NGOs as well as private entrepreneurs.

THE WAY FORWARD

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

As the key findings of the consultation process have shown, we need to look beyond taps and toilets and bring about collective behavior change so that people begin to adopt hygienic practices. We also need to address discrimination that acts as a barrier and prevents the vulnerable groups from accessing and using safe sanitation facilities.



LEAVE NO ONE BEHIND

Voices of women, adolescent girls, elderly, persons with disabilities and sanitation workforce from Bhutan.



Leave No One Behind is a call to listen and learn from individuals and groups who are systematically left out of consultations, design and delivery of basic services. It is a call to listen, and learn from those without safe sanitation and then to act with them to transform this situation. In the lead up to SACOSAN VI, 2016, Fresh Water Action Network South Asia (FANSA), supported by the Water Supply and Sanitation Collaborative Council (WSSCC) and 70 CSOs, organized a series of consultation meetings in South Asia to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies. More than 2700 women and men of different ages and physical abilities across rural and urban locations, including adolescent girls, elderly and disabled people,, transgender persons, sanitation workers and waste pickers participated in 55 meetings across Afghanistan, Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka.

As part of the preparation for SACOSAN VI in Dhaka in January 2016, the PHE Division of

the Ministry of Health, RGOB, together with FANSA and WSSCC and SNV Bhutan organized a consultative process on 12th November 2015 in Thimphu with women, adolescent girls, the elderly, people with disabilities, sanitation workers and waste segregators. This flyer presents the key findings from the consultations and recommendations that can be adopted by the government, CSOs / NGOs, development partners and stakeholders working in the field of WASH in Bhutan.



KEY FINDINGS

1. The location and poor quality of latrines is a major challenge for women and girls in rural areas.
2. The lack of privacy due to poor infrastructure, inadequate water supply and poor maintenance make usage difficult.
3. Accessibility is further impacted due to hilly terrain especially for disabled girls and women, as well as, pregnant mothers.
4. Maintaining menstrual hygiene is also a challenge due to the lack of privacy, inadequate water supply and the unavailability or high cost of sanitary napkins
5. Menstrual Hygiene Management (MHM) is not viewed as a priority because of socio-cultural issues and the lack of information on menstrual health management.
6. Even though many schools now have health coordinators, many of them are men and girls feel embarrassed to talk to them about menstruation.
7. Access is a key challenge for the elderly and people with disabilities because there are few disabled – friendly WASH facilities.
8. Facilities are usually located at a distance from the home and are therefore difficult to reach due to the hilly terrain.
9. Sanitation workers receive low remuneration, lack protective gear, and face stigma.

KEY SUGGESTIONS RECEIVED

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

SANITATION IN BHUTAN- A SNAPSHOT

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

Current Sanitation Coverage of Bhutan (2015)¹

Status	Urban	Rural	Overall
Improved facilities	78%	33%	50%
Shared facilities	22%	32%	28%
Other improved facilities	0%	31%	20%
Open defecation	0%	4%	2%

(Source: JMP WHO-UNICEF)²

¹ (http://www.sacosanvi.gov.bd/data/frontImages/Bhutan_Country_paper_SACOSAN_VI.pdf)

² http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

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

A School Health and Safety guideline and manual on WASH in school have been developed, emphasizing the need to promote sanitation and hygiene by installing and improving the quality of facilities in remote schools, monastic institutions and nunneries.

Work has been initiated to develop a National Sanitation Policy in 2015. This policy is expected to address the urban sanitation issues in the country.

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“The area of East Bhutan where I live is very poor and even though most households have toilet facilities, they are located far from the house. After dark, it is very difficult for women and children to go out and use these toilets. The quality of construction is also very poor and does not offer privacy for women. For example, the roof is made of banana leaves and the doors are plain sackcloth. Sometimes, when I use the toilet, I turn on the music on my mobile phone so that people know I am in there and they do not walk in. There is hardly any space to change sanitary napkins when we have our periods. Sanitary napkins are also not readily available and many women in our village cannot afford to buy them. Instead, they use cloth and are shy to dry it in the open under the sun.” Ugyen Tshomo



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“In Eastern Bhutan, female-headed households find it difficult to construct toilets because of shortage of labor and finances. If a woman is trained in toilet construction, she is rarely hired by the community to build toilets because they prefer to give the work to men. I feel that women should organize themselves and form SHGs to provide construction services and support female headed households to build toilets.”

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



THE DHAKA DECLARATION-2016

COMMITMENT #3

“Prioritize the poorest and most marginalised, bridging the gaps in access to and use of appropriate sanitation and hygiene services for children, adolescents, women, differently-abled people, or those excluded due to age, caste, ethnicity, religion or living in hard to reach areas or affected by disasters. Prioritize menstrual hygiene management for women and girls”

COMMITMENT #6

“Develop and implement standards and a regulatory framework, wherever required, to ensure the dignity, adequate remuneration, occupational health and safety of sanitation workers (involved in solid and liquid waste management), including those working in the informal sector”

COMMITMENT #9

“Actively involve local bodies, young people, school children, marginalized groups, especially women and girls, differently-abled persons... in the SACOSAN process at all stages and levels, and in the acceleration of sanitation and hygiene outcomes in the region.”