

Stories from the field: SNV's WASH activities in Bhutan



Mr. Namgay Wangchuck, member of Basic Health Unit Punakha:

Mr. Namgay Wangchuck is an active trainer of health & sanitation practices. After receiving training from SNV in 2003, Mr. Mr. Namgay Wangchuck has been utilising the Community Development for Health (CDH) workshop model developed by SNV and Bhutan's Public Health Engineering Division under the Ministry of Health. He has trained more than 800 villagers and 20 students from Bhutan's Royal Institute of Health and Sciences (RIHS).

"The CDH workshop model has changed my working life. I can now use it for any type of training, whether health-related or not. Health officers like me used to go to the villages and preached people about good sanitation practices. There was no participation and people forgot what we said after they left the meeting. With CDH workshops designed by SNV, villagers draw, talk and plan the locations of their water supplies. They discuss good and bad sanitation practices and find solutions for the remaining sanitation issues of their community. After the first day of the workshop, attendants always bring more participants to the workshop the next day. The interest level on health and sanitation issues is now much higher than before, due to the participatory approach of the workshop".

To ensure the sustainability of the workshops, SNV has developed posters, toolkits and supported materials. These are being used by all Basic Health Units throughout Bhutan. Punakha District's Shengana Basic Health Unit provides preventive primary health care to 16 villages which include 260 households (1,200 villagers). "All of the 3 full-time staff members are much more confident and capable in delivering preventive health care advice to villages, thanks to SNV support".

Mr. Kencho Tshering, Tshogpa (Head) of Jajikha Village, Shengana:

“There are 15 households in the Jajikha village. In 2006, villagers drank from contaminated water from a common storage tank in the middle of the village. This tank was a breeding place for mosquitoes and was a main cause of diarrhea”.



Ms. Sangay Wangmo, Jajikha Village:



“Before 2006, my children used to get stomach problems from the water we had to drink. After the CDH workshops which I also took part, new water taps were placed throughout the village. Now I am much more comfortable in using the tapped water. It is safe & healthy for my kids.

Also, before the CDH workshops, we used to have lots of waste in the open area. It was messy and smelly and there were many flies. The CDH workshops enabled us to think how important it is to take care of our own health, therefore all villagers now pay attention to keeping our environment clean, and free of waste”.

SNV’s support in Water, Sanitation & Hygiene in Bhutan

The lack of safe drinking water and poor sanitation in Bhutan contributes to widespread and recurring health problems. From 1989 to 2007, SNV provided technical assistance to the Rural Water Supply and Sanitation programme, resulting in:

- Enhanced technical capacity of the Public Health Engineering Division to construct rural water supply schemes. Thanks to our support, by mid 2005, 85% of Bhutan’s rural population had access to safe drinking water, compared to only 45% in 1990;
- Increased local communities’ participation and ownership of the water supply schemes: communities from all 20 districts of Bhutan participated in over 1,000 Community Planning and Management Workshops. Hundreds of health staff and engineers trained to facilitate the workshops, using participatory training methods; and
- Effective design, usage and maintenance of water supply schemes throughout Bhutan.

In 2008, SNV and the Ministry of Health Public Health Engineering Division signed a partnership agreement for a 5-year Rural Sanitation and Hygiene Programme. Pilot activities have started in four selected Geogs (sub-districts), to establish an approach following current best international practices that can be rolled out country-wide.

1,450 households are expected to immediately benefit from the new approaches with 100% access to sanitary toilets and a target of 20% reduction in child mortality. 88,000 households are expected to benefit by year 5.

“Prior to these workshops, we never understood our role and how we participated in the development process. Now it has become very clear to us about how much the government has already done for us and how little we have contributed towards it. It is not enough to have a water supply scheme or a latrine constructed, but we as the ultimate beneficiaries need to make an effective use of these facilities as well.”

Tawpo, Farmer,
Nanong, Bhutan