

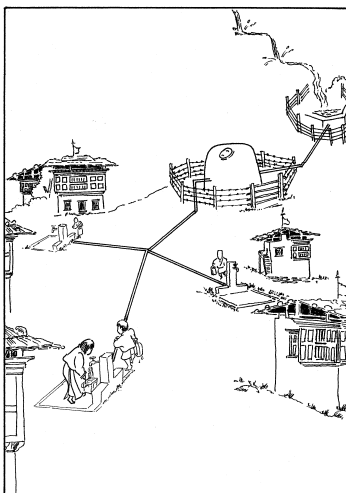
## Developing Healthier Communities through Education and Empowerment in Bhutan

As the small Himalayan Kingdom of Bhutan, with a population of approximately 700.000 inhabitants, tries to improve the quality of life of its people, one of the greatest priorities is to improve hygiene standards and environmental sanitation. The lack of safe drinking water and poor sanitation contributes to widespread and recurring health problems, despite very good progress on overall poverty alleviation rate, including the provision of water supply schemes.

In 1974, the Rural Water Supply and Sanitation (RWSS) programme was initiated in Bhutan. From 1989 onwards, SNV Netherlands Development Organisation, as a development partner of the Royal Government of Bhutan, has been providing technical assistance to the programme. Under this programme hundreds of water supply schemes were built in rural villages across the country. However, assessments made during the 1990s showed that 60% of the schemes built since 1974 were no longer functioning. In most cases this was due to a lack of ownership by the communities involved. In order to combat this lack of ownership, the Public Health Engineering (PHE) Division under the Ministry of Health of the Royal Government of Bhutan, with the assistance from SNV, designed several programmes to enhance community participation in and ownership of the schemes.



SNV's goal has been to strengthen the capacities of the local organisations and other relevant stakeholders in order for it to be able to implement the RWSS programme effectively. By reducing the incidence of water borne and water related diseases through sustainable provision of safe drinking water, the aim was to improve the health of the rural population.



Further stimulus for the initiative came via the Millennium Development Goal (MDG) "to halve, by 2015 the proportion of people without sustainable access to safe drinking water". Even more ambitious Royal Government of Bhutan 9th Five Year Plan (2002-2007) objective was to "provide 100 percent accessibility to safe drinking water" for all Bhutanese residents

Initially, in 1989, SNV's primary focus was to strengthen the PHE Division's technical capacity to construct rural water supply schemes and gave more importance to physical coverage rather than effective coverage. However, in 1993 the ineffectiveness of the community management was recognised as a real threat to the programme's sustainability, and therefore the focus shifted to facilitating the emergence of communities both committed to, and capable of, self-defined development paths. This was done

through building capacity for development actors on Dzongkhag (district) and Geog (sub-district or block) level.

A 1997, an evaluation indicated that more attention had to be paid to strengthening the community management. It was noticed that the government took almost all the tasks related to putting up water supply schemes in rural villages with very little involvement of the ultimate beneficiaries. Enhancing community participation in building and maintaining rural water supply schemes and other health infrastructures was identified as crucial if the already existing water supply and sanitation infrastructures were to have long term sustainability and use in Bhutan.



This resulted in several new proposals; the Scheme Implementation Procedures Project (SIPP) in 1996, which sought to enhance the commitment of beneficiary communities, and the Community Planning and Management Workshops (CPMW) in 1998. The development of the "CPMW" series was also an integral part of this planned response to enhance community ownership and responsibility. CPMW is a participatory process and conducted in a particular village where a water supply scheme is to be constructed. During these workshops the beneficiary communities are involved in the very early stage of scheme planning with technical support from the government engineers and then they come to a consensus on how they would build and then subsequently manage the water supply schemes in the future. Following the agreement of CPMW, some 18 of the 20 Dzongkhags in Bhutan received two levels of village-based training from 1999 to 2001. About 40 district public health engineers from 18 Dzongkhags were trained during the period to facilitate/conduct the CPMW.

*"Our government had been providing everything we need so far. But through these community level workshops initiated by SNV and PHE Division, we have now realised that it is very important for us to make our own share of contribution and not expect the government to do everything for us every time"*  
December 2000, Ap Daw, farmer, Shengana, Western Bhutan

*"It is high time that we think twice about the benefits of having a good water supply system in place and that we take care of it by ourselves without relying too much on external support"*  
January 2001, Karma Dorji, Tshogpa (Village headman) Trashigang, Bhutan

Following the success of CPMW, another participatory approach called the "Community Development for Health" (CDH) workshop was designed. The CDH seeks to expand the focus of the PHE Division's earlier efforts to improve the sustainability and effective use of rural water supply facilities through CPMW to broader community health issues, thereby treating



water supply as one aspect of an integrated community health environment. The workshop employed a unique set of commitment building tools to engage communities, including role play, village mapping, goal setting etc. Health staffs exposed to the CDH approach are more confident with their newly acquired skills and find it very useful in terms of carrying out their health outreach activities.

*"CDH concept and the approach has taught us to move away from the conventional method of lecturing villagers on the benefits of good sanitation and hygiene practice to a participatory self discovery methodology, whereby villagers are treated as equal partners in developing healthier communities"*  
Namgay Wangchuck, Health Worker, Punakha, Bhutan

*"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

A critical success moment came when the Royal Government of Bhutan decided to institutionalise the CPMW process and make it mandatory to conduct the workshop before any rural water supply scheme is constructed in any village all over Bhutan. Additionally the government has also planned to conduct the CDH workshops bi-annually. A policy on community management has been formulated; underscored by the communities themselves that prescribes the formation of Village Management Committees and Water Caretakers for villages with water supply schemes.

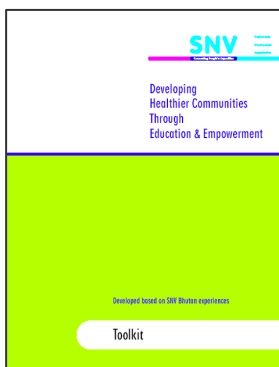


By mid 2005, 85% of Bhutan’s rural population had access to safe drinking water, compared to only 45% in 1990. Notable improvements in the health standards of 250.000 people living in rural areas, e.g. a substantial reduction in water and sanitation related diseases are to some extent attributable to these community level approaches implemented under the RWSS programme.

Today, the PHE Division is well equipped with national engineers looking after the design and implementation of RWSS schemes backed by a contingent of engineers based in all the 20 Dzongkhags. This is further supplemented by the health staff in the Dzongkhags who are being trained in CDH approaches and are also responsible for the follow-up on the operation and maintenance plans.

To date, more than 700 CPMWs have been held with varying levels of implementation across each Dzongkhag. The CPMW involved all the beneficiaries in planning their drinking water scheme and thereby created a sense of ownership of the whole process in planning, implementation and maintenance of the scheme. And as of June 2006, more than 1000 CDH workshops had been conducted across the 20 districts of Bhutan, the majority of them by the 227 health staff and 40 engineers trained to facilitate the CDH and CPM workshops in the villages under their coverage area.

As a product of many years of fieldwork at the community level and based on the invaluable experience gained through working in the rural water supply and sanitation programme, SNV has developed a toolkit, “Developing Healthier Communities through Education and Empowerment”. This publication underlines the importance of not just providing communities with the infrastructure and/or services they so sorely needs, but providing mechanisms through which community members can truly feel ownership of, and responsibility for the same. Our years of experience have shown that education and empowerment are invaluable tools in this pursuit.



The toolkit is intended for use specifically by community health workers and other development professionals who assist communities. It is assumed that users will have some practical knowledge and experience in facilitating community level participatory workshops. The methodology and tools provided can easily be adapted to a variety of contexts and situations.

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*SNV Netherlands Development Organisation is a Netherlands based international NGO that delivers capacity building advisory services to over 1,800 clients in 33 countries in Africa, Asia, Latin America and the Balkans. In Asia, SNV provide water & sanitation advisory services in Bhutan, Nepal, Laos and Vietnam. These services aim to contribute to 'improved living conditions' and 'reduced negative impacts on health' of the Poor through increased access to safe and reliable water and sanitation for all.*