TOILET TALES

“Where we live must be clean, safe, organised
and beautiful for national integrity, national pride
and for our bright future. This too is nation building”

-His Majesty king Jigme Khesar Namgyel Wangchuck

This book is launched on 19th November 2020, it is a compilation of toilet tales from the hardworking field implementers: Health Assistants, village health workers, gewog and the Dzongkhag Administration. Bhutan has come a long way in terms of sanitation and Hygiene and this wouldn’t have been possible if it wasn’t for these people and the communities are equally applauded for this achievement.

Toilet Tales

7 Aum Mindu's pour flush toilet

^ HA Sonam

Following the roll-out of the Community Development for Health (CDH) workshop in the Toep gewog (sub-district), all households wasted no time in collecting materials to build a pour flush toilet. While everyone in the village was busy planning for their toilets, Aum Mindu,a 75-year old woman living with her 15-year old granddaughter in a small village called Lunjam, was in no position to build a pour flush toilet herself. This is their household's story.

Aum Mindu has been physically unwell for some time now and financial resources have been scarce. Herson in-law passed away when her granddaughter was 12, which led to her granddaughter discontinuing her education. During my visit at Aum Mindu's house, she said,'I would love to have a pour flush toilet but I have no hope and no dream with the situation I am in.'

Although the gewog was quick to support Aum Mindu with the materials needed for her pour flush toilet, she hadto first discuss the possibility of toilet construction with her 15-year old granddaughter. Being the household's breadwinner,actual construction would require Aum Mindu's granddaughter to save part of her earnings for the job. After a few months,I returned to the gewog for a community visit to monitor and supervise the sanitation and hygiene progress being made. I was amazed at the progress of the two super ladies! Over-exceeding my expectations, I was surprised to see that their pour flush toilet was 90% complete.

Teary eyed, Aum Mindu said,'my hope and dreams came true because of my hardworking granddaughter.'Since their earlier conversation (about toilet construction) Aum Mindu's granddaughter has been consistently setting aside Nu. 500 (equivalent to AU$ 10) from her daily wage. With dedication and a positive attitude, Aum Mindu and her granddaughter's experience showed that nothing is impossible. In total, the

^ Aum Mindus old toilet

^ Aum Mindu with her new toilet.

pour flush toilet

cost the household approximately Nu.9000 (AU$ 180), excluding labour charges.

Reveling at their success, a key take-away message for me is related to the importance of behaviour change and follow-up processes. In my view, although changing behavior takes time, when you convince people with the right messages and through consistent encouragement, wonders are bound to happen – today and for future generations. The creation of a task force to regularly monitor change and progress is also one success factor that has been key to sustain sanitation and hygiene improvements.

Sonam
HA
Thinleygang PHC

2 What it took to achieve 100% sanitation and hygiene: the case of Geserling gewog

^ Pema Gewog ADM Gaserling

It is understood that the most important rooms in a residential area is not the sitting or living rooms. On the contrary, it is believed to be the two rooms we hardly take notice of – the kitchen and the washroom. Between the two, the kitchen takes greater priority. It is the area where food is prepared – food to keep us strong and healthy. Toilets, on the other hand, their hygienic condition and maintenance are not deemed necessary. These were the mind sets and issues that were most challenging in the Geserling gewog; all of which saw significant changes.

'Toilet? We don't need a toilet. We live in rural areas,' said a farmer during the initial stages of the Community Development for Health workshops (CDH; sanitation triggering workshop). Though this comment came from an individual, the same message resonated with several others. It was understood at this point that the CDH workshops will need to take highest priority.

With these challenges in mind,the Gewog Administration – led by the Gup (Sub- district local leader) – informed all the Tshokpas (elected leader of a village to organise CDH workshops urgently and to regard theseas highly important. The Tshokpas, in turn, informed every individual house hold about the upcoming CDH workshops. To the surprise of the CDH workshop facilitation committee, led by the health personnel of Dagapela Hospital, more than 95% of all households attended the workshops. Gaining a massive turn-out compared to earlier community workshops, the

^ Gewog review meeting by SNV and PHED. PC Gewog

household representatives who attended the workshops were fully convinced and satisfied about the need for an improved toilet. All these would not have been possible without the unwavering commitment of health officials, gewog officials, and most importantly the local leaders.

It is always easier said than done. While planning for the initial stages of the CDH workshops was easy, execution of the proposed plans was difficult. Some households in the gewog were economically disadvantaged and/or lacked human resources and/or were single-parent (the term we use is single headed so may be it will be better to keep that) or led by elderly members of family. The Covid-19 pandemic added further pressures on the Gewog Administration.

Messages and reports from households following the CDH workshops had been positive. One week after attendance to the CDH workshops, some households completed the installation of their pour flush toilets. This was the first 'ray of light' for the gewog, and one step ahead in achieving our sanitation and hygiene goal. Taking cue from the success of these households, the Gewog Administration, with the Tshokpas and health assistants set up the completion date of all toilets at January 2020. Sanitation and hygiene became one of the regular agenda points in every official meeting at gewog level, i.e., meetings and gatherings never ended without

^ a newly constructed toilet.

emphasizing sanitation and hygiene. When the Hindu Puran (ritual/public gathering) was held, the Gewog Administration made sure that the toilet was constructed first before any gathering could happen, to the enthusiasm of the public.
Every day, the Tshokpas and health assistants visited the gewog's households to create awareness on the need for improved toilets. But some households still faced the challenges of limited human and financial resources. To address this, the Gup, in consultation with the Gewog Administration decided to provide toilet pots and pipes to economically disadvantaged households. For areas with limited human resources, the Gup coordinated with trained masons.Some villages also saw the Tshokpa working without pay. People were taking ownership and translated His Majesty the King's 'One Nation, One People' vision into practice.

All in all, Gesarling Gewog Administration worked hand in hand with health officials and local leaders, including village health workers and the public to achieve 100% pour flush toilets. The Gewog Administration took charge in executing annual sanitation and hygiene activities. Health officials' support continued and did not falter amid the Covid-19 pandemic. All these were made possible by the unwavering commitment and support of the gewog, health, local leaders, and the public. Any shortcoming from a single agency could have been costly to the mission.

Finally, the gewog has achieved 100% improved toilets but its local leaders continue to remind the public about ways in how to sustain this achievement. In addition, the gewog is still working towards making toilets accessible for people with disabilities. The Gewog Administration believes that in order to change people's mindsets, there should be continuous monitoring and follow up. We are proud to be one of the few gewogs to achieve 100% improved sanitation and hygiene, under no less than the leadership of Dagana district's female Gup.

Pema Thinley
Gewog Administration Officer
Gesarling Gewog, Dagana

3 Sanitation and hygiene for all and by all

^ HA Khandu Om

Access to proper sanitation and hygiene facilities is a basic right of all people, including people with disabilities. The denial of this right can have serious implications on their wellbeing, and the current pandemic has just reminded us –once again – of the need to double sanitation and hygiene efforts to reach all. Through the introduction of the Government of Bhutan's Rural Sanitation and Hygiene Programme (RSAHP) and with support from SNV,the Public Health Engineering Division (PHED), and the Australian Government, the rural sanitation and hygiene landscape of Bhutan has drastically improved, at scale. People do not only understand the importance of sanitation and hygiene. They also have ideas in how to sustain proper sanitation and hygiene practice on their own.

But for destitute families and people with disabilities, constructing an accessible pour flush toilet can cost a fortune. In Thomgang chiwog, Khebisa gewog in Dagana district, health personnel of the Akhochen Primary Health Care (PHC) played a vital role to help a person with disability and his family to build a pour flush toilet.

Mr Thinley (living with a physical disability) always found it difficult to use his toilet. Because it was not possible to seek for the support of family and neighbours – financial and labour – Mr Thinley could not construct an accessible flush toilet. Hence, the staff of Akhochen PHC, in collaboration with the Community Base Scouting (CBS) – a member of Phekoma Primary School – and the gewog,came together to lend support.

With support from the Gewog Administration and CBS members, including a few village volunteers, Mr Thinley's resource challenges were overcome. With their help, Mr Thinley gained the sanitation facility that he has

^ Mr Thinley with village volunteer Mr. Tshechula

^ Mr.Thinley Thomgang

long aspired for. During our first visit to his household, we were greeted by a smile of hope and excitement. Alas, he will now be able to realise his dream of sanitation improvements,for himself and his wife. After facility completion,the smile on his face signified the joy of overcoming poor sanitation, owing to his disability. It was a satisfactory moment for himself and his family, and for us – for being able to help in a small way. Our joint efforts, indeed, will make a big difference in his life.

Achieving proper sanitation and hygiene is not limited to the construction of a pour flush toilet. It is also about following the right process of using the facility hygienically and maintaining it for the long term. So, to ensure continued sanitation and hygiene practice, we developed a monitoring schedule for our household visits. During these visits, we impart new knowledge and ideas in how to maintain and sustain proper sanitation and hygiene practice.

In conclusion, while emphasizing that access to proper sanitation and hygiene facilities is a basic right of all people, including people with disabilities, we also have a responsibility to lift up people around us. We have a responsibility to help those who are not able to afford sanitation facilities, and to continuously impart the know-how in sustaining sanitation and hygiene improvements for everyone to lead a healthy life.

Khandu Wangmo,
Health Assistant Akhochen PHC

4 Alone we can do little, together we can do so much

< Gup Karma Sonam Wangchuk of Tsakaling Gewog receiving the award of 100% improved sanitation

The renowned Helen Keller once said, 'Alone we can do little; together we can do so much.' In Bhutan,pathways to realise 100% sanitation and hygiene are designed collaboratively. This approach has been vital in the ongoing success of Bhutan. Four years ago, Tsakaling gewog and 13 other gewogs received government certifications for accomplishing 100% improved sanitation. This is Tsakaling gewog's story.

Sanitation and hygiene are critical to health, survival, and development. In Bhutan, UNICEF and SNV are the main development partners of the government's Rural Sanitation and Hygiene Programme (RSAHP).The RSAHP contributes to ensuring universal access to health and increasing Bhutan's Gross National Happiness.

The Community Development for Health (CDH) workshops of RSAHP, SNV, and UNICEF, and the outcomes achieved so far, draw their strength from collaboration.
Organised by the Public Health Engineering Division (PHED) of Bhutan's Ministry of Health, the two-day CDH inception workshops reached various clusters of the community,including local leaders, non-WASH sectors, sanitation suppliers, and religious bodies. Together and individually, these clusters played a pivotal role in accelerating the pace to priorities sanitation and hygiene improvements.

Towards achieving100% improved sanitation, gewogs had to over come several challenges, including those resulting from old age, living alone/ single-parent households, land disputes, new constructions, empty households, financial problems, and temporary settlements. Due to the increasing recognition that WASH improvements in health care facilities (HCFs) cannot be addressed by the health sector alone, addressing the challenges of WASH in HCFshad to bea concerted effort; between relevant sector

New toilet after CDH >

professionals,local leaders, village health workers (VHWs), natural leaders, religious leaders, and sanitation suppliers.

Key success factors that helped over come these challenges, in the context of Tsakaling gewog, include,

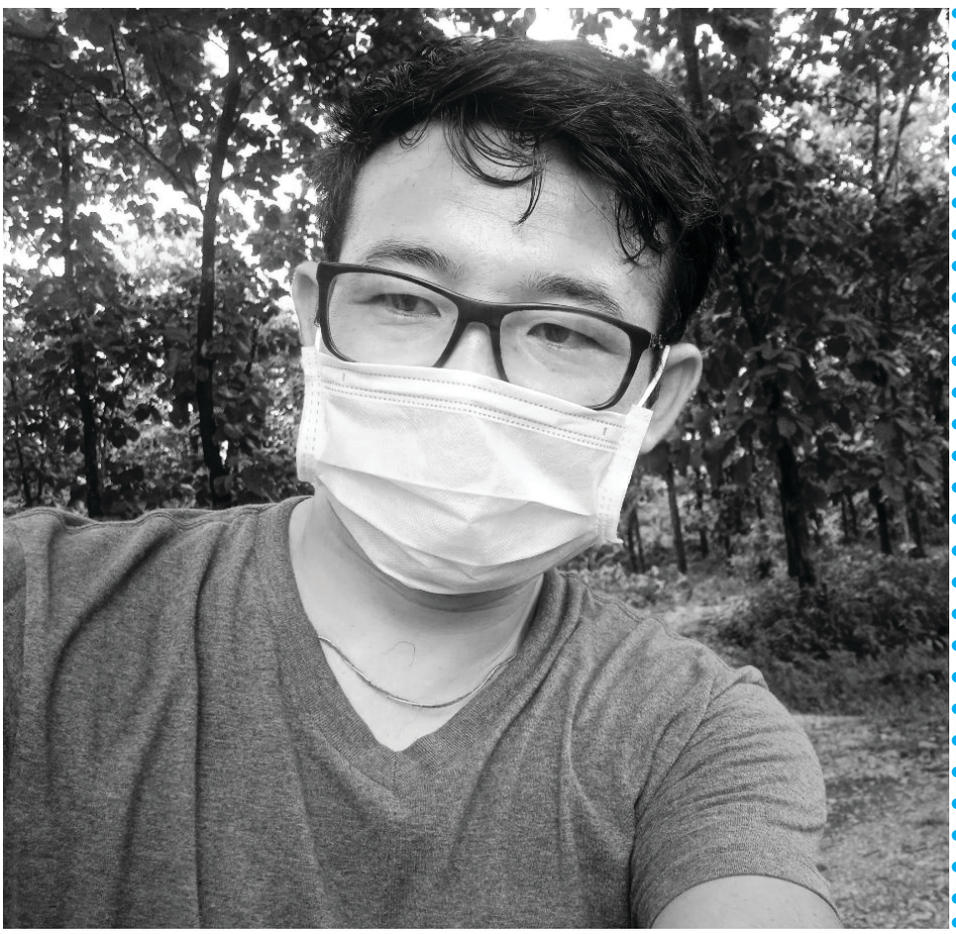
- Masons and carpenters received technical training to deliver tailored services to the community.
- Vehicles in the community helped to transport sanitation and hygiene materials,at subsidized rates, to areas located as far as the border towns.
- Sanitation and hygiene groups, including those for constructing toilets,were formed.
- Support of local leaders, natural and religious leaders, VHWs, and influential leaders were mobilised to create demand and raise awareness on sanitation and hygiene – themselves setting an example by constructing their toilets first.
- CDH workshops organised were key to changing the mindset.
- Households that needed community support the most – due to household members' inability to construct toilets themselves – were identified and received gewog and/or the community's support, in kind.
- A timely schedule for follow up and monitoring processes was developed by local leaders and health workers.

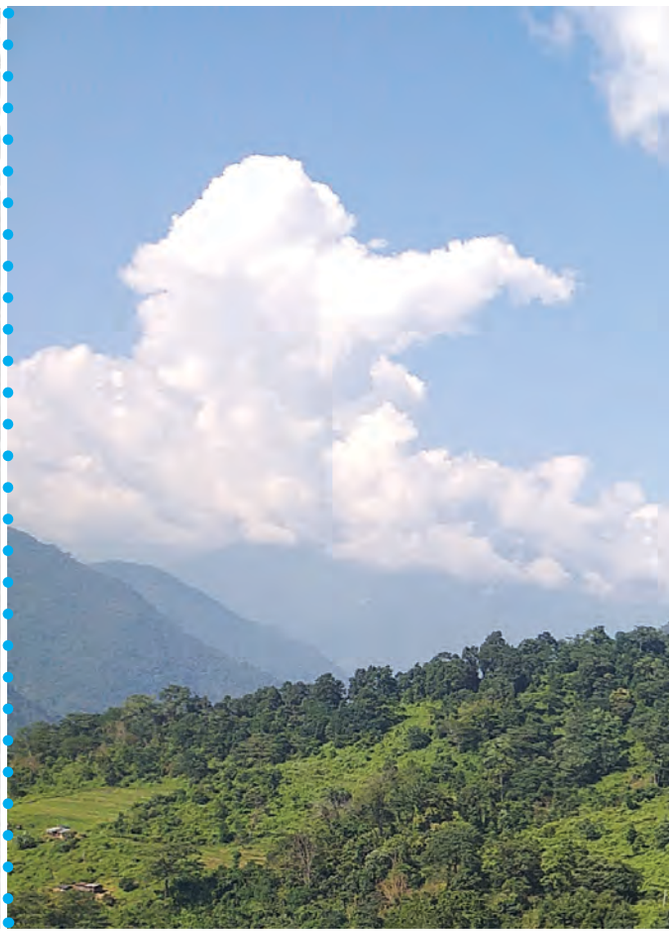
Over the years, the partnership's sanitation and hygiene efforts have started bearing fruit. There is anecdotal evidence that the working students f two households helped their parents build a latrine during the winter vacation. Wages saved by these students went to the household's toilet construction. During World Toilet Day 2016, Tsakaling gewog was among the14 gewogs to receive government certification for accomplishing 100% improved sanitation coverage.

These achievements were realised by the partnership's engagement in sanitation and hygiene demand creation, supply chain strengthening, and behavior change communication(BCC) activities – with no subsidy from the government. Meeting the government's zero subsidy vision for sanitation, to date, we continue to be proud of this achievement. To sustain the progress made, the gewog has enacted for each new household construction to make provisions for building a toilet, which will require verification from the Gup (district local leader).Constant awareness raising on good hygiene – through BCC – is also being conducted in all public gatherings.

Pema Lobzang
Health Assistant I
Tsakaling PHC, Mongar

5 Being Basic had to end





^ HA Men Signh Lepcha

It was in February 2019, when I went to Pabjee for the first time with the Village Health Worker for a household survey. Pabjee village under Lhamoyzingkha Gewog remains as one of the most remote villages in Lhamoyzingkha Dungkhag with only 11 households. The population in this village were mostly elderlies who didn't have much idea about electronic gadgets and the only person using and controlling a smart phone was the Chipon (local leader) yet they were happy and leading a content life. As we walked through the village, we noticed that everyone had a basic toilet, even if pour flush toilet was the new need of the day, I didn't dare to talk about it with the rugged terrain in mind.

It was in October 2019 when I visited Pabjee again for the CDH workshop, walking for hours with leaches to accompany was quite an experience. One person from each household came in the morning with a smile to a new comer and the CDH workshop proceeded. I was amazed at the level of participation, so much enthusiasm and curiosity. Along the discussion on good and bad sanitation, they discovered

their own findings of 100% pit latrine and its pros and cons. The two days CDH workshop ended with a lot of laughter and scrumptious meal prepared by the people in the village.

The village of Pabjee

had. The people of Pabjee showed what His majesty the king always talked about "it is not a question of whether we can do something or not, whether we have enough or not, whether we are permitted or not. The question is, are we going to do it or not"

In 2020 household survey, was the most pleasing news;

10 out of 11 households had constructed a pour flush toilet and 1 had an improvised pour flush toilet

No barrier could deter the willing heart to achieve what these people wanted. Pabjee stands as an epitome of community success, strong commitments and values.

Pabjee was the first to achieve100% improved sanitation and I couldn't be more proud for the dedication people have shown even with the difficulties they

The equation of joy it brings to me

post CDH achievement in Pabjee is an unforgettable experience. Community development for health in its spirit is as strong as the waves of the ocean and people helping build their own people into a healthier and happier community is an unstoppable force.

Men Singh Lepcha
(Health Assistant)
Lhamoyzingkha Hospital

6 Building for Life

^ Ha Gyembo Dorji

Sustainable sanitation begins with a toilet that effectively captures human waste in a safe, accessible and dignified setting. Everyone must have sustainable sanitation, alongside clean water and hand washing facilities, to help protect and maintain our health security and stop the spread of deadly infectious diseases. Therefore, to promote sanitation and hygiene in the community, Ministry of Health (MoH) with its partners with various other started the Rural Sanitation and Hygiene Programme (RSAHP). With the commencement of RSAHP program funded by SNV and the Australian Government, sanitation at rural community has improved considerably over the short period of time. Under privilege and economically deprived households in the village were identified by the HA to reach out the mission of 100% safe toilet in the communities. HA works with the numbers of community members, Tshokpas (village representative) and masons to increase their understanding about the importance of using toilets, good sanitation and hygiene practices in achieving better health. Though man power and financial issues had been the major challenges however, it was fruitfully triumphed over with the support from gewog administration, and under the guidance of Sr,DHO. Dorji Wangchuk.

As of today, Tshangkha Gewog has achieved 100% improved toilet from the baseline 58%. This evidently revealed that RSAHP program had been boon to all beneficiaries across the country. As a health professional, this program was started with the focus on rural people switch their mindset on safe human waste disposal and sanitation for healthy life. Two days CDH training was conducted at 15 clusters covering all the villages by health assistant (s) of Tsangkha -PHC aimed to promote sanitation, hygiene and WASH practices. It was overwhelmed to harness the fact that overall sanitation in every house hold was improved significantly. People have started to build PF toilet by their own and called for verification.

However, due to the pandemic some people faced challenges to avail required materials on time to complete their construction work. There were 9 households who could not manage cement during the pandemic to which the HA managed donations from the local contractors and gewog administration. Furthermore, 3 household are under poverty who could not manage even a single penny for toilet construction. Hari Maya Subba and her family from Salamji were isolated from the village and both were living with disability, Tandin Om, 78, from Tsangkha was single old age and all alone at home and Bezangma subba, 45, from salamji was also subjected under severe poverty. They were supported with toilet pot, cement, CGI sheet and other materials to promote sanitation and hygiene in the community by Dzongkhag administration. In construction, local mason were engaged to complete their toilet. Thus, Tsangkha gewog accomplished 100% safe PF toilet and WASH facilities at their door step.

At the end, the success story of Tsangkha Gewog is to be one among 3 gewogs out of 14 gewogs to achieve 100% safe PF toilet and WASH facilities were the greatest victory as of today. With rightful access to toilet and good sanitation in the villages, the morbidity of diarrheal disease in the OPD is seen reduced comparing to previous year. Increasingly, people are motivated and conscious to use soap; in fact, the pandemic has taught them a lesson at right time. Nevertheless, my next step would be to monitor the continuity of this existing practices and sustainability of installed resources.

Story shared by the beneficiaries in brief

Tandin Om, 78 said, “I am very fortunate to be a Bhutanese citizen and the government is very much concerned to the old age people like me. I never expected in my life to step into such an expensive toilet. I am very grateful to masons, HA and Dasho Dzongda for addressing my situation”.

Bezangma subba, 45 said, “I have nothing and can do nothing. I cannot work as before and my earnings are too little to anything. If I invest my income in a toilet, then I cannot fill my belly. That is why, I failed but I didn’t expect people to come and construct my toilet. You all did it whole heartedly, so I am grateful for your kind action to me. Now, I am happy that I also get a chance to use same toilet like any other people in our village. I will take care of the given structure and clean my toilet every day. Thank you everyone. I have nothing to give you all but heartful of prayers and good wishes”

Gyembo Dorji HA
Tshangkha PHC.

7 Ganglapong's success story

^ Handwashing with soap in Ganglapong

Mongar Dzongkhag is 450 km east of Thimphu, the capital city of Bhutan. Ganglapang primary Health care center is part of the 22 PHCs in the Dzongkhag located under Tsamang gewog, which is 90km away from the District Administration. Despite of the rugged terrain and distance from the gewog centre, the annual health bulletin (AHB) 2020 shows that 100% of the population in the villages of Ganglapong had access to improved safe drinking water, and clean pour flush toilet which resulted in decreasing diarrheal diseases, helminth, and skin infections.

With the support of SNV, UNICEF and the Public Health Engineering division since 2008 through the RSAHP approach, the community has benefited immensely. The change in people's behavior towards safe disposal of faeces, hand washing with soap and above all their ownership has led to an enhanced quality life, increased economic productivity, decreased diarrheal diseases, helminth infections and skin disease reduction. There are less student absentees in the class, resulting

improved academic performance in the Ganglapong School. Above all, sanitation and hygiene behavior change is vital for reducing morbidity and mortality of children under five years old due improve hygiene and sanitation in communities.

As per AHB 2020, in the top ten morbidity, a notable change was observed in diarrheal disease pattern and helminth infections, it is no longer among the top 10 morbidity rank. There is also a gradual decline in skin infections such as scabies (which was once a huge problem in schools and institutions) such an achievement can be largely attributed to increased access to improved sanitation facilities, Hand-washing with soap and safe drinking water.

There are still challenges faced in implementing sanitation and hygiene activities in some of the remote villages, such as non-existent of stores that sell sanitation materials. For a minor maintenance, people has to travel 90km to the district town to get the required

^ Ganglapong Basic Health Unit

parts, Which at times is not available in the store, this becomes very expensive when they have to meet their daily needs. Even with these challenges people are putting effort in achieve the goal of 100% improved sanitation and hygiene. In conclusion I would like to say that there has been an enormous benefit of improved sanitation and hygiene in the communities of Ganglapong and this wouldn't have been possible if it wasn't for the support of the Gup, Mangmi, Tshogpa, Gewog ADM, VHWs, MoH and our development partners.

< New toilet after CDH

Kumar Gurung
HA II
Ganglapong PHC: Mongar

8 A success tale from a Health Worker

^ HA Ugyen Thinley

"Sengdhen will never be able to achieve 100%" as said by one of the officials during the starting of the Rural Sanitation and Hygiene Programme, but to everyone's surprise Sengdhen was the first to achieve 100% in Samtse Dzongkhag. The dream I kept on chasing for 22 years of my service has finally come true. Success doesn't come easy and it needs sacrifices, dedication and above the time should be right.

Sengdhyen is located towards the north east of Samtse Dzongkhag, and the people there are known as Lhops, they are one of the oldest aboriginal inhabitants, the literacy rate is low and the beliefs deep rooted. With such challenge, it was very hard to bring about changes in the community. Improving sanitation and hygiene has always been there in the agenda but all in vain, thus morbidity related to sanitation and hygiene always remained a concern. Diseases like diarrhea, dysentery and skin diseases always had a place in the top ten illnesses. Of 404 households, only 61 households had improved toilet, 238 households were still using pit toilets and 13 households don't really have proper toilets.

It was then at the right time in the year 2015 when the RSAHP started in Samtse supported by PHED, SNV and the DFAT, Australia.The programme had well-structured activities, it was a refined methodology with simple concept, strategies and follow up mechanism already implemented in some of the Dzongkhags with good results. The training of the Health assistants on CDH stared and this time we had to work differently and more effectively with the community. However, some challenges rolled off on our path that need immediate solutions.

Challenges faced during the implementation:

- poor and no source of income
- Poor coordination and support from administration at first phase.
- Transportation
- High rate from suppliers.
- No enough skilled people to construct pour flush toilets.
- Increase of households every year.
- Overlapping of programs in between.
- Inconsistent follow up due to limited time.
- No land (Living on other's land).
- Ignorance.

^ New construction after CDH

- Time management
- Back drop from subsidy at other part of the community(expecting the same).
-

Keeping the challenges in mind, some of the strategies were:

- Follow up of the action plan, review and update
- Quarterly review meeting within staffs, Tshogpas, VHWs, Chipons and influential leaders.
- Consistent follow up and monitoring in the villages during weekends and finding out the shortfalls.
- Inter community support, taking everyone together through the same path without discriminating the weak or the poor.
- Encouragement and acknowledging for the social support.

Community participations and giving ownership to the people were our core principles right from the beginning of the programme which will go a long way. Right from the inception of the programme I told myself that I am going to work hard. As such finding out solutions was my first priority and soon we could find ourselves backed and supported by the following individuals, group, institutions and community themselves.

- The Community people for taking ownership and active participation towards this achievement.
- Village Health Workers (VHWs) for their hard work and dedication
- Two Chiwog Tshogpas played their part in mobilizing the active community participation.
- Sir. Karma Tenzin, Teacher of SLSS, Tarayana club and the club member students helped landed construct two toilets for families unable to built.
- Dungkhag and gewog administration for subsequent education and motivation.
- Dzongkhag Health office for continuous encouragement and guidance.

This success had a big health impact in the community. Sanitation and Hygiene related diseases dropped drastically. People in the community felt much happier and comfortable to have their toilets near their house. Finally they accepted toilet as one of the important asset of their life and health. As a health worker, I didn't have high hopes but my hardwork was the most important. On this journey towards achieving this goal I would like to thank our mentors, SNV focal persons in the field and PHED / MoH for recognizing our hard work. I was touched for the recognition by the programme when I was awarded on 19th November 2019.

Ugyen Thinley (Health Assistant)
Currently working at Norbugang PHC, Samtse.

9 100% Improved Sanitation in Jangphutse

Jangphutse Subpost, located at Jangphutse Chiwog under Toedtsho Geog, Trashiyangtse, has two Chiowgs, namely Jangphutse and Manam Chiwog under its catchment area, with a total of 88 households. The health center has one Out-Reach-Clinic (ORC). Based on the Annual health household survey 2017, there were only 38 pour flush toilets and now in 2020 we are proud to say that we have reached 100%, we had a lot of challenges in reaching our goal but we did it.

Jangphutse health center was able to achieve 100% improved sanitation and hygiene coverage mainly due to the collaborative effort between the Health Assistant (HA), Toedtsho Geog Administration and chiwogs leaders. Various actions and hard work were put in by many relevant individuals. Even though the gewog administration provided materials for the construction, there were rigorous awareness and BCC activities carried out in the village. In 2019 alone, the health care workers and the local leaders had more than three meetings on benefits of improved sanitation and hygiene, and health risk and threat of diseases and its severity due to poor sanitation and hygiene for the community at large.

In early 2020, Toedtsho Geog formed a Monitoring Committee, which greatly helped in achieving our goal. Towards the end of February 2020, some households even had two toilets, in total there were 109 toilets for 88 households. The success of 100% improved sanitation and hygiene wouldn't have been possible without the help of the trained masons, village health worker Ms. Tshering Deki, and student/ community volunteers.

The success of the 100% improved sanitation and hygiene coverage, wasn't an easy one, there were challenges faced. Firstly these villages are located away from the road, hours of work became difficult to carry the materials, the trend of pour flush toilet was relatively a new one and changing people's behavior (majority of the population was the elderly) and attitude takes a lot of time. There were few that influenced others which include gewog leaders (Gups, Mangmis, Tshogpas), village health workers and trained masons. Toilet was never a priority for the people of this community but with a collaborative effort, we confidently say that we have changed the behavior of people. Their attitude has changed towards sanitation and hygiene and toilet is now a priority.

To maintain the sustainability of improved sanitation and hygiene a quarterly monitoring consisting of the HA and gewog leaders are planned.

Sonam Dorji
Jangphutse Subpost
Trashiyangtse

10 How sanitation and hygiene changed the health and life of our community

A common human behavior classified as "mirroring" has been known and studied by Psychologists for a long time. Either consciously or subconsciously, we tend to mimic gestures of people we like. So was the case with the community of Rabtey village. There was no one constructing a toilet even with repeated awareness meeting sessions or encouragement during annual household survey. A sense of responsibility was very low or wasn't there anymore when none of their household neighbor had thought of having a decent toilet then.

Being in a sub-post, I am the only health staff fully responsible for driving the newly formed sanitation committee. Besides this, the village is one of the remotest chiwogs in Yangtse located 70Km away from the gewog center, depriving many facilities and meeting gewog officials and other related work.

When SNV, Swiss Red Cross and PHED helped fund rolling out the programme, we're able to achieve our goal. There was a relief among the health staff, local leaders and the community. Therefore, we extend our heart-felt gratitude for the program (Rural Sanitation and Hygiene Program, RSAHP) for driving our community on the road of better health.

Key factors for success (including quotes)

"The future belongs to the competent. Get good, get better, be the best!"

Mr. Brian Tracy's quote aspired me to keep up with other health center's progress and did not leave me stay idle. Yet, reaching every household was very difficult as there were multiple task assigned to every health assistant. However, with quarterly progress report asked from the program and monthly progress monitored along with chiwog Tshogpa and VHW going all round the village by the concerned health center, we could bring some changes.

In absence of my reach, I appointed an observer in each village of 10-15 households crediting him/her Nu.50. /- talk time voucher monthly to update me with the progress. There were 4 observers temporarily for 3-5 months. That helped me a lot as if there was a great influential leader much better than I would have visited personally. One of the villagers Mr. Phuntsho 53, says he used to feel so embarrassed while his guests ask about his toilet. He did not have a rational response or had to hide away from them since then. Going out in the midnight, while raining and in an open space without any privacy, excreting was as if an abnormal biological dysfunction for him and his family. Now that unpleasant story has ended.

On the other hand, figures at the health center like diarrheal diseases and skin infections have drastically decreased over the past three years after people stopped open defecation or using conventional

pit toilets. Such positive trends in our community can help us move to other public health indicators like nowadays growing public health concern, Non-Communicable Diseases (NCDs) preventive measures.

“There are no limits to what you can accomplish, except the limits you place on your own thinking.” Brian Tracy.

Looking ahead and sustainability

The Sustainable Development Goals (SDGs) keep us aimed and missioned to fulfilling its target goals at large. And I strongly believe we can contribute in our own way providing community services up to the fullest potential we can. Therefore, we can keep these public health measures and interventions sustained and resilient with the changing situations. For this Rabtey sub-post is coming up with a booklet “Healthy Village” (འཕྲོད་བསྟེན་ཅན་གྱི་གྲོང་ཁྱེར) in dzongkha version too, in alignment with the Annual Performance Agreement (APA) and Individual Work Plan (IWP) encompassing all aspects of public health measures such as WASH, maternal and child health, elderly care, Non-communicable diseases screening and early interventions, waste management, alcohol harm reduction plans, suicide prevention, mental health approach, climate change and its impact on the humanitarian well-being in the long run as a whole.

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