

CSOs Review of National Accountability Mechanism for SDG 6

BHUTAN



6 CLEAN WATER
AND SANITATION



Table of Contents

EXECUTIVE SUMMARY.....	5
1. INTRODUCTION.....	8
1.1 Country Context.....	8
1.2 Study Objective	9
1.3 Methodology.....	9
2. POLICY AND LEGISLATION.....	10
2.1 General legislation	10
2.2 Health and WASH-related legislation.....	10
3. COUNTRY REPORTING OF SDG 6.....	11
3.1 Progress on SDG 6.1	11
3.2 Progress on SDG 6.2	11
4. ACCOUNTABILITY MECHANISM, PLATFORMS OR SYSTEMS	15
4.1 Stakeholders in WASH	15
4.2 Platform for WASH SDG achievement.....	16
4.3 Accountability Mechanisms	17
4.4 Institutional Arrangements	17
4.5 Mapping of Networks/Associations and other groups	17
4.6 Monitoring and Evaluation (M&E) for WASH.....	18
5. CSOs' PARTICIPATION IN ACCOUNTABILITY MECHANISMS, PLATFORMS.....	20
5.1 Role of CSOs in achievement of national WASH Goals.....	20
5.2 Representation of CSOs in national platforms.....	20
5.3 CSOs participation in software activities	21
5.4 CSO advocacy for WASH	21
6. POSITIVE EXPERIENCES OF PARTICIPATION IN SDG PROCESSES.....	22
7. AREAS OF IMPROVEMENT.....	23
8. GOOD ACCOUNTABILITY PRACTICES.....	24
9. CONCLUSION & RECOMMENDATIONS	25

Acronyms and Glossary

Acronyms

ABS	Ability Bhutan Society
ADA	Austrian Development Agency
BAOWE	Bhutan Association of Women Entrepreneurs
BHU	Basic Health Unit
BNF	Bhutan Nature Foundation
BTO	Bhutan Toilet Organisation
B-WASH	Bhutan Water Sanitation & Hygiene
CCC	CSO Coordination Committee
CSO	Civil Society Organisation
FANSA	Freshwater Action Network
FYP	Five Year Plan
GNH	Gross National Happiness
GNHC	Gross National Happiness Commission
KPI	Key Performance Indicator
LG	Local Government
M&E	Monitoring & Evaluation
MHM	Menstrual Hygiene Management
MOE	Ministry of Education
MOH	Ministry of Health
MOWHS	Ministry of Works & Human Settlement
NEC	National Environment Commission
NKRA	National Key Result Area
ODF	Open Defecation Free
PPP	Public Private Partnership
PHED	Public Health Engineering Division
RGOB	Royal Government of Bhutan
RSAHP	Rural Sanitation & Hygiene Programme
RSPN	Royal Society for Protection of Nature
RWSS	Rural Water Supply & Sanitation

SACOSAN	South Asia Conference on Sanitation
SNV	Netherlands Development Organisation
SWA	Sanitation & Water for All
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Education Fund
WASH	Water & Sanitation for Health
WaSIS	Water & Sanitation Information System
WINHCF	Water & Sanitation Hygiene in Health Care Facilities
WINS	Water & Sanitation Hygiene in Schools
WQMIS	Water Quality Management Information System

Glossary

Dzongkhag	District
Gewog	County
Dratshang Lhentshog	Secretariat for Monastic Affairs

EXECUTIVE SUMMARY

Though Bhutan made commendable progress in a relatively short period of time in terms of water and sanitation coverage, water-borne diseases have marginally reduced and is comparably higher than most countries in the region. This is attributed to lack of appropriate sanitation technologies, user deficiency in use and maintenance and poor hygiene practices. To enhance effectiveness and efficiency of efforts, water and sanitation delivery now is institutionalized under one dedicated Ministry consolidating both the hardware and software aspects of water and sanitation in the country. The Ministry of Works & Human Settlement has harmonized the Sustainable Development Goals (SDG) 6.1 and 6.2 with National Key result Areas (NKRA) 8 and 15 of the 12th Five Year Plan (2018-2023).

Various legislative and policy instruments such as the Vision 2020, National Environment Protection Act, Local Governance Act 2018, Water Act as well as Bhutan Building Rules all either vouch the necessity of water and sanitation or provide guidelines for safe and effective design of systems to be adapted for use by the differently abled population. National Sanitation and Hygiene Policy 2019, though in draft, aims universal coverage, state-of-the-art technology, sustainable financing for the technology while also emphasizing behaviour change and strengthening of institutional mechanisms.

In terms of monitoring of the SDGs, data on sanitation is being collected and produced annually but milestones and targets still need to be structured into a monitoring framework. Many districts are on the verge of achieving full coverage of sanitation whereas 4 districts namely Tsirang, Trongsa, Samdrup Jongkhar and Mongar have already achieved this status. Some 85% of the population now have access to sanitation. Coverage for vulnerable groups will also be accelerated now based on the recommendations of the study entitled "Leave No One Behind" which was carried out to address needs of specific vulnerable groups like the elderly, women and girls, the disabled and sanitation workers.

The situation in schools as well as monasteries and nunneries too show good coverage but other accompanying requirements like hand-washing facilities, maintenance of facilities, menstrual hygiene facilities and disabled-friendly facilities are still lacking.

The table below summarizes progress articulated in this report vis-à-vis the Report from 2018 especially in relation to status of National policy, accountability mechanism and their functionality, water and sanitation coverage as per the latest Government data.

Table 1: Progress in selected parameters before and in 2019

No.	Parameter	Status in 2018	Status in 2019
1.	National Sanitation & Hygiene Policy	The National Sanitation & Hygiene Policy was drafted with the discursive input of a range of stakeholders.	The National Sanitation & Hygiene Policy Final Draft has been submitted to GNHC for review and endorsement.
2.	Accountability Mechanism and functionality	Of other stakeholders... CSOs are increasingly being engaged but work in isolation with their own mandates not focused on SDGs mainly because unaware how they can align activities with SDGs.	The B-WASH Cluster meeting of 2019 was attended by more than 50 participants from a diverse range of institutions suggesting expansion of the stakeholder base. While this enhances plurality, it also poses coordination challenges which can be offset with better organisation of the Cluster. The number of CSOs participating has increased indicating expansion of the B-WASH Cluster. There is still the need to capitalize on CSOs role in WASH activities through concrete activities towards attaining SDG 6 in the country.
3.	National Water coverage	In 2015, coverage was that 97.2% population had access to water supply (Annual Health Bulletin 2016)	In 2019, 98.65% of the population (Annual Health Bulletin 2019) have access to safe and affordable drinking water
4.	National Sanitation coverage	66.3% of the population in 2012 had access to safe and hygienic sanitation facilities	74.8% of the population (Annual Health Bulletin 2018) have safe and hygienic sanitation facilities

The conventional stakeholders in WASH remain the same such as Ministry of Health (MoH), Ministry of Works & Human Settlements (MOWHS), schools, monastic institutions, local government, Civil Society Organisations (CSOs) and development partners. However, there is as yet no formal platform for Water Sanitation & Hygiene (WASH) Sustainable Development Goals (SDG) achievement but an alternate group called the Bhutan Water & Sanitation & Hygiene (B-WASH) Cluster has been instituted which has convened to discuss, organize, monitor WASH activities in the country. In recent years six CSOs have become active in the B-WASH Cluster and are also undertaking other

activities of the government by becoming program partners. However, a clear delineation of responsibilities and concrete program defining their involvement have not been worked out. At the same time, this is important to maximise their contributions. The CSOs will have to prove their mettle first to build enough credibility to influence government to make decisions on WASH matters.

Monitoring of WASH is carried out through variable mechanisms in different agencies such as the MOH for rural sanitation and MOWHS for urban sanitation. These need to be harmonized keeping in mind however the clear linkage of sanitation and health.

The B-WASH is the latest and only network currently existing in the country for WASH matters and as of now conducted a few meetings. Formalisation of the B-WASH is adoption to give it some legal status as well as to endow it with credibility to engage to continue providing a platform for agencies working for the WASH agenda. Other networks that Bhutanese WASH agencies and professionals participate in are the regional South Asian Conference in Sanitation (SACOSAN) and Sanitation and Water for All (SWA).

In view of the current state of WASH in the country it is concluded that: Bhutan has made good progress towards achievement of SDG 6.2 but will have to now work more on ensuring that no one is left behind namely vulnerable groups. Most districts in the country are moving towards 100% coverage of sanitation and 12 gewogs (counties) have now met the open defecation free status. Bhutan has immense potential to accelerate sanitation programmes now that institutionally both water and rural and urban sanitation is under one Ministry. The establishment of the B-WASH Cluster network is an opportunity by itself to bring together government, development partners, professionals and CSOs into the WASH partnership in Bhutan while the regional networks continue their linkages with WASH proponents, implementing agencies in the country.

In order to address current challenges and be forward-looking, it is vital that the National Sanitation & Hygiene Policy is endorsed following which the necessary procedures for applying policy principles have to be developed and mainstreamed into programmes. In consonance with the Policy it would be timely to prepare a strategy to implement the policy and the WASH programme for the next decade at the least. The B-WASH too needs to be formally recognized as a representative body for which there has to be a move to institutionalize it as an autonomous body in the government or be registered as a CSO. Further, current initiatives to include CSOs and private sector has enhanced the profile of the sector as being inclusive and facilitating plurality. However, the roles and responsibilities of all stakeholders need to be clearly defined so that each is responsible but also accountable. Instituting a practical and effective M&E system assimilating all disparate systems and databases would ensure a focused system to measure outputs and outcomes to achieve SDG 6 in the country.

1. INTRODUCTION

1.1 Country Context

Bhutan has made substantial progress in attaining national, regional and international commitments to water and sanitation targets over the years. In 2018, 98.6% of the Bhutanese population had access to improved drinking water sources as compared to 88% in 2010¹. The proportion of households with access to improved sanitation facilities has increased from 66.3% in 2012 to 85.1% in 2018 while the proportion of the population with access to improved sanitation stood at 74.8% in 2018. However, despite this progress, the under-five mortality rate is still 34.1 deaths per 1,000 live births – which is still high as compared to countries in the South Asia region. Similarly the number of under-five cases of diarrhoea has decreased by only 1.5% per year over the past eight years, and dysentery and diarrhoea together account for the second most common health problem in rural areas after respiratory diseases. It has been estimated that if all cases of diarrhoea and dysentery were eliminated, 50% of health staff time could be released for attending to other work. Although, the impact of rural water supply and sanitation on improved health is impressive; there is much to be done in achieving sustainable goals.

From recent studies,² the three main reasons for consistent cases of water and sanitation health problems identified are:-

- Many toilets constructed to date - mostly pit latrines - fail to meet the basic principles of safe sanitation;
- Many toilets are not properly used and maintained in hygienic condition (including toilets at schools and monastic training institutions);
- Also, although majority of the respondents are aware about hand washing and causes of diarrhoea, not many household toilets have a hand-washing place with soap and water nearby;

The Ministry of Health (MoH) consolidated both drinking water and improving sanitation and hygiene into one intervention package. From an institutional point of view, vis-à-vis the water and sanitation programme this has a number of advantages. Firstly, the Royal Government of Bhutan (RGoB) considers good sanitation to be a key factor in achieving the goal of Gross National Happiness. Secondly, since 2003 both rural water supply and sanitation (RWSS) and hygiene has been the mandate of a single ministry, the MoH. Hence, implementation now involves both public health engineering namely constructing the infrastructure as well as ensuring that health workers deliver the softer aspects of improved water and sanitation such as awareness and facilitating behavioural change. Thirdly, the health sector received a generous allocation of total government expenditure of Nu. 12,647.14 million in the 12th Five Year Plan which is third in terms of budget allocation after the Ministry of Agriculture and Ministry of Economic Affairs namely industries.

Bhutan follows a five-year socio-economic development planning cycle. The 1st Five Year Plan (FYP) was initiated in 1961. The FYPs is a road map to socio-economic development to be implemented over a five-year period. Beginning from the 10th FYP,

¹ The Ministry of Health (MoH) Annual Health Bulletin 2015

² Source: WASH Baseline in Monastic Schools and Nunneries in Bhutan, 2019, UNICEF

the country's development policies and programmes was guided by the concept of Gross National Happiness (GNH) development philosophy. Since then, Bhutan has made remarkable progress in human as well as economic development and is committed to maintain harmony between economic developments, spiritual and cultural values and conservation. In relation to the broad GNH framework, the first and second pillars of GNH namely sustainable and equitable socio-economic development and conservation of environment are those areas within which most of the SDGs directly relate to. The sanitation and hygiene program is in the domains of both conservation of environment and socio-economic development.

The planning process for the 12th FYP covering the period 1st July 2018 to 30th June 2023 began in January 2016 with a series of extensive consultations with all relevant stakeholders, including individuals, government agencies, local governments, private sector, Civil Society Organizations, political parties etc. An assessment by Gross National Happiness Commission (GNHC) of the 12th FYP National Key Result Areas (NKRA) and Key Performance Indicators (KPI) vis-à-vis the Sustainable Development Goals (SDG) carried out by GNHC shows a high-level of conformity. The 16 NKRA are closely related with 16 of the 17 SDGs and close to 100 Targets and indicators of SDG are integrated into the NKRA and KPIs. The 12th FYP of Bhutan has KPIs on WASH namely drinking water coverage by household and population and safe sanitation coverage by households and population from the national to sub-national level. Sanitation is one of the 13 indicators and is being monitored regularly.

The two lead ministries (Ministry of Health and Ministry of Works and Human Settlement) in consultation with other relevant sectors have harmonized the SDG 6.1 and 6.2 indicators with the National Key Result Areas (NKRA 8 and 15) of the 12th Five Year Plan (2018-2023). Bhutan's planning process is based on inclusive bottom up planning where local government prioritize developmental activities according to local needs aligned with NKRA.

1.2 Study Objective

The overall purpose of this study is to update the SDG Mapping Study and collect latest information and data as an extension of baseline information collected as part of the previous assessment on where each country stands in setting targets and aligning SDG 6 targets with national plans and policies, data collection and implementation. Also, this Report aims to review the national accountability mechanisms for tracking SDG 6.

1.3 Methodology

In preparing this Report, the following methods were employed: -

- Review of current statistics produced by the Ministry of Health, Ministry of Education and development partners such as UNDP, UNICEF and SNV;
- Review of legislation relevant to WASH;
- Review of Reports and documents on studies related to WASH carried out in recent years;
- Review of planning documents such as the 12th Five Year Plan documents;
- Key informant discussion with relevant officials;
- Required data and information were extracted from the above sources and synthesized and analysed;
- The Report was prepared based on the synthesized data and information

2. POLICY AND LEGISLATION

2.1 General legislation

A review of the national legislation and policy documents reveals ample support for water and sanitation provision in the country. For instance, the Bhutan Vision 2020 envisions continuation and expansion of access to water and safe sanitation while the GNH architecture designed to guide the development of the country also has a separate domain of living standard highlighting the need for access to water supply and sanitation. The National Environment Protection Act too underscores the necessity for access to water, sanitation and hygiene. Meanwhile, the Water Act of Bhutan prioritizes drinking water and proper sanitation whereas the Local Government (LG) Act of Bhutan emphasizes that the health, safety and well-being of the people should be supplemented by quality services like water supply and sanitation. Operational guidelines like the Bhutan Building Rules 2002 includes the location and position of septic tanks and drainage systems. It also follows an all-inclusive policy for access of special sanitation system to those with disabilities. Guidelines for differently-abled friendly construction provide for design and construction of barrier-free environmental facilities for implementation of standard procedures for people with disabilities.

2.2 Health and WASH-related legislation

The National Health Policy mentions that rural and urban water supply and sanitation schemes will be intensified and decentralized to enhance access to safe sanitation. The National Sanitation and Hygiene Policy 2019 (in final draft) has already been submitted to the GNHC for policy screening and endorsement. The policy aims to achieve the following objectives: -

1. Achieve universal coverage and access to safely managed services.
2. Adopt appropriate technology for safely managed sanitation systems.
3. Develop sustainable and efficient financing mechanism for safe sanitation and hygiene services for all.
4. Strengthen capabilities including Behaviour Change Communication at all levels.
5. Strengthen institutional mechanism for effective and efficient coordination and service delivery.

From the above objectives, serial number 1 which is “Achieve universal coverage and access to safely managed services” is aligned with SDG goal 6 which is “water and sanitation for all” since it envisages to achieve universal coverage of sanitation in the country. Among the 3 targets formulated for this SDG Goal; it aligns with target 6.2 which is: “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”.

The Policy is therefore compliant with SDG 6. However, translating the Policy in terms of programmes and activities by various implementing agencies and stakeholders aligned to very specific components of the target group such sanitation and hygiene, open defecation reduction and meeting the needs of specifically women and girls and vulnerable situations is needed. The last component namely for people in ‘vulnerable situations’ could be broadly defined but some groups which could benefit from better and targeted access when providing sanitation facilities could include the differently-abled, elderly, the sick and those who need cash transfers to access facilities which otherwise may be unaffordable due to their poverty.

3. COUNTRY REPORTING OF SDG 6

The 12th Five Year Plan of Bhutan has KPIs on WASH from the national to the sub-national level suggesting that the plans and Monitoring & Evaluation Framework is well aligned with the SDGs related to WASH.

In terms of updating the status of the annual milestones, targets and indicators for SDG 6, these should be designed in way that they are measurable. However, the literature shows that while indicators are being monitored, for example – sanitation coverage on an annual basis by the Ministry of Health and produced in the Annual Health Bulletins, milestones and targets still need to be structured into a monitoring framework and system for regular monitoring of milestones, targets and indicators. In the Fourth B-Wash cluster meeting held in 2019, it was discussed that there is a need to align WASH activities with SDGs. This section therefore will elaborate on progress on SDG identified and selected from periodic reports and bulletins produced by stakeholders.

3.1 Progress on SDG 6.1

TARGET 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all

There is progress on commitments in response to the SACOSAN 7 held at Islamabad with regard to SDGs. The coverage of safe water in the country has further enhanced in rural as well as urban areas.³ Now, 98.65%⁴ of the country's population enjoy access to safe and affordable drinking water reflecting good progress in the rural and urban water supply programmes in the country.

Coverage of piped water in dwellings and compound stood at 45.5% and 50.4% respectively whereas 34% of the population were said to have safely managed drinking water. The overall water pipe connection was 100%.⁵ Besides, a total of 10 districts and 4 Thromdes will benefit from the flagship programme rolled out in 2019 where a total of 72,241 households will benefit from regular and safe water provision. Along with the 12th Five Year Plan, the objective of the program is to ensure 24/7 safe drinking water and with improved water quality for all.⁶

A WASH Baseline Survey in Monastic Schools and Nunneries in Bhutan was commissioned by the UNICEF in 2019 and carried out by NYCOM Consultants, Bhutan. The data shows that 95% of institutions had access to safe water. Further, 23% tested their water sources most of whom were nunneries with the majority reporting treatment of water by boiling to enhance potability. Some 53% of institutions shared water with communities.

3.2 Progress on SDG 6.2

TARGET 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

³ Islamabad Declaration, Ministry of Health

⁴ Source: Annual Health Bulletin, 2019

⁵ JMP, 2017

⁶ Source: Bhutan Country Brief, April 2019

Under the Rural Sanitation and Hygiene Program (RSAHP), the community development for health approach emphasizes need to curb open defecation. Behaviour Change Communication is an important vehicle to make people aware regarding the importance of a planned sanitation as well as proper hygiene. The various stakeholders have been encouraged to participate for the proper functioning of the SDGs. GNHC, the monastic bodies, ABS, DPO, BAOWE and BNF are some of the stakeholders who have been working for passing information and educating their respective beneficiaries regarding the importance of safely managed sanitation and clean hygiene. Besides, the idea that health and hygiene can only succeed when all follow hygienic practices since disease easily spread through water and other mediums.

The coverage of safe and hygienic sanitation facilities nationwide among the population has now reached 85.1%.⁷ Another 13.9% of the population have access to toilets which are not safe and hygienic. The remaining 1% practice open defecation because they do not have any toilet facility. Hence, the open defecation rate is only 1% in the country. More districts are being declared as open defecation free. The Rural Sanitation & Hygiene Programme has now covered 15 out of 20 districts.

The WASH in Health Care Facilities Survey 2019 shows that while most health facilities may have toilets provided but all may not be usable. Moreover, gender-segregated toilets are present in only some of the health care facilities besides toilets with hygiene management for women and for differently abled people is starkly missing in three quarters of the facilities.

With regard to the availability of facilities to maintain personal hygiene such as water and soap or alcohol hand rub availability at health care facilities, the data shows that at national level in all parameters, there could be more to be done. However on comparison between various levels of health facilities, it is BHU-II levels that consistently out-perform both hospital and BHU-I levels in making available hygiene facilities at point of care and at or near toilets in health facilities.

Data collection and reporting on progress towards reaching out and meeting the needs of women and girls and those in vulnerable situations still need to be done. An initiative towards this is the "Leave No-One Behind Study" carried out with the assistance of SNV to identify the least served groups. The Report states that In Bhutan's context the ones most vulnerable to being left behind are adolescent girls and women, the youth, the elderly, the people living with disability and the sanitation workers.

In the case of **women and adolescent girls**, inadequate water supply and lack of Menstrual Hygiene Management (MHM) has been reported to be a hurdle in the urban areas of Bhutan. In rural areas, although toilets have been available, these are of poor quality with minimum space. Some women reported that the roof is made out of banana leaves with holes in the walls. These two issues hinder privacy. The toilets in the rural areas are far away from their home and the terrain is sloping so they must always hurry in case of emergency. Pregnant women and women with disabilities face more intense problems.

The "Leave No One Behind Report" shows that in rural areas, women use a cloth for MHM due to lack of sanitary pads. They can't dry it out in the open so they dry it in a

⁷ Source: Annual Health Bulletin, 2018

corner of their home. This can prove to be a major setback as it increases the risk for contamination. In urban areas, a veil of ignorance has been formed on people because there isn't much information on MHM, thereby limited awareness in menstrual hygiene has been reported. There is an absence of sanitary bins for the adolescent girls in schools and for the women in public.

The major impediment as far as the **elderly and the disabled** are concerned is regarding the design of toilets and washing facilities which suits their needs. There is urgent need for the designing such toilets for the special-needs children. The elderly and **people with disabilities** have shared their issues where it is difficult to reach the designated toilet spot located further away from the main house in villages. It is necessary to articulate that even in urban areas, the elderly and people with disabilities suffer because of the restriction of their mobility. The absence of railings hinders their access to support in the toilet and it amplifies their problems. The people who use wheelchairs due to their disability have to crawl to reach the toilet and more often than not, they don't make it in time.

The **sanitation workers** in Bhutan mostly come from the neighbouring states of Assam and West Bengal. They had a number of grievances to be discussed as well. They believed that the social stigma surrounding the work they do is already intense and on top of that, they aren't paid enough. Moreover, they are not provided with safety gear and get ill. These workers claimed that the blockage in the sanitation facilities is predominantly due to the sanitary pads which are probably flushed in the toilet pans by women. They also stated that the sludge is illegally disposed in canals and landfill sites. Every district has a designated land fill site in which household and other waste is dumped.

The "Leave No one behind" Report has a number of recommendations listed below: -

1. Include marginalized groups in discussions of WASH related policies so that development can be inclusive. Outcomes of the dialogue could be fed into better planning and interventions for the benefit of marginalized groups. CSOs working in the Cluster could be the vehicle to reach out to such groups.
2. WASH facilities in public areas should meet the needs of people living with disabilities.
3. Suitable facilities should be made accessible for adolescent girls and women in both rural and urban areas. MHM should be prioritized through awareness raising to all-including the people of the opposite sex. Women health coordinators should be recruited in schools so that female students can be made to feel at ease while sharing their problems regarding the MHM. Sanitary bins should be kept at schools and public places along with an access to a changing room. Sanitary pads in regularized numbers should be distributed, especially in schools of rural areas.
4. Sanitary workers are usually migrant laborers so a decent housing facility with toilets to fulfil their sanitary needs should be provided. Safety gear and equipment should be provided for protection. A rise in their payment would also motivate them to continue doing the work which no one else opt to perform.

In 2019, a training was conducted on menstrual hygiene and pad disposal bins during religious events as well as improvement of sanitation infrastructure and bed-side toilet

pots for the differently abled and the elderly.⁸ Also, 5000 copies of a book titled 'Yalama Apa' were printed. The essence of this book is on sanitation etiquette such as putting an end to open defecation, the importance of using tissue paper or water to clean faeces, flushing after using toilet and washing hands with soap after cleaning faeces as well as risks of blockage due to dumping wastes in toilet pots.

In formal schools, the data⁹ shows that only 1.7% of schools do not have toilet facilities while the rest are equipped with toilets. Pour flush toilets are the most widely available at 58% followed by pit latrines at 22% and aqua privy toilets at 17%. Also some 2% are composting toilets. In terms of functionality 80% of toilets for males are functional while for toilets used by females, some 71% are functional

WASH Baseline Survey in Monastic Schools and Nunneries in Bhutan carried out in 2019 shows that 89% of monasteries and nunneries had a pour flush toilet while only 15% had aqua-privy toilets and 2% still use pit latrines. A sample of toilets was examined which shows that 8 out of 10 toilets had functional electric facilities while only 17% of institutions had disabled-friendly facilities while 70% did have facilities for small children. However, hygiene is of concern since only 3 out of 10 toilets were found clean. Further, 97% had handwashing facilities, 89% of nunneries and 69% of monasteries had bathing areas though only 71% used only water (and no soap) while bathing. Only 14% nunneries had access to MHM. Also, 99 institutions had WASH coordinators with a mix of trained and untrained coordinators and moreover 28% of the institutions do not promote health education at all and 97% do not have maintenance funds.

The Report recommends associated software that should go along with sanitation facilities such as soap be provided for handwashing and bathing, maintenance fund for toilet upkeep and appointing and training WASH coordinators.

The achievements against targets in terms of coverage, quality and reliability as compared to the previous report are the same. This is because water and sanitation figures as used in Annual Health Bulletin 2018; the same figures are reflected in the Annual Health Bulletin 2019. Therefore, one can surmise that the same figure used in 2018 was replicated for 2019 suggesting that data may not have been collected in 2019.

⁸ Meeting of Minutes, Fourth B-WASH Cluster Meeting

⁹ Source: Education Statistics, 2019, Ministry of Education, RGOB

4. ACCOUNTABILITY MECHANISM, PLATFORMS OR SYSTEMS

4.1 Stakeholders in WASH

WASH has been given importance from central right till the grassroots level. The Water and Sanitation Hygiene in Schools (WINS) and Water and Sanitation Hygiene in Health and Care Facilities (WINHCF) has also been prioritized to ensure the social services are also adequately provided with water and sanitation facilities. The aim is that water and sanitation programmes that provide such facilities should be inclusive of people from all walks of life to improve the situation of WASH in Bhutan.¹⁰

While the local government participates in the district level, on a National level, the two most important ministries involved in the successful implementation of SDG 6 indicators are the MOH and MOWHS. The MOWHS has taken the responsibility for WASH facilitation of urban as well as rural areas. The stakeholders are guided by GNHC, which assists in bringing accountability and transparency to WASH activities, facilitation and evaluation. The GNHC is the primary organization, which has taken responsibility to lead the Five-Year Plans Development Programme. The GNHC sets national targets and also allots budget for WASH.¹¹

It has been agreed that MOWHS will take responsibility for WASH facilitation in urban as well as rural areas. This is an important revised arrangement regarding WASH targets associated with the SDG goals. Other suggestions to enhance sustainability are a Public-Private-Partnership model for water, sewerage and solid wastes and also to achieve SDG goals with regard to the WASH activities and targets.¹²

The update of the list of various stakeholders involved in WASH activities are 10 government ministries, 8 partners and donors, 6 CSOs, 5 representatives from marginalized constituencies, 5 researcher trainers and experts and 5 facilitators.¹³ Not all these agencies are members of the B-WASH Cluster which is in process of inducting more representation. In alignment with the 12th Five-Year Plan, the First Flagship program has been initiated which covers 10 dzongkhags (districts) and 4 thromdes (municipalities). Further, 74,241 households would benefit from the program with the overall objective of ensuring 24/7 safe drinking water for all.¹⁴ Six of the total 48 registered Civil Society Organizations have been fully involved in WASH facilitation. Two more CSOs have not been registered yet, have been contributing to WASH activities. The six registered CSOs are Ability Bhutan Society (ABS), Bhutan Toilet Organisation (BTO), Bhutan Association of Women Entrepreneurs (BAOWE), Clean Bhutan, Tarayana Foundation and Royal Society for Protection of Nature.

The various WASH sector partners cooperate to ensure progress on the identification of roles for each stakeholder to contribute towards attaining WASH targets. The various results to be achieved depend on developing a level of understanding between stakeholders such as the National government, the CSOs and the vulnerable groups.

¹⁰ 11th ICWG meeting country Update, 2019

¹¹ Bhutan Country Brief, B-WASH, April, 2019

¹² Minutes of Meeting of 4th B-WASH Cluster Meeting, 2019

¹³ See annex 1 for map of all stakeholders in the WASH Programme

¹⁴ Bhutan Country Brief, 2019

4.2 Platform for WASH SDG achievement

A specific platform to oversee the achievement of SDG Goals has not been instituted. It also seems unnecessary because the present institutional arrangement of the Gross National Happiness Commission (with a 15-member Committee) providing direction and line Ministries implementing activities aligned to the SDG Goals and targets is already well established and operational.

However, recently the B-WASH Cluster, a multi-sectoral platform established in 2016 to share experiences, plan and programme activities for the sector is to also monitor progress to SDGs through constant stocktaking and deliberations in the cluster meetings. The B-WASH has representation from government, CSOs and private sector. The Secretariat is rotated bi-annually. In 2019, the following stakeholders were identified as members of the B-WASH Cluster:-

1. Public Health Engineering Division, Ministry of Health, RGOB
2. Water Supply Division, Department of Engineering Services, Ministry of Works & Human Settlement, RGOB
3. Ministry of Education, RGOB
4. Dratshang Lhentshog, RGOB
5. National Environment Commission (NEC), RGOB
6. Bhutan Toilet Organisation (BTO), CSO
7. Greener Way, Private Sector
8. Mawongpa, Private Sector

The B-WASH Cluster is not yet a formal organisation and therefore cannot make any organisation accountable. Nevertheless, it is a representative body and has recognition as a platform since it is constituted of membership from government, civil society, the corporate sector as well as development partners. So far, it has successfully convened several meetings. If the resolutions of the meetings are considered then the Cluster has a range of activities to coordinate among its members. At the current juncture, the secretariat is rotated. There could be differential management capacities and resources among members because of which the quality of management and achievement of outputs could vary from year-to-year.

There may come a time, as when formalisation takes place to decide whether the Cluster should stay as it is now or to accede as a government agency or to register itself as a CSO. There have been experiences of a few CSOs which earlier functioned in the same mode but later sought registrations as CSOs such as the Evaluation Association of Bhutan. As and when it becomes a legal entity it would be necessary to mobilize the necessary resources to establish its working secretariat in independent office premises resourced with the bare minimum staff, equipment and furnishings. Resources could be mobilized from its current members in cash and kind (technical assistance among others).

CSOs and media can contribute to public awareness besides CSOs can raise issues with ministries based on their experience of close contact with beneficiary populations. The media too can highlight and bring into the public domain concerns through various media.

4.3 Accountability Mechanisms

The Mutual Accountability Mechanism Framework as designed and suggested for adoption by its member countries appears prohibitive at first with it cascading from the seven principles to Building Blocks and the actual process wherein mutual accountability is implemented as a cyclical process. A closer view then reveals the several of the guiding principles are already being followed, building blocks are largely in place that several steps in the process are already in place and being practiced only that it is not formally called as an accountability mechanism. The process is similar to a project cycle which all countries use on a regular basis and well versed in it owing to their experience in formulating, implementing and monitoring projects. However, in order to understand better if the nuances of SWA's Framework can be adapted to Bhutan's case would require a study to examine level of compliance to the framework and suggest where and how more work can be done by the national mechanism to institute this accountability mechanism.

4.4 Institutional Arrangements

The status quo in terms of institutional arrangements for WASH in the country since the last reporting period has been largely maintained in that the major stakeholders such as the Ministry of Health (MOH) and the Ministry of Works & Human Settlements (MOWHS) are still present and active. Besides, other stakeholders such as the Ministry of Education for school water and sanitation and the *Dratshang Lhentshog* (Monk Body) for water and sanitation in monastic and religious institutions are still active.

A recent development, however, is that it has been agreed that the MOWHS will take responsibility for WASH facilitation in urban as well as rural areas. This is an important revised national institutional arrangement regarding WASH implementation in the country. CSOs too are increasingly being involved in discussion fora such as the B-WASH Cluster and implementation of activities within their areas of expertise and capacity. The local government such as the district and gewog (county) administrations too are included after all programmes are implemented in Districts, gewogs (Counties) and villages for comprehensive coverage of water, sanitation and hygiene.

Stakeholders too have resolved now to participate in the collective effort to achieve SDGs.¹⁵ The need for a Public Private Partnership (PPP) model¹⁶ was also articulated for water, sewerage and solid wastes which is an important mechanism proposed for achievement of the SDGs and sustainability with regard to the WASH activities and targets. Therefore, stakeholders like the private sector would expand their involvement not only from procuring and selling sanitation hardware but also in undertaking sanitation activities.

4.5 Mapping of Networks/Associations and other groups

Apart from South Asia Committee on Sanitation (SACOSAN), Bhutan is also member of Sanitation and Water for All (SWA) since October 2017. This is in line with Bhutan's commitment to achieve the SDGs by strengthening partnership with members in WASH sector. The platform also offers opportunities to

¹⁵ Source: 11th ICWG meeting country update-2019, Bhutan,

¹⁶ Source: Minutes of Meetings, 4th B-Wash Cluster Meeting, 2019

- share and learn best practices in achieving the water, sanitation and hygiene targets of the SDGs.
- develop transparent, accountable and results-oriented framework for action and mobilize additional resources (technical and financial) for the water and sanitation sector
- explore newer approaches to strengthening data collection, monitoring and reporting system
- SWA provides an additional platform in informing Country's highest WASH decision makers on the WASH progress in detail.
- SWA reinforces Country's highest WASH decision makers to provide policy and financial support to WASH sector players.

Informally, MoH and MoWHS is also associated with Freshwater Action Network (FANSA) which is a network of mostly Civil Society Organizations (CSOs) from across the South Asia region. Currently the network has six National chapters in Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. In Bhutan and Maldives, only few CSOs associate with FANSA as individual organizational members. FANSA was formed in 2008 mainly with the purpose of facilitating effective engagement of CSOs in national, regional and international policy-making processes which ultimately affect people's access to water and sanitation services. FANSA works to empower community leaders and civil society organizations to effectively engage and collectively support and/or influence policies, processes and institutions responsible for ensuring access to safe water, sanitation and hygiene for all.

Over the past 10 years of work FANSA has grown to be a known and recognized forum for supporting CSOs' and communities' voices at all levels. FANSA has demonstrated its strengths in the evidence-based advocacy to hold Governments accountable for National, Regional (SACOSAN) and global commitments. Several CSO representatives have been capacitated who are strongly advocating for realization of Human Right to Water and Sanitation for all and for equitable and inclusive WASH progress. Nurturing regional harmony and cooperation, non-hierarchical and democratic functioning, collaboration embedded in mutual trust and respect are the founding values of the network.

4.6 Monitoring and Evaluation (M&E) for WASH

Monitoring efforts in the WASH sector in Bhutan are disparate with agencies carrying out monitoring in isolation. Described below are the various monitoring systems for sanitation in practice in the country:-

- *Health Management Information Systems (HMIS)*: managed by the Ministry of Health, the system incorporates safely managed sanitation for rural households. This was in response to Resolutions of the Islamabad Declaration, towards enhancing M&E for WASH in Bhutan;
- *Water and Sanitation Information System (WaSIS)*: This system is spearheaded by the MOWHS with which the 20 Municipal Engineers track water and sanitation indicators in the country. This has an urban focus with exclusion of rural water and sanitation.

However, the NSB will be carrying out a nationwide survey to cover at household level which will include at rural areas as well;

- *Water Quality Management Information System (WQMIS)*: Managed by the Royal Centre for Disease Control of the Ministry of Health with coverage of urban and rural areas;
- *Education Management Information System*: Managed by the Ministry of Education includes WASH indicators such as water, sanitation, hygiene and operation and maintenance;
- *Maintenance Management Information System*: Managed by the Dratshang Lhentshog (monk body) which includes SDG indicators on water and sanitation coverage in monastic institutions

Baseline and targets for SDG 6.1 (safe water) has been established whereas for SDG 6.2 (sanitation), the baseline for urban areas only have been established whereas for rural areas and WinHCF it is still not endorsed though the Report is complete. It is apparent therefore that different stakeholders maintain their own databases/ MIS systems for which only Government officials have access to such databases. For example, private experts and CSOs do not readily have access to the Ministry of Education (MoE) MIS file. Nevertheless, given a formal request, a concerned official can share the data.

In view of the scattered efforts at M&E in the WASH sector, the B-WASH Cluster Meeting of 2019 resolved to harmonise WASH-related indicators and to integrate databases from all relevant agencies. This is expected to enhance the M&E mechanism for WASH in Bhutan improving the effectiveness and efficiency of M&E reporting for the national 5 Year Plan as well as SDG reporting M&E requirements.

5. CSOs' PARTICIPATION IN ACCOUNTABILITY MECHANISMS, PLATFORMS OR SYSTEMS

5.1 Role of CSOs in achievement of national WASH Goals

Of the current 48 registered CSOs, six have been fully involved in WASH facilitation. These are the Ability Bhutan Society (ABS), Bhutan Toilet Organisation (BTO), Bhutan Association of Women Entrepreneurs (BAOWE), Clean Bhutan, Tarayana Foundation and the Royal Society for Protection of Nature (RSPN).

While it has been agreed that CSOs too should be increasingly involved in WASH activities as well as represent the CSO fraternity in national and international fora, it appears that the processes and nature of their involvement still have to be deliberated. Some of the ways CSOs are being involved are: representation on invitation and participation in cluster meetings, consultation and involvement in stakeholder consultations, involvement in developing National Sanitation and Hygiene Policy.

Up until now the government led WASH sector initiatives in the country. CSOs are being consulted but decision-making is largely in the domain of the government. CSOs, however, are playing their part in promoting safe sanitation and hygiene practices but more so in ensuring *no one is left behind* as far as access to safe sanitation and hygiene is concerned. The current scenario is therefore that CSOs are involved on call and as and when required but a deeper structured engagement of CSOs in WASH is lacking.

The preceding account suggests therefore that the role of CSOs in the accountability mechanism can be substantially improved if CSOs are involved in planning, implementation and M&E of initiatives to promote multi-stakeholder efforts and in inducing transparency and accountability considering their critical capacity and potential contribution to ensuring that 'no one is left behind'.

5.2 Representation of CSOs in national platforms

In Bhutan, the CSO sector is very small in terms of number of CSOs (only 48) and only one CSO is active especially in WASH sector. Most of the CSOs involved in the SDG 6 goals are also members of the B-WASH cluster. The BTO, a CSO which has provision of sanitation as its core mandate is representing the CSO sector in B-WASH as well as being involved in sharing events that might be convened from time to time by the Government.

It was resolved in the B-WASH Cluster Meeting of 27-28 May 2019 to engage more stakeholders such as CSOs with the CSO Core Coordination Committee (CCC) to lead this activity. The CCC is composed of 8 members elected among CSOs representing each thematic group. The CCC then also elects a Chairperson from the elected members to lead the CCC. The CCC represents all CSOs in its dealings with the government and other entities. It also coordinates initiatives and plans of CSOs when it is necessary for the CSOs to come together as a fraternity. The CCC can also play an important role in WASH activities when coordination among CSOs is required for any representation of CSOs in B-WASH or programmes are to be undertaken from the CSO sector. The CCC Chairperson could also be a B-WASH member.

5.3 CSOs participation in software activities

Bhutan Toilet Organisation, a CSO has a mandate to promote sanitation in the country. In a few years, it has made significant progress in provision of low cost sanitation technologies and has successfully provided mobile sanitation facilities used for public gatherings. The BTO also has made sanitation accessible for the less abled like the differently challenged, elderly and sick who are confined to bed

BTO has awareness activities among its functions aimed at making people aware of sanitation technologies and behaviour but activities implemented so far are limited. Other CSOs such as Ability Bhutan Society, BAOWE, Clean Bhutan, Tarayana Foundation and the Royal Society for Protection of Nature (RSPN) also ensure that WASH activities are available for their target groups such as the differently challenged, impoverished populations and women. All these CSOs have a national mandate – they could potentially work throughout the country but owing to resources constraints they are compelled to spread resources to the most needy areas. So far, the BTO has managed to mobilize funds from UNICEF and Save the Children (US) but they also have implemented programmes in partnership with the Ministry of Health and Ministry of Education through whom much funding has also been mobilised. CTO has also linked up with SARAYA and LIXIL which are technology developed companies which also offer sanitation technology option.

5.4 CSO advocacy for WASH

There are as yet no formal platforms for influencing the Government. It is the Government, which has so far led and delivered sanitation hardware and software in the country. However, as far as the 'unreached' populations are concerned and close engagement with people for continued demand creation and provision of new technologies - there could be scope for CSOs to work with the government. Perhaps, the BTO could lead this on behalf of civil society.

The CSO Act 2003 is silent on whether or not CSOs can advocate on causes. This could implicitly mean that advocacy is not permitted. However, in actual practice CSOs have taken up their causes with the government. Therefore, if there is a need to advocate on WASH for their target beneficiaries, CSOs could advocate with the government if they face constraints in fulfilling specific needs of their beneficiaries. The B-WASH Cluster was started in 2019 and currently is the newest and only platform for coordination and sharing of knowledge and experiences on sanitation. CSOs can lead advocacy for the B-WASH Cluster on behalf of its stakeholders on WASH issues.

Therefore, it is necessary to delineate clear mandates, roles and responsibilities of CSOs as well as strategy to advocate on importance on achieving SDG 6 goals and targets. Other means of engagement could extend to technical support to CSOs in implementation where required as well as inclusion in capacity building and learning events could enhance CSOs' contribution to WASH goals and objectives. Exposure through regional SACOSAN meetings could also add value to enhancing awareness of CSOs working in WASH as well as disseminating experience of Bhutanese CSOs. That CSOs are represented and have been active in the B-WASH Cluster meetings is already a good indication of inclusiveness of civil society and private sector boding well for the future.

6. POSITIVE EXPERIENCES OF PARTICIPATION IN SDG PROCESSES

Working towards achievement of SDGs is a task that the UN system and governments as part of a global initiative to bring in holistic development by addressing problems that nations across the globe confront. Therefore, each country who subscribes to the partnership must in partnership with development partners mobilise internal capacities to achieve these goals. In Bhutan, a number of initiatives are evidence of positive experiences of participation in the SDG processes which are as below:-

- The GNHC which leads the development agenda in the country on behalf of the government and people has examined the compliance/conformity of SDGs with 12 FYP NKRA and Indicators. This exercise reveals that there is close integration of the 12th Five Year Plan National Key Result Areas and indicators with the SDGs goal and indicators suggesting that if the government pursues the plan and programmes envisaged in the 12th Five Year Plans diligently and can mobilize the resources to take up the programmes, not only will it achieve the Five Year Plan goals and targets but the SDGs as well.
- Within the water and sanitation sector in the country there have been efforts to mobilize capacities and resources to implement programmes.
- To consolidate M&E efforts, some stakeholders such as the *Dratshang Lhentshog* with UNICEF assistance has carried out baseline studies to establish baseline for water and sanitation in monastic institutions in order to plan interventions and measures progress from the baseline to established targets.
- From 2016, since the establishment of the B-WASH Cluster, stakeholders have endeavoured to come together to work together in a spirit of learning and collaboration from a common platform which encourages plurality of players for better understanding, collaboration and coordination of planned activities.
- Development partners have shown interest to support water and sanitation in the country. For example UNDP and UNICEF are in the forefront of assisting with financial and technical assistance resources, others like the Government of India, Netherlands Development Organisation (SNV), Austrian Development Agency (ADA) among others too have been active in assisting the sector.

7. AREAS OF IMPROVEMENT

A review of the literature reveals that the water and sanitation is not without its challenges which need to be addressed if the agenda should forward. Some of the challenges identified are as under:-

- The sector has several stakeholders in government, civil society and the private sector but many of them are not well versed and able to engage in certain aspects of the sector. For instance civil society and private sector need better orientation on sectoral programmes to identify their contributions.
- M&E is an area that is of prime importance given the fact that it is integral to assess if the activities and programmes would achieve the SDGs. However, there are M&E efforts but in different places and forms. It is prudent to consolidate all M&E systems on water and sanitation into a harmonized system for better management and coordination to avoid duplication while at the same time enhancing effectiveness and efficiency and avoiding duplication of efforts and consequent wastage of scarce resources.
- The B-WASH Cluster is proving to be an important initiative to provide a platform for water and sanitation developments in the country. Though informal, it has been instrumental in providing a common avenue for participation of stakeholders. However, it's effectiveness can be enhanced if it is accorded formal recognition if institutionalized to fortify its status as a representative body for the water and sanitation in the country. Besides, it's membership has to bring in more players from civil society, the private sector and religious organisations which are all integral to playing their crucial part in promoting water and sanitation in the country.
- Behaviour change is recognized as an important outcome of the process of service delivery and provision of the hardware – namely water and sanitation infrastructure. If people do not practice better hygiene the provision of infrastructure alone will not have the intended impact on better health of the population. There has to be concerted efforts and mobilisation of resources for inducing behavioural change in tandem with infrastructure provision.
- The water and sanitation is growing with more stakeholders recognized as vital for the sector. The range of activities have also expanded from the convention infrastructure provision to a quest for approaches to achieve outcomes to justify service provision. Considering the plethora of players and activities, a Master Plan for water supply, sanitation and sewerage would be required to provide long-term direction to the sector.

8. GOOD ACCOUNTABILITY PRACTICES

The main implementing agencies for water and sanitation activities in the country which are the Ministry of Health and Ministry of Works & Human Settlement are entrusted with planning, programming, implementation and monitoring of their respective interventions. As such, under the development coordination of the GNHC and financial backstopping provided by the Ministry of Finance and support from development partners, these entities have delivered the programmes and achieved targets as manifested in the water and sanitation coverage data collected on an annual basis.

There is closer coordination and collaboration between these two ministries but overtime more players have emerged to participate in water and sanitation programmes in the country. The need to expand institutional water and sanitation development brought in the Ministry of Education and the monastic institutions as well. Now civil society organisations which work with their specific constituents such as women, differently abled, the elderly, youth among others has opened up partnerships with CSOs as well. The private sector too which works with solid waste management and technologies would also be instrumental in taking forward the cost-sharing of water and sanitation facilities in the near future. All these agencies have been brought together in the B-WASH Cluster and as such are committed to play their roles and contribute their time, resources and expertise in the collective effort for water and sanitation development in the country.

9. CONCLUSION & RECOMMENDATIONS

In view of the current state of WASH in the country the following can be concluded: Bhutan has made good progress towards achievement of SDG 6.2 but will have to now work more on ensuring that no one is left behind namely vulnerable groups. Most districts in the country are moving towards 100% coverage of sanitation and 4-5 have declared their ODF status. Bhutan has immense potential to accelerate sanitation programmes now that institutionally both water and rural and urban sanitation is under one Ministry. The establishment of the B-WASH Cluster network is an opportunity by itself to bring together government, development partners, professionals and CSOs into WASH partnership in Bhutan while the regional networks continue their linkages with WASH proponents, implementing agencies in the country.

Based on the findings in this Report, the following recommendations are made:-

1. Adopt the National Sanitation & Hygiene Policy and prepare the operational guidelines and rules soon after the Policy is endorsed.
2. Take forward the recommendations of studies carried out on (a) Leave No One Behind and (b) Study on WASH in Monastic Institutions and Nunneries.
3. The MOWHS to in view of the new institutional arrangements and after the Sanitation and Hygiene Policy is passed to prepare a strategy for WASH for the next 5-10 years as soon as possible.
4. Consider formalizing the B-WASH Cluster as an empowered Committee for WASH activities in the country with the Chair rotated among members each year. MOWHS to sign MOUs with the participating CSOs for implementation after agreeing on activities and other deliverables. Delineate clear mandates, roles and responsibilities of CSOs as well as strategy to advocate on importance on achieving SDG 6 goals and targets. Other means of engagement could extend to technical support to CSOs in implementation where required as well as inclusion in capacity building and learning events could enhance CSOs' contribution to WASH goals and objectives. Exposure through regional SASOSAN meetings could also add value to enhancing awareness of CSOs working in WASH as well as disseminating experience of Bhutanese CSOs. That CSOs are represented and have been active in the B-WASH Cluster meetings is already a good indication of inclusiveness of civil society and private sector boding well for the future.
5. Define a structured and harmonized M&E framework for WASH in the country and institutionalize the data collection, repository for data, analysis and dissemination as required.

ANNEX 1: STAKEHOLDERS IN THE WASH SECTOR

