

**PUBLIC HEALTH ENGINEERING DIVISION
DEPARTMENT OF PUBLIC HEALTH
MINISTRY OF HEALTH**

Background

The Rural Water Supply and Sanitation Programme started in 1974 with the mandate to provide safe drinking water supply to all rural areas in the country. Till 1995 the program was funded by UNICEF. Then there was a decline in programme funding which affected the 8th FYP targets. SNV provided technical assistance from 1989 onwards which facilitated in developing capacity within national engineers. In 1998 the RWS Programme was transferred to the Ministry of Health from the Ministry of works & Human Settlement in view of the advantageous position Health was in to mobilize funds and accelerate its implementation by involving the health workers at the grassroots level. Above all the transfer was anticipated to have a much greater impact on the health of the people as water and sanitation is one of the basic components of the primary health care. The Ministry of Health was able to mobilize about US\$ 5 million from Danida for the period of 2000-2005. From 2005-06 FY, the RGoB began to provide fund for all RWS scheme construction except institutional Water & Sanitation which is funded by UNICEF. WHO has been an important development partner since the transfer of RWSS programme to Health Ministry. Their focus was on capacity development and water safety plans.

The long term objective of the programme is to improve the health of the rural population by reducing the incidence of water borne and related diseased through the provision of safe drinking water and promotion of improved sanitary latrines.

Specific objectives are:

1. Provide universal access to safe drinking water supply to all rural population
2. Promote improved sanitary latrines and ensure use of by all rural population
3. Ensure more than 90% of rural water schemes are functioning and have water quality monitoring system in place.

Mandates

- Preparation, implementation and advocacy of sound policies, strategies and procedures to support sustainable provision and coverage of rural water supply and environmental sanitation facilities
- Coordination of the RWSS program at national level
- Networking at national, regional and global level
- Technical backstopping to dzongkhags/geogs in areas such as design, material procurement and testing and development of appropriate and affordable technologies
- Identifying and using the capacity of all relevant stakeholders to implement and maintain RWSS facilities
- Developing and supporting implementation of relevant human resource development and training, with emphasis on TOT at central level and capacity building at dzongkhag level
- Coordination, management and monitoring of donor-supported programs and projects in the sector
- Monitoring and supervision of RWSS project implementations, maintain design standards and quality of construction.

Current Situation

The situation of access to safe drinking water has improved considerably since 1990. 90% of the country's population now has access to piped drinking water supply. The proportion of population without access to safe drinking water declined from 55% in 1990 to 22% in 2000 and 10% in 2007. The MDG target of reducing by half those without access to safe drinking water by 2015 has thus already been achieved. However, the actual functionality of the piped water supply schemes is in question. Analysis of the RWSS MIS survey data from 15 districts in 2006 revealed that 40% of the RWS Schemes are functioning very well, 33% are working well with some minor problem, 17% are functioning with a need for improvement and 10% are not functioning.

Presently the access to rural sanitation is understood to mean access to a minimum facility of a pit latrine. There is no subsidy provided for construction of pit latrine. However, it is promoted by health workers in BHUs through CDH workshops and environmental health education activities. While the simple pit latrine construction has been sustainable and cost effective with the national coverage of 91%, it is now high time to promote affordable and appropriate improved sanitary latrines in rural areas including schools and public places to accrue effective health benefits.

Although there is significant increase in both water and sanitation coverage, the incidence of water borne diseases like diarrhoea and dysentery and water wash diseases like skin and eye infection still features among the top five diseases in Bhutan.

10th FYP Objectives

Having decentralized almost all the RWSS implementation activities to the districts and geogs, the specific objectives of the PHED in the 10th FYP are as follows:

- Explore alternative technologies for difficult and unreached areas to facilitate universal access to safe drinking water
- Strengthen sustainability of water supply and sanitation facilities
- Promotion of total sanitation through affordable and appropriate improved sanitary latrines in rural areas including schools and public places for effective health impact
- Improve quality of drinking water across the country through appropriate mechanism
- Enhance capacity of staff working for rural water supply and sanitation facilities.

Strategies

The following strategies will be adopted to achieve the objectives of the programme:

- Roof rainwater harvesting is one of the alternative technologies that have been tested in some critical places where gravity fed system are not feasible. This technology will be initiated nation wide particularly in the areas where people habitat on top of the ridges and the only source of drinking water is rain.

- Pumping system is another alternative technology that will prove to be very useful in supplying drinking water in places where water sources are located below the settlement and accessible to power supply.
- Community Planning and Management (CPM) workshop- this 3-day workshop is conducted by dzongkhag engineers to create a sense of ownership of the rural water schemes by the communities thereby improving sustainability of the schemes. It is conducted in the villages prior to construction to plan for implementation. During the workshop beneficiaries will select water caretaker and maintenance committee who will later manage the operation and maintenance of the project. These members will also be involved in the implementation of the project. Future maintenance funds for the project will be also discussed and devised during the workshop. The water caretakers will be trained by the District Engineers and a caretaker tool box will be issued.
- Community Development for Health (CDH) workshop- this 2-day workshop is conducted by Basic Health Unit staff in the communities. This workshop seeks to improve the sustainability and effective use of rural water supply facilities through broader community health issues (integrated water, sanitation and health management). CDH employs a variety of commitment building tools to stimulate community actions on health issues prioritised by the community.
- Through SNV technical assistance, an approach to affordable and appropriate sanitary latrines in rural areas will be initiated and promoted for effective health impact.
- In order to improve the quality of drinking water a tool entitled “Water Safety Plan (WSP) framework known for the most cost-effective and protective means of consistently assuring a supply of safe drinking water will be initiated and developed in Bhutanese context. It is a health based approach to ensuring safe drinking water.
- Rural Water Supply & Sanitation Management Information System (RWSS MIS) has been developed to monitor coverage and functionality of existing RWS schemes in the country. Health Workers of Basic Health Units are responsible for collecting data on RWSS MIS after every two years and taking corrective action wherever necessary. This information will be submitted to the districts and to the Ministry of Health for taking appropriate interventions based on the analysis of the data.
- Capacity building of the stakeholders at various levels both In-country and Ex-country will be continued to facilitate sustainability and effective use of water and sanitation facilities through innovative learning.