

ROLE OF RURAL WOMEN IN SANITATION AND HYGIENE A Gender Study from Bhutan



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List of Abbreviations

ADB	Asian Development Bank
BCC	Behavior Change Communication
BHU	Basic Health Unit
BNEW	Bhutan Network for Empowering Women
CDH	Community Development for Health
CSO	Civil Society Organisation
DHO	Dzongkhag Health Officer
ECCD	Early Child Care Development
ECB	Election Commission of Bhutan
FGD	Focus Group Discussion
GAO	Gewog Administrative Officer
GNHC	Gross National Happiness Commission
GSI	Gender equality and Social Inclusion plan
GTW	Guided Transect Walk
HA	Health Assistant
HH	Household
HHs	Households
HWWS	Hand washing with soap
IDI	In-depth Interview
KII	Key Informant Interview
KM	Kilometres
LNW	Lhawang Norbu Wangyal, local consultant for RSAHP
MDGs	Millennium Development Goals
MoH	Ministry of Health
NCWC	National Commission of Women and Children
NA	National Assembly
NC	National Council
NFE	Non Formal Education
OD	Open defecation
PHED	Public Health Engineering Division
PL	Pit latrine
RENEW	Respect, Educate, Nature and Empower Women
RGoB	Royal Government of Bhutan
RSAHP	Rural Sanitation and Hygiene Programme
RWSS	Rural Water Supply and Sanitation
SNV	Netherlands Development Organisation
SSH4A	Sustainable Sanitation and Hygiene for All
UNICEF	United Nations Children's Fund
VHW	Village Health Worker
Wangdue	Wangdue Phodrang Dzongkhag
WASH	Water, Sanitation and Hygiene
WB	World Bank

Glossary of Bhutanese Terms Used

Chupen	Village messenger
Dasho	Honorary title for heads of Government agencies
Dungkhags	Sub-district
Dzongdags	District administrators
Dzongkhag	District
Dzongkha	National language of Bhutan
Gewog	Administrative Block consisting of several villages
Gup	Elected Head of the Gewog
Lhotshampa HH	Bhutanese people practicing Hindu culture living in the South
Lyonpo	Minister
Mangmi	Elected member of the Gewog
Nepali	Dialect spoken by the Lhotshampa people
Sharchogpai-lo	Dialect spoken by the people of Sharchop (easterners)
Thayma Tshogpa	Informal religious group
Tshogpa	Head of a village
Zomdue	Village meeting
Zhi Sar	Resettled Household

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Executive Summary

The Rural Sanitation and Hygiene Programme (RSAHP) in Bhutan started in 2008 with a pilot project in four Gewogs, which expanded to Lhuntse and Pemagatshel Dzongkhags from 2010-2013. With the success of the initial phases of the RSAHP, the MoH, SNV and Gross National Happiness Commission (GNHC) agreed to scale-up the RSAHP nationwide as part of the 11th Five-Year Plan 2013-2018. With support from the Australian Government, PHED-SNV up-scaled RSAHP activities with target Dzongkhags to Samtse and Dagana in 2014. In this four-year project the Gender equality and Social Inclusion (GSI) plan plays an integral part to ensure gender and social inclusion in the project. One of the key project outcomes is 'Improved Gender Equality', stressing the significance of gender inclusion and equity in improving rural sanitation and hygiene outcomes in communities. Furthermore, the 11th Five-Year Plan of the RGoB (Royal Government of Bhutan) targets a more gender friendly environment for women's participation in development, underlining a national commitment to gender equality.

The key objectives of this study are to:

- Enhance the understanding of the situation of women and men in terms of the gender dynamics in the communities with regards to the relevant themes of the study in Samtse, Samdrup Jongkhar and Wangdue Phodrang.
- Identify areas of gender bias/discrimination/exclusion in Bhutan in the WASH (Water, Sanitation and Hygiene) sector (if any).
- Produce specific study-based findings and recommendations on how to make the RSAHP programme more gender sensitive (to be incorporated in the RSAHP strategy)
- Improve the capacity of the RSAHP implementers at all levels to integrate gender into the implementation of programme components to achieve improved sanitation and hygiene for all.

This qualitative study was conducted in the three districts of Samtse (in the south), Samdrup Jongkhar (in the east) and Wangdue Phodrang (in the west). The following participatory tools were adopted: 1) focus group discussions (FGD), 2) guided transect walks (GTW) with women and men in communities, 3) in-depth interviews (IDI) with local leaders and 4) key informant interviews (KII) with officials and leaders at Dzongkhags. The study team was trained for three days on the use of these tools by an international consultant and fieldwork was conducted from 11 August to 4, September 2014 by officials from the MoH, SNV, a national consultant and research assistants. The study team achieved almost equal participation of women and men (61 women and 55 men). Four themes of relevance were selected for this study: 1) assess the gender division of WASH-related labour within the household (HH), 2) decision-making at HH level in general including for sanitation and hygiene, 3) decision-making at community level, 4) access, privacy and safety issues related to WASH for rural women and men. The key findings of this study under each selected theme are outlined as follows, with implications for the RSAHP under each theme.

Division of WASH-related HH labour

Questions on HH-related WASH activities, in the form of a card-ranking exercise, were asked to know the key HH member responsible for WASH-related HH work in terms of gender. They revealed that HH WASH-related work was mostly done by adult women in all three districts, with help from adolescent girls and elderly grandmothers. Men reported they undertook WASH-related HH work if a wife was sick or absent. Gendered restrictions with regard to HH work were stronger in Lhotshampa HH communities in Samtse, than in Samdrup Jongkhar and Wangdue, where both sexes saw women as most suitable to do HH work. This community belief was stronger in more remote villages with limited road access (Khempagaon in Samtse, Wangphu in Samdrup Jongkhar). Meanwhile, a more balanced HH division of labour was found in richer HHs and where women were educated. Importantly, the caste system among the Lhotshampa plays a significant role in gender beliefs, with a distinct division of labour in upper caste HHs.

The elderly, as revealed by IDIs, KIs and study team observations, were found to have a lower threshold for changes in gender roles and strongly believed in tradition/practices in contrast to younger community members. In all meetings and interviews, younger men (aged 25-35 years) accepted women leaders and engagement of women in development work. It is also important to note that single women-headed HHs faced greater challenges in constructing toilets, with women in FGDs reporting that single women-headed HHs were burdened by HH and outside work, while the Wangphu Gup said such HHs faced a shortage of labour to farm and be available to attend meetings.

Decision-making at HH level

Under this theme, questions were asked to assess who had decision-making power at HH level, for toilet construction, expenditure on construction (location, type, and timing) and factors influencing such decision-making. Overall, men were found to be the major decision-makers at HH level on toilet construction (type/location of toilet) in studied Dzongkhags for social/cultural and economic reasons. Some degree of joint decision-making existed in non-Lhotshampa HHs, in contrast to Lhotshampa HHs where men dominated. In general, decisions linked to large expenses were made by men at HH level, while women took smaller decisions to buy weekly vegetables and groceries for the HH. The rationale for such decision-making, expressed in interviews, was men are the main income earners at HH level and have networks and exposure to deliver more information and confidence in decision-making, while there was a common belief by women and men in traditions and practices that men are key decision-makers. For example, women had little influence on final decisions made by husbands as stated by women from Wangphu, in Samdrup Jongkhar. Discussions with men revealed that affordability and decision-making hierarchy were influential factors for the type/location/construction of toilets by a HH. The definition of HH heads also emerged during the study as a key variable, with study participants revealing they often followed census data norms to define and name HH heads in favour of men, while participants in meetings did not write their own names unless they were the father/husband from a HH.

Decision-making at community level

The focus here was to identify the characteristics and views of current leadership as well as the levels of acceptance and capability of women and men as leaders. Most development work decisions were found to be made by men, as they take most leadership positions in Bhutanese society. In contrast, the majority of women at Gewog level reported to a male manager and had limited decision-making power. Barriers to women taking up leadership roles included a perceived lack of education or simple book-keeping skills, HH work burdens, less acceptance from society and exposure to information/media, networks and norms outside village/rural areas than men. Women reported they could not participate in Gewog-level elections due husbands' failure to support them. Some female leaders also revealed they did more work than men for less income such as working as a Tshogpga (lower post) rather than as a Gup or Mangmi.

In Lhotshampa HHs in Samtse, no women were found to be in leadership posts and many said they were prepared from a young age to be good housewives to serve their husbands. Numerous stereotypes emerged during discussions on leadership. Senior male Government officials in Dzongkhags said the lower number of women in decision-making positions was because: "Women are not reliable", "not forthcoming" and "don't take opportunities." Whereas, women said the reasons were: "HH work", "not forthcoming", "less educated than men", "biologically women are weaker", "dependent on tradition and culture of men being decision-makers." These views reflect the gender stereotypes in Bhutan surrounding leadership. In fact, men referred to women leaders as "*Phogay zum bay yoemi*"¹. In FGDs, perceptions of younger and elderly women differed with the latter less interested in leadership or technical roles than the former. Many women and men respondents stressed education and networks as key factors to winning decision-making positions.

Interestingly, some role models to usher in gender equality in Bhutan were identified by women in Samtse, Wangdue and included Lyonpo Dorji Choden, Drangpon, Anti-corruption Chairperson Dasho Neten Zangmo. Women with exposure to urban settings as well as people and government officials with a higher social ranking (economic/income) were seen as influential role models in their communities. However, only a few local women leaders were also heads of their HHs.

¹ Like a man.

In general, women's participation in decision-making forums at Dzongkhags is determined by positions in society and most leadership posts are held by men. In IDIs with basic health unit (BHU) staff, it was confirmed women mostly attended health meetings, but did not actively participate in mixed gendered groups. In particular, women reported being shy and afraid of men in meetings, especially ones facilitated by men. Women also lacked confidence to compete with men and in public speaking.

Women's participation in meetings depended on the venue, language used, availability and culture. In Wangphu, women had to walk for up to three hours to the Gewog office. Fewer women from Lhotshampa communities in Samtse participated than other areas due to HH work and only attended when men were unavailable. Other barriers to women's participation were invitations expressly asking men to participate (in Samtse), an age limit for participants (<18 to >55 years in Samdrup Jongkhar and Wangdue) and invitations emphasizing vocal participation in meetings "*go shey ney shey*". Women in Wangphu said men took part when senior officials visited or in higher Gewog-level meetings. A greater turnout of men was also evident from Lhotshampa HHs and Zhi Sar communities in Samtse, if topics to be discussed were viewed as important. Women also faced mobility restrictions due to culture, social norms and gender-specified tasks at home such as caregiving and HH work, long walking distances and the need to carry small children when travelling. In particular, Lhotshampa women from Samtse faced social restrictions on their mobility due to social/cultural reasons, such as husbands not providing permission or society's disapproval.

Study discussions, with women and men's FGSs conducted separately, also revealed some interesting trends. The study team observed that women were more vocal and active during women-only FGDs, than mixed-group discussions. Women from Lhotshampa HHs were found to be even more reticent than those from Zhi Sar HHs, where male Tshogpas/other local leaders dominated mixed group discussions. In many FGDs, women were not even sure about their ages. In addition, elderly women and female heads of HHs were more outspoken during separate group discussions in all Dzongkhags than other women.

Women's interest in technical roles was also apparent, with study teams meeting women already involved in technical roles as assistants (masonry and carpentry). However, some men (especially from Lhotshampa villages in Samtse) were not supportive of women taking up technical roles as they were viewed as not being interested and physically weaker. The mechanization of masonry/carpentry to become more women friendly was advocated in some IDIs, but women's HH work burden must first be reduced. Moreover, not all women have benefited from women's economic empowerment projects. In Samtse, tailoring and weaving training was provided to Lhotshampa and Zhi Sar communities, but Lhotshampa HH women faced restrictions on their mobility. Tailoring is also associated with lower castes. At present, women's income-generating opportunities are restricted to shop-keeping as witnessed in visited villages, while some participated in weaving. Many women expressed interest in income-generating activities.

Interestingly, differences in women and men's perspectives on decision-making roles emerged. The importance of more women in leadership was amplified by participants' discussing women's and men's different areas of interest. Women were found to think more collectively than men and certain social and women-related issues were better understood by women. However, these issues are often not easily discussed with men. In all the Dzongkhags, women in FGDs and informal conversations said women could only understand women's issues. In KIIs, few women shared that having an equal number of women as sector heads would ensure "women's perspectives" in any programme decision-making.

In terms of current women leadership, almost all female local leaders were heads of their HHs (divorced, single, widow). Revealingly, a female Mangmi said: "I would not have been able to participate in decision-making if I was still married, because my husband gave me hell even for talking to other men, such as government officials." To increase women's participation in decision-making, study participants also made a number of important suggestions such as the formation of women-only groups to enable women to become leaders (made by Daw Zangmo in Sipsoo Gewog, a local woman FG leader) and use of community groups as a platform to empower women leaders (groups formed by RENEW and Ministry of Agriculture and Forest have encouraged other women to become active in their communities). Women leaders confirmed that joining such groups empowered women.

In this study, gender advocates able to work with the RSAHP were also identified. They include women leaders in Sipsoo Gewog in Samtse, a young Gup in Yoeseltse Gewog in Samtse, a female Mangmi in Pemathang Gewog in Samdrup Jongkhar and a female ex-Tshogpa in Phobji Gewog, Wangdue. “Thayma Tshogpa” could also be used as an entry point to instill equality and gender sensitization messages. Feedback from respondents also stated the need for separate meetings with women and men for women’s meaningful participation in discussions and decision-making.

Access, privacy and safety issues

Participants were asked about access to safe sanitation and menstrual hygiene management (women only) as well as any privacy and safety issues faced by women and girls to learn about privacy, safety and menstruation issues to be taken into account by the RSAHP.

Women and children were found to face more risks related to privacy, safety and access due to pit latrines (PL), hilly topography and mothers taking care of children’s sanitation needs. Some women participants with far away PLs refrained from toilet use until mornings due to fears at night. To emphasize the point, women during FGDs said men’s privacy and access to toilets was not a concern as they have greater freedom and acceptance to show their bodies publicly. “Man can urinate and bathe in the open air.” “*Keeti mancha haru saru par cha*”². Most men in gender-specific FGDs were reluctant to discuss privacy/safety issues of women. Geographical location and culture determine the type of toilet constructed for a particular HH. Lhotshampa HHs in the south, which has a warmer climate, had flush toilets with washing facilities attached, while Zhi Sar HHs in the south rarely had washing facilities. Most HHs in the east and west (Samdrup Jongkhar and Wangdue) had PLs without washing facilities. Water shortages and a lack of bathing stations also presented challenges for women’s menstrual hygiene management. Except for Lhotshampa HHs, most other HHs in visited villages did not have bathrooms as they used PLs. Women from these HHs said they were not comfortable with this situation due to privacy concerns. In all Dzongkhags, women expressed challenges in menstrual hygiene management, such as having to bathe under tap stands at night while menstruating and most times not bathing even though they understood its importance.

Taboos surrounding menstruation also present further restrictions for women in Lhotshampa communities in Samtse due to their beliefs that women cannot do certain things during menstruation. As a result, women struggle to do HH work during menstruation. While Zhi Sar HHs in Samtse and Pemathang and Zhi Nem in Wangphu do not have many restrictions, women cannot do offerings in the altar room or cross the horse rope when menstruating. In Komatrang, Wangdue women and men share many beliefs such as women cannot normally plough or touch dead bodies and during menstruation cannot do house mud ramping. However, in Zhi Zhi there are no such restrictions. However, some participants from Zhi Sar communities, originally from eastern parts of the country and now living in Samtse and resettlement areas in Samdrup Jongkhar, reported taboos surrounding menstruating women, not common in their previous communities.

Other examples of poor menstrual hygiene management were also evident, with women using towels during menstruation not drying them properly in the sun due to shyness to hang cloths in the open. Women also believed they would bleed more if they bathe during menstruation. Many women revealed they could easily dispose of used sanitary pads/towels in PLs, while women with flush toilets faced challenges in the proper disposal of used sanitary pads/towels.

In contrast, Lhotshampa households of Samtse - as observed in the field and in the GTW – had access to better sanitation and hygiene facilities (menstrual hygiene) than mixed communities in this Dzongkhag and the other two. In Komatrang, women revealed they did not change their sanitary pads/towels once they went outside their house for farm work. Lhotshampa HH women in Samtse and Zhi Sar in Samdrup Jongkhar said they changed their sanitary pads/towels, but not within a six-hour timeframe. It was observed that menstrual hygiene was not a topic openly discussed in communities, including with female BHU staff. Women in FGDs were hesitant to discuss the issue until they were made comfortable by a female facilitator.

² Women face difficulties to urinate/bath in the open.

Further key findings from this study, in addition to findings per theme, are as follows:

Other gender stereotypes, not in the interests of Bhutanese women, were observed and some phrases commonly heard during the study included: “*Amtsu chekhey me chey bey*”³. Such views can hinder women’s participation in development work, especially as men’s respected role at home means women are burdened with HH work. The stereotype that women are “physically weaker” can also impede women’s participation in productive activities, such as masonry/carpentry. As one woman from the Wangphu FGD reported: “We are so interested, but we feel we are incapable and this makes me sad”.

The study team also witnessed a prevalence of early marriage/early pregnancy, domestic violence and rape cases. In fact, girls in the survey areas often marry as early as 13-years-old to men above 18 years. There were also cases of school dropouts due to early pregnancy, leading to a gender gap in tertiary education. In two villages, there were cases of rape of girls below 18 years by their relatives. Some women reported that: “The raped women were from poor backgrounds or had no education”, “one was referred to as “*laa-tey*”⁴ and her husband keeps battering her.”

In FGDs, many cases of domestic violence were reported, especially abuse by alcoholic husbands. The high incidence of domestic violence in rural areas (Samtse had the highest number of cases⁵) is a major issue impacting upon women’s lives and is of relevance to any development programme, particularly those to increase women’s participation in development.

Education and income were identified as being linked to changes in gender roles for decision-making. Women of Tsakaling, Garigoan and Wangphu were found to be optimistic about the future. Changes in gender roles in decision-making are linked to education and this point was made by women and men in KIIs, FGDs and IDIs to achieve gender equality in decision-making. This indicates a change in gender attitudes because government education opportunities and awareness raising programmes means more educated wives will result in a more balanced division of labour and decision-making roles.

Overall, all communities were found to have knowledge about basic sanitation and hygiene. In terms of knowledge, most HHs knew about sanitation and hygiene from meetings/campaigns given by BHU staff, radio and television. In particular, women and men in rural Bhutan viewed TV and radio as good BCC channels. But, challenges in terms of sound sanitation and hygiene practices were pointed out by local leaders in communities where knowledge did not translate into practice. When asked about critical times for hand washing with soap, respondents displayed sound knowledge, but failed to identify changing a baby’s diaper/after handling small children’s feces.

Interestingly, school children emerged as good mediums to disseminate sanitation and hygiene information as all respondents displayed knowledge about the need to practice good sanitation and hygiene that was also brought home by children from school. Better sanitation and hygiene facilities were also observed by the study team in villages closer to main highways/paved roads.

BHU staff were found to have influential sanitation and hygiene roles in all three Dzongkhags, with inputs into the construction of toilets and warnings that communities faced penalties and fines for non-construction. Another strong motivator was social pressure, as participants said the community would disapprove if toilets were not constructed.

A lack of sex-disaggregated data collection and gender awareness and analysis was also apparent at Dzongkhag level and this could hamper the development programmes being planned and implemented in a gender sensitive manner. The study team discovered a lack of gender integration in development activities. Local leaders at Dzongkhag and Gewog

³ Women are not capable.

⁴ A cognitive disabled person.

⁵ Report from RENEW Bhutan: <http://www.bbs.bt/news/?p=46711>

levels were aware of gender gaps in Bhutan, but did not know how to integrate knowledge into development activities. Almost all KII and IDI respondents saw no tangible benefit in segregating data, but while acknowledging gender as a donor requirement they questioned the business case for integrating gender. Some Dzongkhag leaders were aware of the need to integrate gender in planning, policies and programmes, but lacked know-how to put it into practice. The study also discovered that sex disaggregated data recorded in the health sector is a requirement, yet most KII and IDI respondents failed to see the link between gender and WASH. On a separate note, shortages in the supply of cement were reported in Wangdue and other communities not accessible by road.

Recommendations

This study has identified the root causes of gender differences and inequality in relation to WASH in Bhutan, with the following recommendations based on its findings and a review of secondary data, including global gender and WASH literature. Recommendations are made for the four components of the RSAHP separately and also for the whole RSAHP in general.

Recommendations for the Governance Component

- **Development of a gender implementation plan:** A detailed implementation plan with timelines, accountability and resource allocation should be developed for the implementation of this study's recommendations. The plan could compile and share experiences of good practices and develop guidelines for gender mainstreaming for the RSAHP.
- **Gender sensitization at all levels and sex-disaggregated data collection and analysis.**
- **Gender inclusive budgeting in planning at all levels:** For the RSAHP to be gender sensitive, it will need an additional budget. Such budget allocations should cover additional female representation with women leaders from farmers' groups, successful women entrepreneurs/suppliers/masons to showcase their success stories. Extra provisions should be made available to encourage female WASH staff to make field visits.
- **Pro-poor support mechanisms, particularly for female-headed HHs and the elderly:** Explore ways to help the poorest at multi-stakeholder meetings to improve sanitation.

Recommendations for the Demand Creation Component

Gender sensitive and inclusive facilitation: RSAHP meetings should be favourable to women participants.

Community Development for Health (CDH) manual must be gender sensitive: The CDH manual must be reviewed to ensure it is gender sensitive.

Incorporate shared WASH-related divisions of labour at HH level in demand creation: As part of the demand creation processes, the additional required labour should be discussed with women and men as women's responses should be taken into account in final decision-making. This process should incorporate awareness and sensitization on the need for men to share toilet cleaning and maintenance responsibilities incorporated in CDH to avoid burdening women.

Recommendations for the Supply Chain Component

To ensure supply chain studies and marketing materials, consider the choices and needs of female consumers.

- **Marketing skills training for women shopkeepers and potential women leaders:** Provide simple marketing skills training as part of masonry training.
- **Encourage female RSAHP suppliers of sanitation materials:** Women shopkeepers should be encouraged to sell soap, sanitary napkins and hardware materials for toilet construction in villages.
- **Encourage female masons:** Include interested women in masonry training, specifically those engaged as assistants during construction.

Recommendations for the BCC Component

- **Work with men to improve sanitation and hygiene for all:** The RSAHP needs to change men's attitudes to achieve improved sanitation and hygiene.

- **Stress hand washing with soap (HWWS) at critical times:** Particularly HWWS after changing a baby's diaper/after handling small children's feces.
- **Incorporate menstrual hygiene management in BCC activities, with a focus on schools.**
- **Develop more gender sensitive communications.**
- **Menstruation matters: Talk about it at the Global Menstrual Hygiene Day celebration.**

Recommendations for the RSAHP

- **A commitment to gender equality** as a development goal in itself and as an integral part of WASH work that needs to be adopted and put consistently into practice at institutional and organisational levels. This means SNV and the MoH must build capacity and accountability to ensure all work is informed by gender analysis and underpinned by a commitment to address practical gender needs and strategic gender interests in WASH programming as well as create an enabling environment at organisational level for achievement of these results, in terms of policy and practice.
- **Increase emphasis on women's active participation in all RSAHP activities.** Gender sensitivity in meetings is needed to take this study's findings into account and increase emphasis on women's active participation in all RSAHP activities within the PHED.
- **Sensitise men, local leaders and women on gender in WASH.**
- **Ensure women and men enjoy equal access to information.**
- **Capacity development to consider the needs of women and men in the design (type/location) of toilet(s).**
- **Work with local civil society organisations (CSOs) for mobilisation of women for effective participation in RSAHP activities.**
- **Gender sensitive conduct in all RSAHP activities. Engage local leaders, especially women leaders, to serve as role models to mainstream gender in WASH.**
- **Thayma Tshogpa" can be used as an entry point** to instill equality and gender sensitization messages, especially in eastern parts of the country.
- **Another entry point for gender mainstreaming** in RSAHP is building on United Nations Children's Fund (UNICEF) and DYS C4D messages used by some BHUs as some health assistants (HAs) have already been trained.
- **Celebrate International Women's Day on 8 March:** For increased advocacy and discussion/sensitization on gender in WASH, it is recommended the RSAHP uses the next international women's day to officially launch and disseminate a press release on the publication of this gender study report to highlight the current situation of rural women in Bhutan with regards to WASH.
- **All RSAHP products/publications reviewed through a gender lens:** Ensure there is no re-enforcement of existing gender stereotypes.
- **Capacity development of programme focal experts (PHED, LNW, SNV WASH) in gender mainstreaming in RSAHP:** During the course of this study, the attitude of RSAHP personnel towards gender mainstreaming was noted (such as mansplaining female research assistants in the field, critiquing a particular gender/women-related finding and mocking gender issues), which risks trickling down to field implementers and negating RSAHP's efforts to achieve gender equality in WASH. Therefore, it is essential that programme personnel from central level be required to adopt a positive attitude towards gender equality and act as good role models to achieve gender equality in WASH. Clear and consistent messages must come from senior levels that set clear expectations about standards of gender-related conduct by all personnel. Expected standards of attitudes and demeanour could be set out in the recommended Code of Conduct. It is also important for gender equality standards to be reflected in human resources processes, such as recruitment, job descriptions and performance reviews. People with positive attitudes towards women and gender equality must be recruited to achieve institutional change.
- **Use of participatory tools and other gender sensitive tools** from current WASH resources on gender in all RSAHP activities is needed, particularly the need to use the SNV Gender Equality and Social Inclusion Note developed for the Sustainable Sanitation and Hygiene for All programme.

1. Background

1.1 Gender Situation in Bhutan

A common statement found in many documents dealing with gender issues in Bhutan is that women enjoy relative freedom and equality with men in many spheres of life, enjoy equal rights and do not suffer overt discrimination. This statement is often made when comparing the situation of women in Bhutan with those in neighboring countries. Nevertheless, this does not mean Bhutanese women do not face challenges. In fact, they continue to lag behind in a number of areas, such as politics and decision-making, tertiary education and business. Rural women, especially, are seen as even more vulnerable.

Women are also not well represented in the civil service, particularly at upper levels with the most influence on policy decisions. In 2012, women accounted for 36 per cent of all civil servants, with 6 per cent in the executive category. There was only one woman among 20 Dzongdags (district administrators) and very few female judges. Women are also under-represented among government officers with field postings to manage regulatory affairs, advise local governments, deliver extension services or teach in schools. This means few women are in the decision and information feedback loops about local needs and the suitability of development programmes. Moreover, they are still under-represented among elected representatives at local government level (7 per cent)⁶. Women's representation in Parliament was lower after the 2013 elections (National Council (NC): 2/5 women nominated, 0/20 women elected; National Assembly (NA): 4/47 women elected) than after the first round in 2008 (NC: 2/5 women nominated, 3/20 women elected; NA: 4/47 women elected).

The Asian Development Bank and the United Nations supported-Bhutan Gender Equality Diagnostic of Selected Sectors Report (2014) also states that women are poorly represented in decision-making positions in Parliament and civil service and further states that the local government elections in 2011 also resulted in disappointingly few women running for office and succeeding as candidates. Contributing factors could include a lack of functional literacy skills (an educational requirement for local office), the widespread view that politics is a male activity and women's lack of confidence in taking on public roles. Another factor could be that success in local elections brings heavy responsibilities and limited remuneration. Given women's already heavy workloads, another job may not be seen as an attractive option. (Low remuneration may also account for the number of elected positions for which there were no candidates, male or female.) These observations suggest that the public, including adults and upcoming generations, have limited exposure to women in modern leadership roles. An interesting perspective on this issue is provided by a study in India that showed how views on women's capacity for leadership became more positive once communities had experience of women in public office (which became widespread in India with a quota system for women in local government). A challenge for Bhutan is to reach a level of women's representation that can shift public expectations.

As per the Annual Health Bulletin Report 2012, women in Bhutan suffer more from depression and anxiety (Absolute numbers: 242 vs 197 in the 15-49 year age group and 35 vs 17 in the 50-64 year age group) and girls in the 1-4 year age group are more malnourished (53 vs 24). Health records in 2011 showed that more men/boys got treated for diarrhea, dysentery and skin diseases at all age groups than females. This raises the question of accessibility to hospitals and BHUs for women/girls during times of illness.

Overall, enrolment of girls in tertiary education is much lower than boys with only two girls for every five boys enrolled at tertiary level⁷. The adult literacy rate remains lower for women (47 per cent) than for men (69 per cent)⁸, and this is

⁶ Institute for Management Studies (2011), *Study report on Women's Political Participation in 2011 Local Government Election*. Submitted to NCWC.

⁷ Ministry of Education, Royal Government of Bhutan (2011), *Annual Education Statistics, 2011*.

⁸ Ibid.

particularly true in rural areas. Literacy rates among young women aged 15-24 were found to be the lowest in the eastern region (43 per cent), particularly in Tashiyangtse and Trashigang⁹.

As of 2011, a higher percentage of female workers (83 per cent compared to 60 per cent for males) fall in the categories of own account and unpaid family workers (agriculture and non-agriculture). As per the Millennium Development Goals (MDGs) framework, these worker categories are considered 'vulnerable employment' characterized by informal working arrangements, lack of adequate social protection, low pay and difficult working conditions. Moreover, unemployment continues to be higher for women (4.5 per cent) than men (1.8 per cent). Strikingly, women constitute 70 per cent of the unemployed. Similarly, underemployment seems to affect more women than men and is believed to be a significant issue in the country, particularly in agriculture which employs a large proportion of women.

The Country Analysis for Bhutan 2012, prepared as part of the formulation process of the United Nations Development Assistance Framework for 2014-2018, analyses the causes of gender gaps in Bhutan. The document states that: *"Gender inequality in Bhutan has mainly been attributed to the following root causes:* (1) social expectations and norms (traditional roles girls and women are expected to play and acceptance of these roles by them, attitudes towards violence against women), (2) cultural beliefs and stereotypes (e.g. that women are less capable than men), (3) traditional inheritance patterns of family property (matrilineal especially in the western and central regions, which implies the moral obligation for women to take care of their parents), (4) lower education and literacy levels, especially among poor and rural women, (5) lack of self-confidence, self-esteem, poor self-image and (6) poverty.

Some of the common underlying factors that have been cited as having an influence on opportunities for women include: (1) women's double or triple burden, (2) lack of daycare facilities, especially in rural areas, (3) dependence on men for financial support, (4) limited access to information, including awareness and information on their rights, (5) limited exposure, (6) gender blind/neutral approach of the government and (7) lack of role models in leadership positions, especially in rural areas."

The World Bank-supported Gender Policy Note 2013 sums up that in Bhutan gender roles in household work and childcare represent constraints to women's opportunities at various stages of life, in that they limit girls' study time, affect career choice and impede career advancement.

The 11th Five-Year Plan targets a more gender friendly environment for women's participation in development: The plan situates the promotion of gender equality as a key element to strengthen governance. It sets out four areas for attention and commits to preparation of legislation on quotas for women's representation in local and national elected bodies as well as the implementation of gender mainstreaming strategies by government agencies.

Additional tools have been adopted in support of gender mainstreaming: The 2012 protocol for Policy Formulation issued by the Gross National Happiness Commission directs all policy proponents to mainstream gender issues in policy preparation. Compliance is monitored through two documents to be submitted along with all policy concept notes: (i) the GNH Policy Screening Tool (which includes gender impacts as one of the variables to be scored under the governance theme) and (ii) a policy protocol report (which outlines four points to be addressed in the gender analysis of policy alternatives and their implications).

A strategy to implement a gender-responsive planning and budgeting approach is also being explored as a means of strengthening policy and programme development. An initial focus is to ensure that the gender-specific initiatives identified by various departments and agencies in the 11th plan are funded, together with the prioritized remaining measures from the NPAG (National Plan of Action for Gender).

⁹ National Statistics Bureau, Royal Government of Bhutan, UNICEF and UNFPA (2011), *Monitoring the situation of children and women. Bhutan Multiple Indicator Survey 2010*.

Another tool under development is the Gender Monitoring System, under which departments and agencies make online reports on results and changes identified as a result of gender mainstreaming approaches in the 11th plan.

This report also identifies the existence of institutional structures in Bhutan to promote action on gender equality issues such as:

- The responsibility of all ministries and agencies to address gender equality
- The National Commission of Women and Children (NCWC) has a strategic policy and advisory role in support of gender equality
- The network of gender focal points is a key mechanism to increase attention on gender equality issues
- Local governments also have an important role to address gender equality issues. Under the decentralisation process under way for some time in Bhutan, local governments are important players in managing local development and providing a range of services to the population. As part of preparing five-year plans, local governments were asked to mainstream gender (as well as environment, disaster risk reduction, climate change, and poverty). In a consultation with local government officials for this report, participants called for more advocacy and awareness activities at local level on gender equality issues and strategies, and for support to increase their capacity. They also called for a stronger link between the local and national levels on gender equality to facilitate greater exposure and support. The NCWC has prioritized following up all these issues during the 11th plan period.

The NCWC's National Strategy for 2014-2019 has underpinned the current gender situation in Bhutan under various strategic priority areas, with key strategies identified for each of these areas¹⁰.

It is important to be well aware and take the above-mentioned aspects into account during the implementation of the RSAHP in Bhutan.

The United Nation's Committee on the Elimination of Discrimination against Women in its concluding observations to Bhutan (2007) expressed its grave concern at women's low level of participation in decision-making bodies, including Parliament, the government and the diplomatic service, and at regional and local levels. This rate of participation has, in some cases, decreased in recent years. The committee requested the State party implement, as a matter of urgency, sustained policies aimed at the promotion of women's full, active and equal participation in decision-making in all areas of public and political life. In particular, the committee encouraged the State party to review criteria required for certain positions when such requirements turn into obstacles or barriers to women's access to decision-making. It also recommended the use of temporary measures according to Article 4, Paragraph 1, of the Convention and in the committee's general recommendations 25 and 23. The committee further recommended the implementation of awareness-raising activities on the importance of women's participation in decision-making positions during the current transition of society as a whole, including in its remote and rural areas. Furthermore, the committee recommended that the State party continue to take measures to improve women's access to general, mental health and reproductive health care, for all women, including older women, and women in rural and remote areas. The committee requested the State party provide information in its next periodic report regarding the existence of an integral health policy for women, including facilities for cancer screenings. It urged the State party to make every effort to increase women's access to healthcare facilities and confidential medical assistance by trained personnel, in particular in rural and remote areas, despite the difficult terrain. Moreover, the need to empower women in economic development and to pay greater attention to the rights and needs of rural women was strongly recommended.

The NCWC National Strategy for 2014-2019 identified the following major challenges in relation to women's limited participation in decision-making:

- *Social and cultural gender stereotypes as one of the key barriers to women's participation in the development arena.*

¹⁰ List of relevant priority areas with their strategies are annexed.

- *The gender neutral approach adopted by all agencies has resulted in the absence/inadequate availability of infrastructure facilities, support services, laws and policies needed to facilitate women's participation in development.*
- *As highlighted in the CEDAW report 2007, age-old social and cultural values give primacy to men and perpetuate deep-rooted values within society that discriminate against women, especially amongst the rural population. Men are privileged as a result and this privilege extends to several spheres, including privileged access to the economic, educational, political and social spheres. Cultural norms typically place the responsibility of reproduction squarely on the shoulders of women and men's failure to share the household work and child rearing activities and lack of support services inhibit women from upgrading their knowledge and skills and participating in public life and political activities.*

In terms of economic empowerment, labour force participation of women (67 per cent) is as high as men (72 per cent). However, there are significant gender disparities in income earning opportunities. Few women hold regularly paid jobs. Only 13 per cent of female workers hold regular paying jobs compared to 34 per cent of male workers (LFS 2011). Furthermore, female youth unemployment (age 20-24) is as high as 12 per cent compared to males at 7 per cent.

The rural poverty rate is about 10-times higher in rural Bhutan (16.7 per cent) than in urban areas (1.8 per cent) (Bhutan Poverty Analysis 2012). Moreover, as per the Poverty Analysis Report 2013, female-headed households in Bhutan were poorer than male-headed ones. Poverty rates are high in Dagana, Samtse, Lhuentse, Pemagatshel and Zhemgang. Many HHs in rural areas depend on locally available skills to construct sanitation facilities using local materials and locally available materials as a substitute for sanitary products. Often there is limited access and availability of sanitary products and services, while locally available materials are seen as affordable.

1.2 Gender and WASH

Globally, the significance of WASH conditions to enhance women's lives has been increasingly recognised within the WASH sector. Surveys in 45 developing countries found that 72 per cent of day-to-day responsibilities for collecting and managing water in HHs falls to women and girls (JMP, 2010, p. 29). However, women are still often excluded from meaningful participation in WASH processes. It has been found that 'all too often, women are not as centrally engaged in water and sanitation efforts as they should be' (WSSCC and WEDC, 2006). Panda notes that 'recognition of gender issues in water management policies and projects exists only on paper', with a 'lack of real on-ground efforts to effectively address gender differences and inequities in water and the absence of meaningful integration of gender questions in mainstream water analyses and discussions' (Panda, 2007, p. 324).

A recent study in Timor-Leste provided quantified evidence of the benefits of women's increased participation in WASH activities, particularly if women have responsibility for decision-making. The study showed that water systems were more likely to function well if women actively participated in community WASH committees. It also found that WASH committees were more likely to have adequate funds for operations and maintenance when women were active on such committees. The study also revealed that the benefits of women's contributions were found to increase in direct proportion to how actively the women participated. Thus, it is important that women are not only assigned token roles, but must be encouraged and enabled to participate fully, including in decision-making. The study also cited another study that found women were better able to deal with disagreements and explain difficult issues to communities, as they were 'more patient' than men. The same study found that while men were likely to think short-term, women were more likely to decide in favour of more durable solutions (Brown, 2013 cited in BESIK's GMF Study, 2014).

Thus, the aim of this gender study on rural WASH in Bhutan is to formulate recommendations to work towards gender equality in WASH. This is important as it will help girls and women as well as boys and men live healthier and more dignified lives.

2. Rural Sanitation and Hygiene Programme (Rural)

In Bhutan, SNV has provided technical assistance to the PHED, under the MoH's Department of Public Health, to develop the RSAHP under a five-year Framework Agreement. The RSAHP started in 2008 with initial pilot project interventions in four regional Gewogs and was later expanded to Dzongkhag-wide coverage in Lhuntse and Pemagatshel Dzongkhags during 2010-2013. The programme was implemented with funding from the Australian Civil Society Water, Sanitation and Hygiene (WASH) Fund and DGIS (Directorate-General for International Cooperation). Following the successful development and implementation of the RSAHP approach, a new Framework Agreement between the MoH, SNV and GNHC was signed to scale-up RSAHP nationwide as part of the 11th Five-Year Plan 2013-2018.

The objectives of SNV's technical assistance, as defined in the Framework Agreement, are:

- Further develop the enabling environment for scaling-up RSAHP at national level with a focus on institutionalization and decentralization
- Continue to test and develop the Dzongkhag-level approach through targeted support to two priority Dzongkhags lagging behind in sanitation access
- Continue to monitor and follow-up in Lhuntse and Pemagatshel Dzongkhags where RSAHP was implemented.

PHED-SNV secured four-year (2014-2018) project funding from the "DFAT Civil Society WASH Fund" to upscale RSAHP activities nationwide with targeted support in Samtse and Dagana Dzongkhags as part of the regional SSH4A. The SSH4A approach integrates insights in community-led sanitation promotion with private sector development for sanitation, hygiene BCC and WASH governance to develop a sustainable service delivery model at scale.

The intended outcomes of the SSH4A are:

- Progress in the capacity of local organisations to foster sanitation demand at scale with quality
- Progress in involvement of private sector actors in sanitation-related value chains
- Progress in the commitment and capacity of local organisations to implement BCC at scale with quality
- Progress in the capacity of local organisations to lead the sector
- Progress in the degree of influence of women/households in poverty/socially excluded groups have during planning and implementation of sanitation and hygiene programmes
- Improved performance by local organisations in monitoring and evidence-based learning.

The GSI plan, which is a *'nuanced interpretation of specific gender inclusion and social equity issues in the local context, and practical strategies to integrate these issues into the overall design'*, forms an integral part of the operations plan for the four-year project. The second of the six key project outcomes states 'Improved Gender Equality', stressing the importance of gender inclusion and equity. Furthermore, the 11th Five-Year Plan of the RGoB targets a more gender friendly environment for women's participation in development, underlining the national commitment to gender equality. Thus, PHED-SNV is fully committed to achieving the three key result areas under 'outcome two' during the four-year period:

- 1) Changes in the performance of WASH actors (civil society organisations or institutions) in gender sensitive approaches
- 2) Changes in the influence of women in planning and implementing WASH services
- 3) Changes in gender roles and women's status in the community.

As part of the GSI plan, PHED-SNV has committed to:

- Undertake a formative study on gender to obtain a better understanding of the current situation of women and men in selected Dzongkhags with regards to sanitation on selected themes of relevance
- Better understand the gendered decision-making processes within HHs
- Capture recommendations from communities to effectively integrate gender into the RSAHP. The findings from the formative study will be used to adapt current approaches and strategies as appropriate.

3. Objectives of this study

The objectives are to:

- I. Improve the understanding of the situation of women and men in selected areas on themes of relevance: one Dzongkhag each in the south (Samtse), east (Samdrup Jongkhar) and west (Wangdue Phodrang)
- II. Identify areas of gender bias/discrimination/exclusion in Bhutan's WASH sector (if any)
- III. Produce specific study-based findings and recommendations on how to make the RSAHP more gender sensitive (to be incorporated in the RSAHP strategy)
- IV. Improve the capacity of RSAHP implementers (such as PHED, LNW, SNV WASH advisors and health field staff) to integrate gender in the implementation of programme components that will best contribute to improved sanitation and hygiene for all.

Expected benefits from the study

As the first national gender study exploring sanitation and hygiene in Bhutan, it is expected to fill in gaps for achieving the 2015 MDGs, the post-2015 agenda and beyond to achieve improved sanitation coverage in the country. Importantly, the study's findings will be incorporated into the RSAHP strategy development to ensure all activities are implemented in a gender sensitive manner towards achieving improved gender equality in rural Bhutan.

4. Study Design

4.1 Themes

During the research design phase, the following themes were identified as the focus of this study:

Theme 1: Division of WASH-related labour in HHs

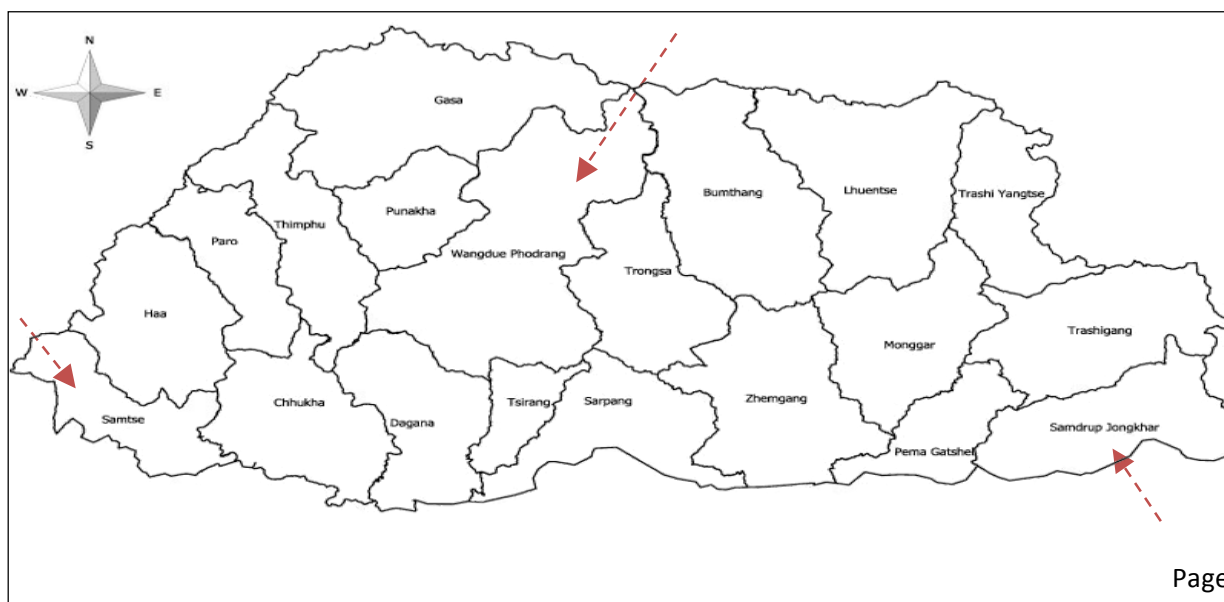
Theme 2: Decision-making at HH level

Theme 3: Decision-making at community level

Theme 4: Access, privacy and safety issues related to WASH for rural women and men.

4.2 Study Locations

This qualitative study was conducted in three Dzongkhags located in Samtse (south), Samdrup Jongkhar (east) and Wangdue Phodrang (west) in Bhutan using guided research tools. These Dzongkhags were chosen for their variance in regional/cultural and social settings to shed an over-arching light on gender relations in rural Bhutan.



Seven villages in six Gewogs within the three Dzongkhags were selected. In Samtse, the villages of Khempagaon, Norjangsa and Tsakaling were chosen from Tashicholing, Tading and Yoseltse Gewogs, respectively. The villages of Pemathang and Wangphu were selected from Pemathang and Wangphu Gewogs in Samdrup Jongkhar, while in Wangdue Phodrang the villages of Komatrang and Zhi Zhi were focused on in Phobjikha Gewog. The sampling method took into account the sanitation coverage and ethnicity of people living in the chosen communities. These communities were selected through discussions with Dzongkhag Health Officers (DHO).

Samtse

Samtse Dzongkhag lies in the sub-tropical monsoon climate zone in the south bordered by Chukha Dzongkhag in the east, Haa Dzongkhag in the north and the Indian states of West Bengal and Sikkim in the south and west. Samtse has three types of ethnic groups – Adibashi, Drukpas and Lhotsampas. With a settlement programme since 1998, people from different Dzongkhags have settled in Gewogs in the area. Adibashi, a group of Indian tribes, also reside in the Gewogs. Samtse has a population of 67,525 with 12,720 HHs. The Dzongkhag has two Dungkhags (Dorokha and Sipsoo) and 15 Gewogs (Samtse and Bara, Biru, Chargharey, Chengmari, Denchukha, Dungle, Dorokha, Lahireni, Pagli, Sipsoo, Tendu, Tading, Uygentse and Yoseltse).

The Gewogs visited in Samtse were Tashicholling (Sipsu), Tading Gewog and Yoseltse. Tading Gewog is one of the smallest and remotest, as it is 28 kilometres from the Dzongkhag headquarters. This Gewog has a population of 2,477 with 523 HHs. Tading Gewog is in the east of Samtse Dzongkhag, near Phuntsholing Dungkhag, bordered by Dophuchen and Denchukha Gewogs to the north and Chukha Dzongkhag in the east. Its total population is 3,973, with 824 HHs. The Dungkhag headquarters is located in Tashicholling (Sipsu) Gewog, which has a population of 4,087 with 932 HHs.

Village	Background	Average number of HH inhabitants
Khempagaon	It has low sanitation coverage. All HHs are made up of Lhotshampa and most have toilets, but some are shared. A mix of flush toilets and PLs were found outside HHs. The village is scattered and most HHs have individual HH tap stands. However, the village encounters water shortage problems. It is located on a road between Samtse and Phuentsholing	6
Norjangsa (Garigoan)	It enjoys high sanitation coverage. Most HHs are made up of Lhotshampa and some Zhi Sar. Most HHs have flush toilets, largely outside, while some have PLs. The village is clustered and most HHs have individual HH tap stands, however, there are seasonal water shortages. The village is located near Sipsoo town and is serviced by frequent buses.	4
Tsakaling	It has the highest sanitation coverage in the Dzongkhag. The majority of its population is Zhi Sar. Most HHs have flush toilets, but not internally, while some have PLs. The village is clustered and most HHs have individual HH tap stands, however, there are seasonal water shortages. The village is located close to town and has frequent bus services.	4 to 5

Samdrup Jongkhar

Samdrup Jongkhar Dzongkhag is positioned in the southeastern part of the country, bordering the Indian states of Assam and Arunachal Pradesh in a sub-tropical climate zone with an elevation of 200-3,600 metres. It has a population of 39,023 with 4,909 HHs. The Dzongkhag is divided into two Dungkhags – Jomotsangkha (Daifam) and Samdrupchoeling (Bhangtar) – and sub-divided into 11 Gewogs. There are 191 villages and 65 Chiwogs spread across the Gewogs. The Dzongkhag is a business hub for the other eastern Dzongkhags of Lhuentse, Mongar, Pemagatshel, Trashigang and Trashiyangtse. The two Gewogs visited were Pemathang and Wangphu. Pemathang has 301 HHs and Wangphu has a population of 3,131 with 380 HHs. The staple food is paddy rice and is widely cultivated in 588.56 acres of wetland. The local rice known as Khamtey and is also grown in the Pemathang Gewog. The Gewog officials (The Gup, Administrative Officer, Mangmi and Gaydrung) are all men. The two Gewog officials (The Gup and the Gaydrung) are men and the administrative officer and Mangmi are women. Pemathang Gewog is located 12km from Samdrupcholing Dungkhag.

Village	Background	Average number of HH inhabitants
Pemathang	It has the highest sanitation coverage in the Dzongkhag. HHs are a mix of Lhotshampa and Zhi Sar. Most HHs have recently constructed toilets, largely flush toilets, outside HHs. The village is scattered and the majority of HHs have individual HH tap stands. It is located close to a paved road on flat land with frequent bus services.	7 to 8
Wangphu	It has low sanitation coverage. The majority of the population is Lhotshampa and most HHs have PLs outside. The village is clustered and most HHs have individual HH tap stands, however, there are seasonal water shortages. The village is located on a slope below the main highway between Samdrup Jongkhar and Trashigang.	6

Wangdue Phodrang

This Dzongkhag is located in western Bhutan and has a population of 34,974 with 2,983 HHs. It is the second largest district in Bhutan, comprising 15 vast and diverse Gewogs. The two Gewogs visited were Kazhi and Phobjikha and the villages were Komatrang and Zhi Zhi, respectively. Phobjikha Gewog is located in the east-central part of the Dzongkhag with 282 HHs and eight villages. It is a livestock area and most HHs earn income from livestock products. Potatoes are an important cash crop for the Gewog. It is also home to black necked cranes, with potential for eco-tourism. Kazhi Gewog is located in the northeastern part of the Dzongkhag and is famous for its chilies (*Sha Ema*). Kazhi is made up of 10 villages and 210 HHs.

Village	Background	Average number of HH inhabitants
Komatrang	It has high sanitation coverage. Most HHs have flush toilets, inside and outside, and some have PLs. Most HHs share tap stands. The lower part of the village suffers from water shortages. The village is scattered and is reached by a farm road from the highway.	6

Zhi Zhi	It has low sanitation coverage. Most HHs have toilets, mainly outside PLs. The upper part of the village faces water shortages. The village is scattered and is reached by a farm road.	10
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5. Methods and Tools

The study adopted a qualitative research approach with guided and participatory data collection methods. The tools were drafted by an international consultant in collaboration with the local consultant and SNV's gender, inclusion and governance advisor. The international consultant provided three days' training on the methods and tools for the study team from 5-7 August in Thimphu, which also allowed research team members to provide inputs into the design. On the last day of training, FGDs and GTWs were pre-tested in Lhazongkha village, Genekha Gewog in Thimphu on nine female and six male participants.

The actual fieldwork was conducted from 11 August to 4 September, 2014. The first Dzongkhag visited was Samtse, followed by Samdrup Jongkhar and Wangdue. (Please refer to Annex 1 for a detailed list of study team members).

5.1 Methods

- **Key Informant Interviews:** Dzongkhag level (up to four per Dzongkhag and a gender balance was sought when possible)
- **In-depth Interviews:** Gewog/village level (at least four per Gewog/village with an even gender balance)
- **Focus Group Discussions:** Women (eight per study site per village) and men (eight per study site)
- **Guided Transect Walks:** Women (eight per study site) and men (eight per study site)
- **Feedback Preparation Sessions:** Gender mixed (eight per study site, combined)

5.1.1 Key Informant Interviews

Individual interviews with KIIs were conducted with Government and non-Government officials, who because of their position and/or relationship with the community, were seen as having experience and knowledge of the study topic. Every effort was made to ensure an equal number of women and men participants (respondents) in the study. A total of 14 KIIs were conducted (eight women and six men). (For further details please refer to Annex 10).

5.1.2 In-depth Interviews

IDIs were conducted with Gewog-level heads because, due to their position and/or relationship with the community, were seen as having experience and knowledge of their communities. A total of 30 IDIs were conducted (15 women and men each). (For further details please refer to Annex 10).

5.1.3 Focus Group Discussions

The FGDs in the target Dzongkhags were carried out by:

- Women-sex segregated groups (Target: eight women per village)
- Men-sex segregated groups (Target: eight men per village)
- Mixed groups: Participants from the two groups engaged in joint discussions (eight women and men each). This allowed for verification of information shared by both groups and provided an opportunity for women and men to hear and learn from each other's perspectives. A total of 116 community members participated in the FGDs (61 women and 55 men). (For further details please refer to Annex 10).

5.1.4 Guided Transect Walks

Sex-segregated GTWs through the villages were conducted to identify areas related to different themes during the FGDs. These sessions provided opportunities to validate responses from FGDs and obtain further information from participants by engaging them in informal conversations during the walks.

5.2 Participant Inclusion and Exclusion Criteria

The selection of participants for each group was homogeneous, while individuals within groups had different stories, experiences and perspectives to share. In some cases, different cohorts were selected for different groups, so responses differed from groups. The criteria for selection of participants are outlined in the Study Questions and Process Guide (For further details please refer to 4.3 and Annex 4).

5.3 Data Management and Statistical Analysis

- Data were checked at the end of each day, gaps filled and presentation (writing, stapling of pages) completed. The study team discussed and reviewed collected data at the end of each field day.
- Data were coded with location (Dzongkhag and Gewog), method (KII/FGD/IDI) and sex of each participant or speaking individual in the case of mixed groups
- Data was sorted by theme and the main themes were identified and analyzed by project component.

5.4 Ethical Considerations

- To provide and maintain comfortable and safe spaces for respondents, consideration was given to how groups were set up, where they sat in relation to each other and privacy
- Women and men were allowed to determine shared information during mixed FGD groups
- Confidentiality of individual views expressed in FGDs was ensured, with reporting of mixed groups protecting individuals' identity
- Discussions on the ethical conduct of research and ways to handle domestic violence disclosures during discussions were held prior to fieldwork
- The study team decided there were no risks in identifying study sites.

5.5 Barriers and Bridges between the Study Team and Participants

Consideration was given during training to enhance awareness of the power dynamics and relationships between study team members and subject participants as well as between subject participants. This allowed study team members to reach agreements on how to best manage dynamics in sensitive and ethical ways to achieve research outcomes. (For further details please refer to Annex 6).

5.6 Informed Consent

All participants in study discussions and meetings/interviews were asked for consent before participation and informed of confidentiality arrangements for information gathered from them.

5.7 Risks Anticipated

A risk analysis was done prior the fieldwork. (For further details please refer to Annex 6).

5.8 Method Limitations

5.8.1 Time

Time constraints meant KIIs were conducted before entry into the Gewogs and not after the Gewog interviews and FGDs as planned. Since the study was conducted during a farming season in two villages, less than eight women (Pemathang) and men (Komatrang) participated in FGDs.

5.8.2 FGD

In Samtse, separate discussions with Lhotshampa and Zhi Sar HHs were planned. However, this was not achieved because one of the target villages supposed to have exclusively Lhotshampa HHs, also had Zhi Sar HHs.

5.8.3 Commitment to the study

Some team members were not able to commit sufficient time for training on the study protocol. This led to errors in obtaining field data.

5.8.4 Attitude of study team members

Within teams, there were instances of male members making comments which created discomfort for female team members in the field.

6. Findings & Implications: What the Study Findings mean for RSAHP

The key findings of this study, under each pre-selected theme, are followed by implications for RSAHP.

6.1 Division of WASH-related HH Labour

Respondents and participants were asked about HH-related WASH activities (water collection, caring for family members, washing clothes, bathing children and cleaning toilets) using the card-ranking exercise¹¹ (i.e. using photos of women and men of different age groups). The main purpose of these questions was to identify the key HH members responsible for WASH-related HH work in terms of gender. The questions were also designed to kick-start FGDs and make participants comfortable with the participatory tool (photos).

Household WASH-related tasks mostly done by adult women in all three Dzongkhags

In Samdrup Jongkhar and Wangdue, gendered restrictions regarding HH work were not as visible as in Lhotshampa HH communities in Samtse. However, in general women mostly did HH work. All HH WASH-related work (water collection, caring for family members, toilet cleaning, bathing children and washing clothes, meeting young and sick HH members' sanitation and hygiene needs) in the three Dzongkhags was mainly done by adult women, followed by adolescent girls and elderly grandmothers. Women and men believed these roles were the domain of women and men's tasks were focused outside the HH, particularly during the daytime. Men reported they would only engage in WASH-related HH work when a wife was sick or absent.

Implication: *The RSAHP must take into account that adult women in rural Bhutan have significant HH work commitments, hence the planning of activities at community level should ensure adult women are not overburdened. It is also important to realise that women's HH WASH-related work is continuous and time consuming. For instance, during the course of this study, some women FGD participants, especially in southern Lhotshampa communities, had to cut their participation times short to finish HH work (such as washing dishes and making lunch for the family). Therefore, RSAHP meetings/trainings/workshop venues should be conveniently located to rural homes to provide women with easy access to enhance women's participation. It is also crucial to incorporate time-saving messages such as bringing toilets and tap stands closer to homes, the need for men and boys to share HH work with women during demand creation as well as triggering workshops/meetings/masonry trainings to reduce rural women's household related work burdens.*

Factors such as culture, education status and remoteness affected WASH-related divisions of labour in HHs

The clear gendered division of roles in HHs in terms of WASH-related activities was prominent in Lhotshampa communities in the south, where women and men saw women as best placed to perform HH work. This belief was stronger in remote villages with less road access (Khempagaon in Samtse and Wangphu in Samdrup Jongkhar). HH

¹¹ The card-ranking exercise is explained in Annex 3: Guideline for Key Informant Interview, In-depth Interview, Focus Group Discussion and Guided Transect Walk.

labour division was more balanced in relatively richer households and where women had more education. The caste system in Lhotshampa communities played a crucial role in gender relation beliefs, with divisions of labour more distinct in upper caste HHs.

For Lhotshampa HHs in Samtse (such as in Khempagaon in Samtse), changes in gender attitude were not as pronounced as in other Dzongkhags. In addition, beliefs by women and men that women should serve men were strong in these HHs compared to other Dzongkhags and Zhi Sar HHs in Samtse.

In Samdrup Jongkhar and Wangdue, gendered restrictions regarding HH work were not as visible as in Lhotshampa HH communities in Samtse, but HH work was still mostly done by women. In a few HHs in Wangdue, Lhotshampa and Zhi Sar, it was reported that men assisted in HH work mostly to meet the sanitation and hygiene needs of the elderly, HH members with special needs and sick children. In Lhotshampa HH villages of Samdrup Jongkhar (Wangphu and Pemathang) and Wangdue (Komatrang and Zhi Zhi), women engaged in outside, mainly farm work together with men.

In IDIs and FGDs (in Wangphu, Pemathang, Komatrang and Zhi Zhi) it was reported that men in these communities assisted women in HH activities. However, in Lhotshampa and Zhi Sar HHs in Samtse, men mostly engaged in outside work and women in HH work. In Samtse, a respondent shared the saying “*Ek Lagani* for men”, meaning men only have one task, whereas women have multiple tasks. Also noted from an IDI in Samtse was the common thought that a “Wife [should] serve [her] husband”, as there is stigma attached to divorce and women are economically dependent on husbands. This point is important to note while exploring ways to economically empower women through the RSAHP.

Implication: *Since factors such as culture, education status and remoteness affect WASH-related divisions of labour in HHs, it is imperative that approaches should be sensitive to culture and intensive and longer-term in locations where traditional gender roles are commonplace due to distance/remoteness, education levels and lack of exposure to changing norms. These factors have hindered progress on gender equality. In this regard, it is crucial that approaches be developed based on dialogue between women and men, to make more constructive and progressive choices about roles in HHs and communities. Due to differences in cultural/regional settings, RSAHP messages must be conveyed in ways that are acceptable in local contexts. For example, cultural and language specifics must be recognisable and accessible for different audiences.*

Women more active in HH sanitation and hygiene

Most respondents reported that although women and men understood the importance of good sanitation and hygiene, women were more active in this respect as they were responsible for HH work.

In Wangdue, during IDIs in Komatrang and Phobjikha, women FGD and male IDI respondents said women were more proficient at HH sanitation and hygiene practices because they were often at home with children and engaged in HH work (with better access to water for hand washing), while men were outside the HH. Women and men learnt about sanitation and hygiene from BHU (health workers/village health workers (VHW)), TV and radio. TV and radio were seen as good BCC channels by women and men in rural Bhutan.

Implication: *The RSAHP should develop more radio and TV products to better influence rural women and men.*

When asked about the critical times for hand washing with soap, all participants displayed sound knowledge but failed to identify changing a baby’s diaper/after handling small children’s feces as times to hand wash with soap.

Implication: *This has gender implications, as most caretakers of children in rural settings are women. Thus, the RSAHP must stress hand washing in its BCC strategy and messaging.*

Single women-headed HHs face greater challenges in constructing toilets

Challenges faced by single women-headed HHs became apparent during this study. Such women not only have to take care of HH work, but also activities outside the HH. During FGDs, a woman said: “[Women] usually stick to house work as we don’t have strength for outside work, but [women from] HHs with no men must do work inside and outside the HH.

Another problem for single female-headed HHs is the practice of “woola”¹² as they have to do HH and *woola* work¹³. The Gup in Wangphu also pointed to challenges faced by single women headed-HHs in meeting farming labour needs and attending meetings for this study. The five single women, who headed HHs, encountered during the survey points to a wide problem of such women not having toilets due to affordability issues and shortages of labour. Female-headed HHs were also found to be economically poorer than male-headed ones.

Implication: *These findings are in line with the results of 2011 qualitative research on pro-poor support mechanisms for sanitation and hygiene improvements in the PHED Rural Sanitation and Hygiene Programme area, conducted as part of the SSH4A programme implemented by SNV with funding assistance from AusAid. This pro-poor research also highlighted human labour constraints as one of the main challenges faced by single female-headed HHs in building sanitary toilets.*

Additional findings on community perception on gender roles

As reflected by several IDI and KII respondents and also observed by the study team, elderly people were less willing to accept changes in gender roles and were strongly tied to traditional practices, while younger people were more accepting. In the words of a young male Gup from Samtse: “Around 70 per cent of HHs in my Gewog have experienced changes in attitudes towards gender roles due to education and awareness and about 30 per cent have not because of elderly people attached to culture and practices and who are uneducated.”

In Dzongkhag and Gewog-level meetings, it was noted that young men (aged 25-35 years) were more open and accepting towards women leaders and towards engaging women in development activities than older men. A young male leader in Samtse said: “Most trainings are given to men, but during [some parts] of the season men are unavailable [due to work].” As a result, he felt the selection criteria for training participants should encourage women’s participation for sustained effectiveness in training.

Implication: *In addition to developing RSAHP approaches sensitive to different cultures and audiences (ethnicities, culture, age), young men could also be engaged as gender advocates in respective communities to improve communities’ perception of gender roles.*

6.2 Decision-making at HH Level

Participants were asked questions on decision-making at HH level to assess who has the decision-making power in relation to construction of toilets, including spending money on construction (location, type and timing) and factors influencing decision-making.

Men are the main decision-makers

Men were found to make all major HH-level decisions in the three Dzongkhags for social/cultural and economic reasons. These include decisions for toilet construction (type and location). The most significant income earners were found to have the most decision-making power at HH level.

The majority of respondents (women and men) in all Dzongkhags confirmed that husbands initiated discussions and made the final decisions to construct toilets. Additionally, women and men thought men were better placed for decision-making as they have “more exposure, networks, know more.” In terms of differences in findings between different regions/culture, some degree of joint decision-making took place in non-Lhotshampa communities, as opposed to male-initiated decisions in Lhotshampa community HHs. For example, in Khempagaon (Lhotshampa community in Samtse) during the women’s FGD a participant said: “[The] father in law decided on the location of the toilet and usually men do not listen to women [as they] say women don’t know anything and don’t work [referring to construction of toilets].” However, many women said they assisted in toilet construction. In a few HHs in the three Dzongkhags, there were instances of wives having initiated and pressurized husbands to construct toilets, but final decisions were taken by husbands.

¹² Traditional practice of contributing labour from each HH for community development activities.

¹³ Shared by female FGD participants in Garigoan.

In general, major decisions with significant expenditure were mostly taken by men, while women took smaller decisions in relation to weekly purchases of vegetables and groceries for the HH. The reasons given for this were men being the main income earners, men having more networks and exposure to deliver more information and confidence in decision-making, traditions and practices as well as beliefs by women and men that men are the best decision-makers.

One consequence of women's lack of participation in final decision-making at HH level was summed up by a woman in the FGD in Wangphu Gewog, Samdrup Jongkhar who said: "[Women] try to influence their husbands to upgrade toilets and bring them closer to homes, but husbands refuse as [they say] it requires expensive materials." This reflects women's limited decision-making influence. Discussions with men revealed that affordability and decision-making priorities were the most influential factors governing the type/location and time of toilet construction by a HH.

Implication: *Since decision-making at HH level is directly linked with income, it is imperative that women be provided with better economic generating opportunities, such as delivering skills for income generation (as masons or sanitation suppliers) to have a say on decision-making at HH level, which will eventually become more audible at community level.*

Definition of HH heads

During the course of the study, discussions also took place on the definition of a HH head. Participants were used to naming a husband or father as the HH head while providing census information without a thorough understanding of such a role.

Implication: *The concept of HH head is misleading as it may not be the primary income earner or decision-maker, which could skew data if parents' names are included as HH head, while her/his children actually earn and make the big HH decisions. This can be overcome by using the widely accepted ILO¹⁴ definition of a HH head.*

Furthermore, it was reported that in meetings, participants normally did not write their names unless they were fathers or husbands of a HH: "Even if women came [to meetings] they put Apa's¹⁵ name on the participant list."

Implication: *Therefore, attention must be paid to capture participants' actual names during RSAHP activities and not those of husbands/fathers deemed HH heads.*

6.3 Decision-making at Community Level

The study also focused on community level decision-making to understand prevailing gender-defined leadership characteristics.

Male dominance in decision-making

The majority of leaders in Bhutanese society are men, hence they make most decisions on development activities. Commonly at Dzongkhags, key positions in technical and administrative roles are mostly headed by men and this was the case in villages of the three studied Dzongkhags (such as the Dzongda, Dzongrab, sector heads). All working women at Gewog level (such as Mangmis, Tshogpas, community centre coordinators, treasurers and secretaries of farmers' groups and cooperatives) worked under a male boss and had limited decision-making power.

Implication: *Ways must be found to find and engage more women participants in RSAHP activity discussions and decisions held at Dzongkhag level. Additionally, representatives at meetings must articulate the sanitation needs, interests and concerns of women and men.*

Barriers for women to take up leadership roles

Most Gewog and village level, formal local government and even farmers' groups (FGs) and cooperative leaders are men, for given reasons such as women "not being educated or lacking simple book-keeping skills." A lack or lower levels of education, few networks, HH work burdens, less acceptance from society and exposure to information, networks, life

¹⁴ International Labour Organization.

¹⁵ Fathers.

outside village/rural areas and media are common barriers. Many women bogged down with HH work were quoted as saying: “I have interests, but I must do domestic work”, “I must look after my children and animals so I cannot grasp opportunities.” They also face less societal acceptance as leaders because of traditional practices and beliefs: “Men don’t accept my decisions” and “Women don’t support other women”.

Implication: *This shows that relevant authorities must work to sensitize women and men at community level to garner support for future women leaders. There is a need to create community awareness among all age groups of women and men to support and encourage women to take up leadership roles. Conversely, women’s time constraints due WASH-related activities at home restricts their mobility, exposure, education, which in turn reduces their chances to become leaders.*

Women commonly face discrimination in seeking leadership roles, with one interviewed woman leader saying: “Men say elected male leaders are better than women because they have time and women are occupied at home, although both can have similar levels of education and experience.” Male participants said they were more capable in leadership positions because they had more experience outside the HH. In one KII in Samtse, a man was quoted as saying: “Women don’t have, nor take, opportunities. For example, during elections they don’t [successfully] persuade the public.” To underline this trend, during a mixed group discussion a male Tshogpa was observed repeatedly answering and intervening when questions were directed at women. These findings indicate that women face great challenges in taking up leadership roles due to HH work in addition to societal pressures.

Implication: *Since men are not equally involved in HH work, they have more time to take up additional tasks and grasp leadership opportunities. Moreover, the dominance of male leaders in rural Bhutan means they gain society’s acceptance and respect. However, men in a mixed group discussion in Pemathang disclosed that “if the current women Mangmi perform well, we will vote for women leaders.” This reflects the extra pressure faced by women leaders to prove themselves to the community. Hence, communities must be encouraged not to judge women by the performance of individuals and women leaders may need time to be nurtured and fully adjust to new leadership roles, with support from men. Discussions must be facilitated to highlight what constitutes good leadership and that different leaders have different approaches and strengths and that ‘ordinary’ women have knowledge relevant to sound decisions that benefit all.*

In all Dzongkhags, men tended to restrict women from taking up leadership posts. Discussions with women away from men revealed they were not part of Gewog-level elections because of a lack of support from husbands, for example: “Husbands don’t often allow wives out of the house.” One woman, who was a Party member, first did a functional literacy test to stand for Tshogpa, but couldn’t participate because of an Election Commission of Bhutan (ECB) requirement to resign from the Party to participate in the elections. This raises the issue of whether women have equal access to information or not. A woman in Wangdue shared: “I couldn’t attend training outside the Dzongkhag because my husband didn’t allow me to.” In Wangphu, a male Gewog leader shared that in Yarphung a husband would not allow his wife and a potential candidate to attend the Gewog election.

Current female leaders also pointed to hardships of being local Tshogpas: “It’s tough work being a Tshogpa because there is much work with little income.” Currently, most local women leaders are in lower leadership positions with less income and more tasks than men, which demotivates women. Across all Dzongkhags in Bhutan, there is only one woman Gup. The income levels in Gewogs are: Gup (Nu. 20,000), Mangmi (Nu. 15,000), Gup secretary (Nu. 13,000) and Tshogpa (Nu.7,000).

Implication: *Women need to be encouraged to strive for higher positions to participate in making bigger decisions. More senior posts also have higher incomes, which could further motivate women.*

Interestingly, in the Lhotshampa HH village visited in Samtse, there were no women in leadership positions because “in the village they prepare girls to be good housewives from an early age and serve their husbands. A husband can divorce a wife if she doesn’t serve him”, said one woman. Furthermore, the ECB functional literacy test required to participate in Gewog elections was seen by women and men as a further restriction on women’s ability to achieve leadership roles.

More stereotypes prevalent in rural areas came to light while discussing candidates most likely to become local village and Gewog leaders: “If a woman is educated, then men will not look down on her”, said one participant, while men in

Wangdue said: “*Nga Che di Kep Phogay Enn, Aumtshi di morem en mey*”¹⁶ “*Amtsu chekhey me chey bey*”¹⁷. Some key informants said women-only groups, RENEW coordinators in villages and non formal education (NFE) centres would encourage women to step forward. One female Dairy Group leader said: “I became interested in leadership after becoming a RENEW member and by assisting the ex-village Tshogpa. After I became a RENEW coordinator and VHW, I also got an opportunity to participate in trainings and meetings, which gave me more confidence.” On the other hand, villages without NFE or RENEW programmes did not have women leaders.

Reasons shared by male high-ranking officials in Dzongkhags regarding the few women in decision-making positions were: “Women are unreliable, not forthcoming and don’t take opportunities, so they don’t decisions.” Decision-making at Dzongkhag level is also based on government positions and most leaders (such as Dzongda, Dzongrab, sector heads) are men. Meanwhile, the reasons provided by women were: “HH work”, “not forthcoming”, “less educated than men”, “biologically women are weaker” and “dependent on tradition and culture of men being decision-makers.” These quotes reflect existing gender stereotypes in Bhutan regarding society’s non-acceptance of women and acceptance of men as leaders.

Perceptions of younger and elderly women differed in FGDs. Older women gave more respect to their husbands and were less interested in becoming leaders or taking up technical roles. An adult woman in her mid-40s said: “Young wives can argue and complain to their husbands. Older women advise their daughters not to do it.” Conversely, younger women were more expressive in their interest to become leaders and take up technical roles.

Many women and men respondents stressed education and networks for winning positions at Gewog and community levels. This reveals society’s acceptance of traits more common in men, which disadvantages women running for public office.

Implication: *Since it is necessary to not only increase the numbers of women taking up leadership roles, but also ensure they are supported to work effectively in unfamiliar environments, RSAHP must help build community acceptance of women in leadership roles and support them to perform with confidence.*

Current women leaders were referred to by male participants as “*Phogay zum bay yoem*”¹⁸.

Implication: *Interesting, women were accepted in leadership positions if they had ‘male’ characteristics and this raises questions in terms of the attractiveness of these roles for women in general. More research is needed to see if women taking up these roles face stigma for perceived male traits and whether this impacts on other women’s willingness to put themselves in the public eye. It is possible that those already in ‘unusual’ situations in terms of traditional gender roles and values have less to lose than women whose roles conform more to traditional gender roles.*

Rural women’s role models

Women in Samtse and Wangdue saw women leaders at central level (such as Lyonpo Dorji Choden, Drangpon, Anti-corruption Chairperson Dasho Neten Zangmo) as good role models to bring about changes in gender in Bhutan. These rural women were hopeful the future for Bhutanese girls was brighter than their own. Some traits favoured by women and men for women role models in villages include “women who travel to Thimphu and those with wealth.” Women with exposure to life outside villages and those with a higher social ranking in terms of income were seen as influential role models in their communities.

Implication: *This shows that much work is required to enhance women role models at local levels, so rural women farmers can relate to them.*

Local women leaders also heads of HHs

It is significant that few local women leaders met during the study were also heads of their HHs. These women held local government positions, such as Mangmis and Tshogpas, in addition to others being RENEW coordinators and executive

¹⁶ Men are better and women are less compared to men.

¹⁷ Women are not capable.

¹⁸ Like a man.

members of farmers' groups and cooperatives. A total of 12 such women were met: three RENEW coordinators (from which, one woman was a RENEW coordinator, Pickle and Ginger Group leader), one village Tshogpa (who was also a RENEW coordinator and VHW), one Mangmi, one Chupen, two community forestry group secretaries) in villages visited in Samtse, Samdrup Jongkhar and Wangdue. This raises the question of whether husbands act as barriers to women becoming leaders. This is validated by a quote from an interviewed female Mangmi who said: "I would not have been able to participate in decision-making if I was still married, because my husband gave me hell even for talking to other men, such as government officials."

Implications: *This finding is important and it sends a very crucial message to development workers, including government officials, to engage rural women in a professional manner when in rural areas. Development workers must take note of the real barriers and even risks to women who participate in activities. Since few local women leaders met during the study were also heads of their HHs, this also raises questions in terms of stigma and whether this impacts on women's willingness to be in the public eye. Perhaps those already in 'unusual' situations in terms of traditional gender roles and values have less to lose than women whose roles conform more towards traditional gender roles. If such women are already outside of gender norms, does it discourage others from taking up 'non-traditional roles'? . It would be valuable to learn more from these women and use their experiences to benefit and encourage other women. Finally, it would be useful to identify cases of women, beyond the research sites if necessary, who have supportive husbands and have been able to take on leadership roles to serve as role models for other women and men.*

Women's active participation in meetings

Participation in decision-making forums at Dzongkhag level is determined by position and most leadership positions (such as Dzongda, Dzongrab, sector heads) are held by men. In IDIs in Dzongkhags with BHU staff, it was confirmed women mostly attended health-related discussions and meetings, but did not often actively participate. Study respondents said: "Women are quite shy and talk less than men" and "Men have more exposure and knowledge." Moreover, Gewog level heads confirmed most participants in Zomdue (village level meetings) were men and women were often muted. Female respondents reflected this trend by saying: "Women are very shy and hesitant to stand up and speak. [They are] scared they will say something wrong", "Women [feel] threatened by the number of men in meetings, plus most facilitators are men and [they] are afraid of men mocking them." Women also felt inferior in the face of men's skills and confidence in public speaking. To further underscore the prevailing stereotypes, a man in a Samtse village FGD said: "Women forget what they learn from meetings by the time they get home." Overall, women's participation in meetings is limited by HH work burdens, the need to take children to meetings and women viewed as having insufficient knowledge to make meaningful contributions to dialogue.

Implication: *As women are distracted by children in their care during discussions and meetings, RSAHP must address the fact it could limit women's ability to absorb and recall what was discussed and value women's contributions so they feel fully engaged in RSAHP activities. Additionally, some of the findings highlight different perceptions about women's capacity to 'participate' and men's insensitivity towards factors that inhibit women from speaking up. This is an important finding for the RSAHP to work towards building an active and positive participatory environment for women and men to develop women's confidence.*

The study further validated that the rate of women's participation in meetings/development discussions was directly related to the venue and language used for quality participation. In the women's FGD in Wangphu, a participant said: "When the Gewog office was in Gomdar we had to walk up to three hours, so men mostly attended the meetings. Now, with the Gewog office in our village, it is convenient for women to attend meetings."

In general, women's participation in Lhotshampa community meetings in Samtse was less than other areas because men were seen as being available, while women were bogged down with HH work and only attended when men were unavailable. The study identified other barriers to women's participation, such as invitations specifically asking men to participate (in Samtse), invitations requesting vocal or "go shey ney shey" participation and setting an age limit for participants (<18 to >55 years in Samdrup Jongkhar and Wangdue)., During a FGD in Wangphu, women reported that men participated when high-level officials visited the village or for bigger Gewog-level meetings. Men's attendance based on a meeting/topic's importance was also evident in Samtse for Lhotshampa and Zhi Sar communities, as a local leader

and another women in an IDI in Samtse said men mainly attended Tshogdu meetings, while women were more evident in smaller meetings.

Implication: *To overcome barriers to women's participation in RSAHP activities, it must sensitize local leaders and field health staff on non-discriminatory invitations to meetings/workshops. Additionally, RSAHP must conduct its activities in a gender sensitive manner.*

Research team observations on women's participation in study discussions

In this study, women's and men's FGDs were conducted separately. The study team observed that women were more vocal and active during the women-only group discussions, than mixed-group discussions where men were dominant. Women from Lhotshampa HHs were even more quieter than those from Zhi Sar HHs, while male Tshogpas/other local leaders led mixed group discussions. In almost all FGDs, women were even unsure of their ages. In addition, elderly women and female heads of HHs were outspoken during separate group discussions in all Dzongkhags relative to other women.

Women's interest in technical roles, such as masonry and carpentry

The study met some women already involved in technical roles as assistants (masonry and carpenters). For instance, four women in Wangphu in Samdrup Jongkhar work as masons/carpenters at school/Gewog office construction sites. These women were either single/divorced/widowed. They had subcontracted this work from a male contractor. Study participants said no women were in technical roles in Gewogs, but did assist in construction.

Implication: *This presents an opportunity for RSAHP to build on this and increase women's economic participation through masonry and marketing skills under the supply component.*

Even women, particularly younger wives, in one of the most remote and poorest villages in Samtse (Khempagaon village, under Tading Gewog) said they helped their husbands with masonry work, "[We are] very interested to learn how to use machinery and masonry tools", said one. These women said group trainings in their village would be beneficial to access further masonry work.

Some men, especially from Lhotshampa villages in Samtse, were not supportive of women taking up such technical work as "women will have no interest," "they can't lift heavy things," "women are physically weaker" and "masonry needs physical strength". In IDIs, it was said that masonry/carpentry could be mechanized to better support women, but their HH work burdens would first need to be reduced.

Implication: *RSAHP could provide interested women technical skills and inform their husbands of the benefits, It is also crucial to sensitize men to change their beliefs and support women in technical work. Women's interest in being trained as masons and carpenters will provide additional income generating opportunities and the RSAHP will benefit by working with these women as change agents in their communities. This is in line with the gender strategy developed for the supply component of RSAHP, while working in Lhuentse and Pemagatshel. The gender strategy identified ways to engage women in the supply aspect of RSAHP to ensure equal opportunities for women as they felt more comfortable to communicate with other women. This will decrease difficulties for women to influence technology choices, ensure women's needs are met and help communicate with HHs about maintenance and cleaning of toilets. Women in all communities expressed interest in technical jobs if trainings were provided in villages. However, there is still a perception that technical jobs are men's domain and women's heavy HH workload precludes their involvement. Hence, it is important the strategy takes these views into account.*

The study discovered that not all women benefited from women's economic empowerment projects, especially in the south. For example, in Samtse tailoring and weaving trainings had been given to Zhi Sar and Lhotshampa communities, but only Zhi Sar women built of this training because Lhotshampa HH women faced mobility restrictions and tailoring was associated with lower castes.

Implication: *Thus, while providing masonry and other technical skills trainings in Samtse, the RSAHP should consult with specific target beneficiaries to design appropriate courses of action.*

Women in income-generating roles

All shopkeepers in visited villages were women, while some women weavers were found. Many women expressed interest in income-generating activities.

Implication: RSAHP could support WASH women shopkeepers to foster sound sanitation and hardware supply approaches and create community awareness of WASH and gender.

Differences in women and men's perspectives: The need for women and men in decision-making

The need and importance of increasing women's representation and participation in leadership was illustrated by participants' reflections on different gender areas of interest. Women were perceived to act more collectively than men and certain social and women-related issues were better understood by women. These issues were expressed as being difficult to discuss with the opposite sex. In all Dzongkhags, women through FGDs and informal conversations during GTWs felt they could only fully understand women's issues. Women said they were reluctant to engage male representatives (Gup/Mangmi/Tshogpa) and were shy to share problems, such as domestic violence and alcoholic/abusive husbands. During KIIs at Dzongkhag level, few women said it was an advantage to have an equal number of women as sector heads and in development programmes should make decisions from a "women's perspective".

Implication: This is an encouraging finding to include more women in decision-making posts at Gewog and Dzongkhag levels.

Mobility issues for women

Several issues regarding women's mobility were discovered through the study, which point to women being more restricted by culture, social norms or gender (reproductive tasks at home, long walking distances and having to carry small children). This study also brought to light many barriers to women's participation in discussions when meeting places were far from villages. "[I] couldn't attend a workshop at Mongar because my son was sick and I am single mother", "when going to Dzongkhag level meetings, it's difficult as it is expensive to stay at a hotel", "communication and language barriers [not being able to speak Hindi] prohibits women from becoming traders as it entails communicating in Hindi with Indian traders", "men mostly sell potatoes because husbands are jealous to send us alone", were a selection women participant comments. Men on the other hand said: "Women don't go out alone unless they have relatives because women are afraid", "women need friends to travel with for overnight stays. A male participant said: "*Lue Ghi Dra Dhi Zu Kha Ya Ni Dhi Gi*"¹⁹, (Drunghi, Phobjikha) referring to the dangers of women traveling alone.

Implication: The RSAHP must take these mobility restrictions faced by women into account when conducting meetings/trainings/workshops.

Lhotshampa women, from Samtse face more mobility restrictions

In Lhotshampa communities in Samtse, women faced more social restrictions on mobility. The following quotes validate this: "Women shouldn't go out much and should stay at home"²⁰ and "society has a negative view if women go out"²¹. Married women said: "[Women] do not get time to travel because children, husbands and families do not allow it"²². Furthermore, men in these communities said: "Women are not sent [away] if it requires an overnight stay"²³. This study found many barriers to women's participation in meetings distant from their villages.

Implication: The RSAHP must be sensitive to these restrictions and sensitize men on the importance of women's participation in meetings/trainings and discussions. Also, training/meeting venues should be brought closer to women's homes to avoid overnight nights and potential conflicts with husbands.

Current women leaders

¹⁹ A women's body is a risk for herself (meaning rape/molestation).

²⁰ Male FGD in Garigoan/Norjangsa, Sipsoo/Tashicholing Gewog (said by a Lhotshmpa man).

²¹ Female FGD in Garigoan/Norjangsa, Sipsoo/Tashicholing Gewog and women FGD in Khempagoan, Tading Gewog (said by Lhotsampa woman).

²² Female FGD in Garigoan/Norjangsa, Sipsoo/Tashicholing Gewog (said by a Lhotshmpa woman).

²³ Male FGD in Garigoan/Norjangsa, Sipsoo/Tashicholing Gewog (said by a Lhotshmpa man).

Almost all female local leaders were heads of their HHs if divorced/single/widowed. This is validated by a quote from an interviewed female Mangmi: interviewed who said, “I would not have been able to participate in decision-making if I was still married, because my husband gave me hell even for talking to other men, such as government officials. I would not have been able to participate in decision-making if I was still married because my husband gave me hell even for talking to other men such as government officials.”

Implication: *This raises the question of whether husbands act as a barrier to women becoming leaders.*

Suggestions from study participants to increase women’s participation in decision-making

Suggestions included formation of women-only groups to enable women to become leaders (made by Daw Zangmo in Sipsoo Gewog, a local woman FG leader) and use of community groups as a platform to empower women leaders (groups formed by RENEW and Ministry of Agriculture and Forest have encouraged other women to become active in their communities). Women leaders confirmed that joining such groups empowered women. Building supportive networks for women will enable them to learn and encourage each other, including taking-up community decision-making roles.

Implication: *Thus, RSAHP is recommended to be aware of the existence of women-only groups in communities it works in so such women leaders can be brought into decision-making forums in WASH-related platforms. Working with these women leaders will help achieve total sanitation, inspire and train other women to become gender advocates in their own communities for WASH.*

During this study, gender advocates able to work with the RSAHP were also identified. They include women leaders in Sipsoo Gewog in Samtse, a young Gup in Yoeseltse Gewog in Samtse, a female Mangmi in Pemathang Gewog in Samdrup Jongkhar and a female ex-Tshogpa in Phobji Gewog, Wangdue. “Thayma Tshogpa” could also be used as an entry point to instill equality and gender sensitization messages. Feedback from respondents also stated the need for separate meetings with women and men for women’s meaningful participation in the RSAHP activities.

Furthermore, when asked for suggestions for women’s more meaningful participation in activities, most respondents said gender-specific discussions were desirable. Of note, most FGD participants had not attended school or had NFE.

Implication: *In such scenarios, facilitators must include qualitative tools to obtain information and employ effective facilitation skills to make participants comfortable. For instance, one facilitator in Samtse after observing non-conductive seating arrangements requested participants rearrange seats into a circle so everyone was visible. Taking into account rural women and men’s low literacy levels is vital when developing awareness raising and training materials as well as usage of participatory tools.*

Women and men participants observed by the study team displayed a number of different views on gender-specific decision-making. A woman leader in Samtse said: “Women should be involved in development activities because they think for everyone. Whereas, men mostly think about farm roads and water supplies.” This view was supported by a woman during a KII in Wangdue: “It’s better to have an equal number of women and men at sector head level because men make general decisions, but women know better about women’s difficulties and common situations.” Similarly, a female ex-Tshogpa said: “Men make decisions in general terms, while women make decisions considered for each individual of the HH. For instance, men first think about their own needs and don’t think about the future.” In Tsakaling village, during a mixed group discussion, men focused on sanitation coverage, while women focused on the importance of group cohesion to achieve total sanitation. Even during the Khempagaon FGD, women stressed the importance of collective action for any community development. More differences were noted during takeaway messages in mixed group discussions. Men were too focused on hard core sanitation issues, while women stressed the importance of supporting each other and group cohesion to achieve a development target.

Implication: *This is an important finding for RSAHP to use women as agents for collective action to achieve total improved sanitation.*

6.4 Access, Privacy and Safety Issues

Respondents and participants were asked about access to safe sanitation, including access to safe menstrual hygiene management for women respondents and participants, as well as privacy and safety issues faced by women and girls. This allowed for a better understanding of privacy, safety and menstruation issues to be taken into account by RSAHP.

More risk/privacy and safety issues for women due to toilet type/location and geographical area

Women and children face more risks related to privacy, safety and access due to the prevalence of PLs in visited areas, hilly topography of some areas and women usually taking care of young children's sanitation requirements. Moreover, women and men feared attack from wild animals (such as elephants, mithuns, snakes, leeches and wild boars) and in some villages there had been incidences of human assaults near border areas and people hurting themselves during heavy rainfall whilst accessing toilets. In Wangphu and Pemathang (Samdrup Jongkhar), women in FGDs revealed that women feared using toilets at night if husbands were away and sometimes endured discomfort to wait until daylight.

Implication: *These findings point to rural sanitation and hygiene being gendered as women and girls mostly face issues due to a lack of sanitation and hygiene facilities affecting their health, hygiene and safety. Greater efforts need to be made to help women address challenges and risks associated with accessing distant toilets.*

Furthermore, women participants during FGDs shared that men's privacy and access to toilets was not a concern as they enjoyed greater freedom to show their bodies publically. "Men can urinate and bathe in the open air", "Keeti mancha haru saru par cha"²⁴, said a participant. In the absence of toilets, women had to squat to urinate and risked leech bites and contracting infections in warmer places such as Khempagaon, Tsakaling and Wangphu. In Wangdue, one male participant urinated in the open during the FGD. Women participants said unequal levels of expected conduct meant women were not able to do this.

Implication: *In addition to targeting more women's participation in WASH activities, male participants must also be briefed and made aware of the importance of engaging women in deciding the type and location of toilets.*

Most participants in men's FGDs displayed an attitude of not wanting to discuss women's privacy/safety issues.

Implication: *The RSAHP must work to change such attitudes and engage men in women's issues.*

Geographical location and culture also determined the type of toilet a HH constructed. For example, Lhotshampa HHs in the warmer south had pour flush toilets with washing facilities attached, while Zhi Sar HHs in the south rarely had washing facilities. HHs in the east and west (Samdrup Jongkhar and Wangdue) with colder climates mostly had PLs without washing facilities.

Implication: *Different approaches are required for different local contexts to take differing current local realities into account.*

Challenges for women, including menstrual hygiene management due to water shortages and lack of bathing stations

Except for Lhotshampa HHs, most other HHs in visited villages did not have bathrooms as they used PLs. Women from these HHs said they were not comfortable bathing under tap stands as they wanted greater privacy, which was tied to dignity. Women in all Dzongkhags expressed challenges in menstrual hygiene management, such as having to bathe under tap stands at night while menstruating and not bathing even though they knew its importance. Although some HHs with attached toilets brought piped water into toilets from tap stands outside, most visited villages stressed communal restrictions on taking piped water from tap stands to inside HHs, although tap stands must be 100 metres horizontally and 25 metres vertically²⁵. This distance specified by the RWSS policy is often misinterpreted at communal level which increases the workload and burdens women to collect water even in cold and rainy seasons, washing dishes and clothes outside and having to bathe children and themselves in the open.

Implication: *Women's active and meaningful engagement in WASH decision-making is critical to ensure the needs and interests of female and male community members are taken into account from the planning stage.*

Existing taboos around menstruation

There were more restrictions for women in Lhotshampa communities in Samtse due to beliefs that women cannot do certain things during menstruation. As told by participants: "Women are not allowed to cook - for a married woman three

²⁴ Women face difficulties to urinate/bathe in the open.

²⁵ As per the rural water supply and sanitation (RWSS) policy.

days and an unmarried women seven days”, “women cannot visit *mandir*²⁶, “seedlings and seeds cannot be touched by women, otherwise they will wither” and “it is our *param para*²⁷ for females to not plough or cross over the plough blade.”

Women find it difficult to do HH work during menstruation as restrictions have been passed down by mothers and fathers. While Zhi Sar HHs in Samtse and Pemathang and Zhi Nem in Wangphu do not have many restrictions, they said “women cannot cross horse ropes.”

In Komatrang in Wangdue, women and men shared many beliefs, such as women cannot plough or touch dead bodies or do house mud ramping during menstruation. These restrictions applied to daily activities. Whereas in Zhi Zhi, there were no such restrictions.

Implication: *Since taboos around menstruation are stronger in some communities (such as Lhotshampa), there are challenges to ensure menstrual issues are addressed in WASH decision-making. This requires women’s involvement in decision-making processes by supporting women to establish separate groups to address issues.*

Menstrual taboos in Lhotshampa and Zhi Sar HHs

Some participants from Zhi Sar communities originally from eastern parts now living in Samtse and in resettlement areas in Samdrup Jongkhar revealed taboos surrounding menstruating women (such as not being allowed to touch seeds), which were said to be uncommon in their old communities.

Implication: *Such Zhi Sar communities are starting to believe and practice Lhotshampa beliefs that need to be taken into account when improving women’s situation in rural Bhutan.*

Poor menstrual hygiene management and other beliefs

Most women were reluctant to discuss menstrual hygiene. In general, women do not change their pads/cloth within 6-hour blocks and women who used cloths did not dry them properly in the sun due to shyness in hanging such cloths in the open. Women also believed they would bleed more if they bathed during menstruation.

Most women revealed they could dispose of used sanitary pads/towels in PLs, while women with flush toilets faced challenges in their proper disposal.

Implication: *With the RSAHP encouraging communities to upgrade toilets resulting in most HHs opting for flush toilets, it is essential to incorporate safe disposal cans/pits into the toilet options handbook.*

Lhotshampa households in Samtse had access to better sanitation and hygiene facilities (including for menstrual hygiene)

As observed, Lhotshampa HH communities in Samtse seemed to practice better sanitation and hygiene compared to mixed communities (Lhotshampa HHs and Zhi Sar) in the same Dzongkhag and also in comparison to Samdrup Jongkhar and Wangdue. The same trend was observed in the field while interacting with communities, visiting houses and during GTWs.

In Komatrang, women said they did not change their menstrual pads/cloths once outside the HH for farmwork. Lhotshampa HH women in Samtse and Zhi Sar in Samdrup Jongkhar shared they changed their pads/cloths, but not within six hours. It was also observed that menstrual hygiene was not a topic openly discussed in communities, including with female BHU staff. It was also observed in women’s FGDs that they were hesitant to talk about the issue, but once probed and made comfortable by a female facilitator they spoke more openly.

Implication: *This is a challenge for the RSAHP as if menstrual hygiene needs are not addressed, the programme is not fully meeting WASH objectives. Furthermore, the need for female facilitators must be taken into account for RSAHP to engage in this issue with rural women.*

²⁶ Women cannot visit temples.

²⁷ Tradition and practices.

6.5 Other Key Findings from this Study in addition to the Findings per Theme

Other gender stereotypes not in the interests of Bhutanese women

Gender stereotypes towards women include being the lesser sex and some phrases commonly heard during the study included: “*Amtsu chekhey me chey bey*” (“Woman are not capable”, which can hinder women’s participation in development activities. Men were more “respected” at home, which burdens women with HH work and hinders their participation in development and other productive activities. “Physically weaker”, can hinder women’s participation in productive activities, such as masonry and carpentry. “*Cha me zab bey*”, means not listening to women’s views. “*Aafi dor lak tsa*” means women are too scared to cross a cow rope due to the belief it would block their afterbirth and kill them. “*Bitha ka kura*” means a women’s view has no importance. “We are interested, but we feel we are incapable and this makes me sad,” said a women from the Wangphu FGD. When talking to local leaders at district and Gewog levels, it was difficult to obtain the names of influential women due to uncertainty on how this was defined, as few positions were seen as influential, aside from a Dzongda or Gup.

Implication: *Such attitudes towards women as the lesser sex poses risks of girls and women growing up thinking they are inferior and contributing less to decision-making. It is also important to accurately define “influential women”.*

Prevalence of early marriage/early pregnancy, domestic violence and rape cases

In visited villages, girls married very young as early as 13 years compared to men more than 18 years old. The study also found cases of girls dropping out of school early due pregnancy, leading to gender gaps in tertiary education.

In two villages, there were cases of rape of girls below 18 years by relatives. Some women reported that: “The raped women were from poor backgrounds or had no education”, “one was referred to as “*laa-tey*”²⁸ and the husband kept battering her.”

Implication: *Indirectly, these factors ultimately impact on WASH matters, as women’s lower status and confidence are constantly reinforced, reducing the chances of women being enabled to play potentially critical roles in improving WASH conditions at household and community levels.*

During FGDs, several cases of domestic violence were mentioned, especially abuse by alcoholic husbands. Although the study did not encounter domestic violence cases associated with WASH, the high prevalence of domestic violence in rural areas (Samtse district reported the highest number of cases²⁹) means it is a significant issue impacting upon women’s lives and is of relevance to any development programme, particularly those to increase women’s participation.

Implication: *It is imperative that the RSAHP is gender sensitive and does not promote/support alcohol consumption practices already prevalent in rural areas (especially the east) and does not put rural women in any harm during RSAHP implementation.*

Change in gender roles (for decision-making) linked to education and income

Women participants from Tsakaling, Garigoan and Wangphu were optimistic about the future. “We are uneducated and don’t have *wangtshé*”³⁰. Changes in gender roles in making decisions are directly related to education as commonly pointed to by women and men in KIIs, FGDs and IDIs. A male participant said: “HH work roles have changed for cleaning and washing” due to “more awareness from the government.” This indicates changes in gender attitudes due to education opportunities and awareness raising programmes by government together with women’s potentially enhanced education status resulting in a more balanced division of labour, including for decision-making.

All communities had knowledge about basic sanitation and hygiene

In terms of knowledge, most HHs knew about sanitation and hygiene from meetings/campaigns given by BHU staff (health workers/VHW), from radio and TV. The latter two were seen as good BCC channels by women and men in rural

²⁸ Referring to this woman as a cognitive disable person.

²⁹ Report from RENEW Bhutan: <http://www.bbs.bt/news/?p=46711>

³⁰ Being uneducated means one does not have the right to make decisions.

Bhutan. In IDIs, it was revealed that school children were influential in teaching sanitation and hygiene to parents at home. However, challenges in terms of good sanitation and hygiene practices were pointed out by all local leaders and district officials

School children have potential to disseminate sanitation and hygiene information

All respondents and participants said knowledge on the need to practice good sanitation and hygiene was brought home by children from schools in addition to inputs from BHU staff, radio and TV.

Implication: Thus, school is understood as an effective source to teach, share information and practice sanitation and hygiene programmes.

Villages closer to paved roads had better sanitation and hygiene practices

The study team observed that villages and HHs closer to highways/pavement roads had better access to sanitation and hygiene facilities in comparison to those further away. This was observed in Lhotshampa HH villages in Samdrup Jongkhar and Wangdue. In addition, for Lhotshampa HH villages in Samdrup Jongkhar and Wangdue where there were water shortages and this was cited as a main obstacle to practice improved sanitation and hygiene. In visited villages, most villages had water shortage issues.

Influential role of BHU staff in sanitation and hygiene

In all three Dzongkhags, BHU staff played a hand in the construction of toilets, with warnings that communities faced penalties and fines for non-construction. Another strong motivator was social pressure, as participants said the community would disapprove if toilets were not constructed.

Implication: BHU staff must be made aware of the gendered dimensions of the type and location of toilet and the need to explore communal pro-poor support mechanisms, especially for fulfilling the sanitation and hygiene aspirations of people living in extreme poverty in respective communities.

Lack of sex-disaggregated data collection and gender awareness and analysis

It was also noted that at Dzongkhag level, gender sensitization and awareness is required to ensure development programmes are planned and implemented in a gender sensitive manner. The study team discovered a lack of gender integration in development activities. Local leaders at Dzongkhag and Gewog levels were aware of gender gaps in Bhutan, but did not know how to integrate knowledge into development activities. Almost all KII and IDI respondents saw no tangible benefit in segregating data, but while acknowledging gender as a donor requirement they questioned the business case for integrating gender. Some Dzongkhag leaders were aware of the need to integrate gender in planning, policies and programmes, but lacked know-how to put it into practice. The study also discovered that sex disaggregated data recorded in the health sector is a requirement, yet most KII and IDI respondents failed to see the link between gender and WASH.

Implication: This is an important finding to be integrated in RSAHP gender sensitization plans. Furthermore, there is a need to sensitize gender in WASH at all levels. Gender sensitization should be given to government officials, local leaders and community members. One local leader recommended gender training and sensitization targeted at men to showcase good practices and gender examples from other countries. Gender trainings could also be given in Dzongkhag and Gewog offices to highlight the importance of gender integration in respective programmes.

Influx of Zhi Sar and Lhotshampa HH cultures/beliefs/norms

Some participants from Zhi Sar communities originally from eastern parts now living in Samtse and in resettlement areas in Samdrup Jongkhar expressed beliefs regarding menstruating women, not being allowed to touch seeds, not common in previous communities.

Implication: Zhi Sar communities taking up Lhotshampa HH beliefs pose risks and unintended negative consequences for WASH and development in general.

Supply shortage in Wangdue for toilet construction

Cement shortages in Wangdue and other communities not accessible by road.

Implication: As per the Bhutan Sanitation Supply Chain Operational Guidelines, this finding needs to be discussed during demand creation workshops, facilitators and communities can explore linkages with potential small- and medium-sized enterprises.

7. Recommendations

This study was designed to explore and report on the current situation of women and men in selected rural areas, identify gender bias/discrimination in Bhutan's WASH sector and opportunities to make the RSAHP more inclusive and gender sensitive. During this process, the study identified the root causes of gender differences in WASH in the country. The following recommendations are based on findings from the field and a review of secondary data, including global gender and WASH literature.

7.1 Recommendations for the Governance Component

Development of a gender implementation plan: Gender in the MoH's 11th Five-Year Plan and PHED sector plan (which states the programme uses monitoring tools for participation, practical and strategic gender needs, promotes opportunities for women in non-traditional roles, such as masons, and places an emphasis on learning and exchanges) must be translated into implementation. A detailed implementation plan with timelines, accountability and resource allocation (or indication of resources required and a plan for how these resources will be sourced) must be developed for implementation of this study's recommendations. The plans can also compile and share experiences of good practices and develop guidelines for gender mainstreaming for RSAHP.

Gender sensitization at all levels and sex-disaggregated data collection and analysis: Almost all KII and IDI respondents saw no tangible benefit in segregating data, but while acknowledging gender as a donor requirement they questioned the business case for integrating gender. This is an important finding to be integrated into RSAHP plans for gender sensitization. In reality, the business case is well documented with strong evidence, but it needs to be articulated in an accessible way and made relevant to duty-bearers in this sector. Some district leaders identified the need to integrate gender in planning, policies and programmes, but it had not gained traction as know-how was missing (it needs to be included in the Dasho Dzongda's conference RSAHP session). Government officials, local leaders and communities in general should undergo gender sensitization (one local leader recommended gender training and sensitization targeting men to showcase good practices and gender examples from other countries/places). Good practice in gender-sensitization, already well documented, should be drawn upon in developing the implementation plan for this strategy.

While sex disaggregated data is collected for the health sector, it is not used in reports showcased in BHUs and hospitals nor is collected data and its analysis used for making informed programme choices. Therefore, the RSAHP must ensure all data it collects is sex disaggregated and analysed with a gender lens. Those collecting data must be informed of how the data is used and why it is important.

Gender inclusive budgeting in central/district/Gewog-level plans: Bringing an extra gender sensitive dynamic to RSAHP could require additional budget resources. For example, to encourage greater women's participation in district and Gewog level meetings and discussions, instead of budgeting for daily allowance payments for Gewog leaders who are usually men, additional female representation should be budgeted for so leaders of farmers' groups/cooperatives, successful entrepreneurs/suppliers/masons and sanitation champions can showcase success stories. Furthermore, extra provisions should be made to encourage female WASH staff to make field visits, even if they have small babies to care for (DSA payments for a baby sitter).

Pro-poor support mechanisms, particularly for female-headed HHs and the elderly (considered poorest within communities): Single female-headed HHs face extra challenges in terms of labour shortages, work inside and outside HHs and limited economic opportunities such as masonry work. These challenges need to be addressed and made explicit when talking about gender with stakeholders and during gender sensitization actions. At different multi-

stakeholder meetings, it is crucial to explore ways communities and local governments can assist the poorest to improve their sanitation status.

7.2 Recommendations for the Demand Creation Component

Gender sensitive and inclusive facilitation: Since several barriers to women's active participation in meetings/workshops and discussions was cited (such as distant venues, non-comprehension of language(s) used by facilitators and reticence in the face of men/male facilitators), RSAHP meetings/workshops/discussions must be favourable for women participants. Venues must be close to homes, the language used must be understood and spoken by the majority of participants and pictorial images can help participants who are illiterate. Facilitators of these meetings/discussions must be gender sensitive during sessions. (See recommendations on women's participation under 'whole RSAHP').

A gender sensitive CDH manual: The current CDH manual must be reviewed to ensure it is gender sensitive. It needs to clearly set out the links between gender and WASH, strategies to increase women's participation and overcome barriers to active participation, with positive images of women and men rather than reinforcing stereotypes. Furthermore, it must also stress the need for women's voices to be heard in CDH workshop action planning.

Incorporating shared WASH-related divisions of labour at HH level in demand creation: The study identified gender implications of the RSAHP approach, focusing on improved sanitation that indirectly promotes flush toilets and increases the load of women in terms of cleaning and maintaining improved toilets. To mitigate this, as part of demand creation processes, additional labour should be discussed with women and men, and women's responses taken into account in final decision-making. This should incorporate awareness and sensitization on the need for men to share toilet cleaning and maintenance responsibilities and be incorporated in the CDH manual to avoid burdening women.

7.3 Recommendations for the Supply Chain Component

To ensure the supply chain studies and marketing materials specifically consider the preferences and needs of female consumers.

Marketing skills training for women shopkeepers and potential women leaders: In addition to a lack of education, limited book-keeping skills were also cited for women not being able to learn leadership skills and engage in other productive activities. This could be addressed by simple marketing skills training as part of masonry training.

Encourage female RSAHP suppliers of sanitation materials: Since the study found that women ran shops in villages, such women could be encouraged to sell soap, sanitary napkins and hardware materials for toilet construction at community/village levels.

Encourage female masons: Rural women, particularly young wives/mothers, were found to be interested in becoming masonry assistants. But, research identified specific barriers to take up masonry training and roles. Hence, specific strategies should be developed with women masons to address barriers and build on experiences and lessons learned. In locations where women have not taken up such roles, additional FGDs could be conducted with participation from women masons as role models and motivators to help develop strategies. Furthermore, promoting such economic opportunities for women through the RSAHP would enable women to become decision-makers at HH and community levels. This is particularly pertinent as the study discovered that decision-making at HH level was directly linked with income and community prestige. At the same time, it is important to allow for group trainings, which could lead to collective work ventures. Here, RSAHP must work with local CSOs (such as Tarayana, BAOWE-Bhutanese Association of Women Entrepreneurs, NWAB-National Women's Association of Bhutan, SABAH Bhutan-South Asian Association of Home-based workers) who also work with rural women to enhance their economic opportunities. Since some men were not supportive of women taking up technical work such as masonry, it is crucial this aspect is covered in gender sensitization sessions. Furthermore, building on the current gender strategy for the supply component and past experiences from Pemagatsel is recommended by sharing success stories in new programme areas to motivate and encourage women's active participation in WASH as economic change agents in their communities.

7.4 Recommendations for the Behavioral Change Communications Component

Work with men for improved sanitation and hygiene for ALL: Men in FGDs were reluctant to discuss women's privacy/safety issues. The RSAHP must work on changing such attitudes and encourage men to engage in women's issues. Furthermore, while most respondents claimed women and men have good sanitation and hygiene knowledge, only women practice it as part of their responsibility for HH work. This is another area for the RSAHP to change attitudes to achieve improved sanitation and hygiene for all.

Stress HWWS at critical times (with particular emphasis on HWWS after changing a baby's diaper/handling small children's feces): Since all study participants did not know about the importance of HWWS after changing a baby's diaper/handling small children's feces, RSAHP must stress hand washing at this critical juncture in BCC messages, as it has gender implications with most child caretakers in rural settings being women.

Incorporate menstrual hygiene management in BCC activities and focus on schools: While developing BCC initiatives, it is recommended to tailor them to take into account taboos regarding menstruation in different communities. Furthermore, beliefs that women will bleed more if they bathe during menstruation, not changing sanitary napkins and not drying sanitary cloths in the sun also need to be addressed when developing BCC messages. As school children are seen as good mediums to disseminate sanitation and hygiene information, RSAHP must also focus on schools.

Develop more gender sensitive communications: Since TV and radio are seen as more effective communication channels in rural Bhutan than posters due to literacy levels, RSAHP should invest more in radio and TV messaging and it should be reviewed through a gender lens to not reinforce gender stereotypes of women being responsible for child care and HH-level sanitation and hygiene. Testing of new jingles and documentary material should be conducted with different groups to ensure cross-cultural relevance and appropriateness. Moreover, it is recommended to develop gender sensitive communication strategies across RSAHP outputs to avoid reinforcing existing gender stereotypes.

Menstruation Matters: Talk about it - Global Menstrual Hygiene Day celebration: Since the study revealed that most women in the Dzongkhags were hesitant to discuss menstrual hygiene, RSAHP should use international days such as Global Menstrual Hygiene Day to create platforms for discussions and advocacy related to the importance of menstruation. "It is important to talk about menstrual hygiene because we are trying to make the important point that for women's empowerment, it is crucial to talk about menstrual hygiene. Reliable access to adequate safe water and sanitation is critical to give women a sense of freedom and keep her healthy during menstruation. By talking about periods, we can help normalise this natural process and help girls and women live healthier and more dignified lives"³¹. Since menstrual hygiene is not a topic discussed openly in communities and with female health staff, there is a great need to change this as part of RSAHP. It is also important that RSAHP provides female facilitators as women were found to be more comfortable talking about menstrual hygiene with them. Separate women's groups would be an appropriate means to conduct discussions on menstruation, especially in communities where menstruation taboos are strong.

7.5 Recommendations for the RSAHP

A commitment to gender equality as a development goal in itself and as an integral part of WASH work needs to be adopted and put consistently into practice at institutional and organisational levels. This means SNV and MoH must build capacity and accountability to ensure all work is informed by gender analysis and underpinned by a commitment to address practical gender needs and strategic gender interests in WASH programming and create an enabling environment at organisational level for achievement of these results, in terms of policy and practice. Efforts to increase gender-responsiveness or 'mainstream gender' into programmes are unlikely to be fully effective unless an organisation takes an institution-wide approach to gender equality. This requires not only looking at the programme, but at the organisation itself, creating a gender balance within the organisation, across all levels of the hierarchy and different functions and kinds of work. For this to be achieved, management needs to understand and address the causes of

³¹ Mr. Ashhutosh Tiwari, Water Aid's Country Representative for Nepal, during International Menstruation Hygiene Day 2014.

gender inequality, such as unconscious bias. Work conditions need to be flexible to allow women and men to balance home and work life. Inter Action (American Council for Voluntary International Action) recommends a framework incorporating four components that must be in place in a gender-responsive organisation: political will (the roots or foundation), technical capacity, accountability and organisational culture. An increasing body of evidence points to the value of an organisation conducting regular gender audits to highlight strengths/weaknesses as a basis for developing organisational gender action plans. Inter Action provides materials for conducting participatory gender audits³².

Increased emphasis on women’s active participation in all RSAHP activities: There is a need to be gender sensitive across all RSAHP meetings/discussions and activities, as highlighted by the findings of this study. Barriers preventing women from speaking up need to be openly addressed with women and men, so greater sensitivity is shown to women to contribute confidently. Women-only discussion groups could be employed to build women’s confidence before they participate equally in mixed groups. Additionally, increased emphasis on women’s active participation in all RSAHP activities within PHED is encouraged.

The need to sensitize men, local leaders and women on gender in WASH: Gendered divisions of labour and decision-making at HH level as well as gendered decision-making at community level, gendered access, privacy and safety issues in RSAHP require good leadership qualities. This is especially important, as women and men community members, local leaders and government officials defined “capability” in terms of male characteristics. Women and men must be made aware of female leadership qualities, with an emphasis on female traits with reference to the SNV-DAMC female leadership training manual. As recommended by some interviewed local leaders, gender training and sensitization should target men to showcase good practice and gender examples from other countries/places to sensitize boys and mothers.

Ensure equal access to information for women and men: As men are already at an advantage in terms of accessing first-hand information due to their privileged positions at all levels, it is imperative to ensure information also reaches women in terms of availing opportunities to benefit from the RSAHP. This can be done through participation in meetings, trainings, selection of HHs for pro-poor support and sample toilet construction as well as study tours. This requires specific action planning with strategies to reach women taking into account literacy, language and barriers to women’s participating, with careful monitoring to ensure women have actually accessed and understood such information.

Capacity development to consider the needs of women and men in the design (type/location) of toilets: There is a need to sensitize HAs, the main implementers of the RSAHP, in the field on gender in WASH. HAs in most cases pushed for toilet construction at HH level although the decision of when, where and type to construct was decided by husbands/fathers. This presents an opportunity to sensitize the need to take into account the type/distance of toilets favourable to all HH members. During any sensitization activity, best practice gender capacity building must be employed through gender ‘training’, which can be too theoretical and confuse participants about how to apply it to their own work and personal lives. Therefore, gender capacity-building/training/sensitization must help people understand gender as an issue of relevance to their lives that must be tailored to their specific roles to be clearly understood. Institutionalisation of gender issues is also critical, as people trained or sensitized must be held accountable to put their new outlook into practice. This needs to be role-modelled by senior people in an organisation and there must be consequences for not changing behaviour/performance to become more gender balanced.

Work with local CSOs for mobilisation of women for effective participation in RSAHP activities: Following the experiences of the supply component in Pemagatshel, the RSAHP is highly recommended to work with local CSOs, such as Tarayana, BAOWE, NWAB, SABAH Bhutan amongst others, who also work with rural women to enhance their economic and political opportunities. Further to this, visits could be undertaken to assess/discuss how potential

³² Gender audit: a tool for organisational transformation. These materials can be found at:

<http://www.interaction.org/sites/default/files/Gender%20Audit%20Overview.pdf>

relationship(s) with such organization(s) could work and reach mutually beneficial outcomes. Potential partnerships with women's organisations, who can support the sensitization process, also need to be explored.

Gender sensitive conduct of all RSAHP activities: As the study uncovered sensitive restrictions faced by women in rural Bhutan and brought to light many barriers to women's participation in discussions, such as remote meeting places and mobility restrictions, development workers and government officials must engage rural women in a professional manner when in rural areas and practice gender sensitivity in the field. RSAHP should consider adopting a code of conduct for gender-sensitive behavior, particularly during fieldwork. Furthermore, RSAHP can address this issue by sensitizing men on the importance of women's participation in meetings/trainings and discussions, by bringing training/meeting venues closer to homes to avoid overnight stays and save women from conflict with their husbands. RSAHP could also work closely with women and men to identify strategies to allow women to travel freely.

Engage local leaders, especially women, to serve as role models to mainstream gender in WASH: RSAHP is recommended to tap into women-only groups in communities it works in, so women leaders can be brought into decision-making forums of WASH-related platforms. The objective is to empower these women leaders to achieve total sanitation and inspire other women to collectively become gender advocates to develop WASH in their communities. Furthermore, RSAHP should work with gender advocates identified through this study, such as women leaders in Sipsoo Gewog in Samtse, a young Gup in Yoeseltse Gewog in Samtse, a female Mangmi in Pemathang Gewog in Samdrup Jongkhar and a female ex-Tshogpa in Phobji Gewog, Wangdue.

“Thayma Tshogpa” could be used as an entry point to disseminate equality and gender sensitization messages, especially in eastern parts of the country.

Another entry point for gender mainstreaming in RSAHP is building on UNICEF and DYS C4D messages/posters used by some BHUs/HAs already trained. This will provide a good opportunity for gender sensitization of whole communities, as currently messages are only communicated by HAs to largely women parents who bring children to hospitals. These messages could include collective community and parents' responsibility for child development, using gender sensitive pictures and posters, such as those showing fathers feeding/bathing children.

Celebrate International Women's Day on 8 March to increase advocacy and discussions/sensitization on gender in WASH: RSAHP should use the next international women's day to officially launch and disseminate a press release on the publication of this gender study report to highlight the current situation of rural women in Bhutan with regards to WASH.

Ensure all RSAHP products/publications are reviewed through a gender lens: This will negate any reinforcement of gender stereotypes.

Capacity development of programme focal experts (PHED, LNW, SNV WASH) in gender mainstreaming in RSAHP: During the course of this study, the attitude of RSAHP personnel towards gender mainstreaming was noted (such as mansplaining female research assistants in the field, critiquing a particular gender/women-related finding and mocking gender issues), which risks trickling down to field implementers and negating RSAHP's efforts to achieve gender equality in WASH. Therefore, programme personnel down from central level must adopt positive attitudes towards gender equality and act as role models to achieve gender equality in WASH. Clear and consistent messages must come from senior levels that set clear expectations on standards of gender-related conduct by all personnel, which could be set out in a code of conduct. Gender equality standards must also be reflected in human resources processes, such as recruitment, job descriptions and performance reviews to help achieve institutional change.

Use of participatory tools and other gender sensitive tools from gender resources in WASH in all RSAHP activities is needed, particularly the need to use the SNV Gender Equality and Social Inclusion Note developed for the SSH4A programme.

7.6 General Recommendations for Improved Gender Equality in Bhutan

- Integrate gender in school curricula: Gender roles should be interchangeable and this needs to be taught to girls and boys from a young age.
- Continue efforts to increase rural women and men's literacy as education was stressed as one of the key determining factors in decision-making. This should take into account rural women's challenges/issues uncovered by this study, such as NFE centres being too far from villages, NFE class times clashing with HH responsibilities and Thayma Tshogpa stressing the importance of learning Dzongkha to read Buddhist scriptures.
- Challenges faced by current women leaders must be addressed, with inputs for advocacy efforts based on realities on the ground. KIIs and IDIs of women and men in leadership positions revealed that women fail to support each other at Dzongkhag and Gewog levels. A woman village leader of Samtse shared her experience, "Maybe women don't support me because they find it easy to say anything they like when it's a woman leader. While if it's a male leader they cannot say." Whereas in Wangdi, a woman Tshogpa shared that men don't accept her decisions. These are some of the challenges faced by women leaders. Women also need to be supported to understand the importance of cohesion and helping men be more sensitive and provide more support.

8. Conclusion

The GSI plan forms an integral part of the operations plan for the four-year PHED/SNV rural sanitation and hygiene programme supported by DFAT. One of the key outcomes of the project is 'Improved Gender Equality', stressing the importance of gender inclusion and equity. This gender study and its findings and recommendations are expected to make the programme more gender sensitive.

Within the four themes selected for this study, division of WASH-related HH labour was found to be mostly undertaken by adult women in all three selected Dzongkhags. Stereotyped beliefs by women and men were found to surround these roles and were viewed as the domain of women, while men focused on tasks outside HHs. Men's attitude in all Dzongkhags, especially Lhosthampa communities in Samtse, was HH work was the domain of women for traditional, cultural, social and economic reasons. In terms of gender divisions of labour at HH level, factors such as road accessibility and remoteness of villages and low levels of education resulted in more traditional approaches in HHs to divisions of labour. The more affluent HHs were also found to have more influence on communities, while higher castes played a crucial role in addition to differences amongst different ethnic groups.

Regarding HH-level decision-making, major decisions were made by men at all three Dzongkhags. These include decisions on toilet construction, including type and location. Decision-making at HH level was also found to be directly linked to income. Additionally, women and men thought the latter was better placed for decision-making due to "more exposure, networks and knowledge." In terms of differences in findings between different regions/cultures, some joint decision-making took place in non-Lhotshampa communities, while men dominated HH decisions in Lhotshampa communities.

Analysis of data for decision-making at community level, validated by the majority of leaders at all levels, showed that decisions on development activities were made by men in all communities of this study. Moreover, a low level of gender and WASH awareness was displayed by all leaders at Dzongkhag and Gewog levels. Moreover, there were no gender interventions at Dzongkhag and Gewog levels unless required by a programme or funding agency. Furthermore, women faced many barriers to actively participate in development activities and take up leadership roles at community/Gewog levels.

Findings on access, privacy and safety issues in WASH revealed that women and girls faced privacy and safety issues in connection to the locations and types of toilet, as they were the key family member involved in family caring duties,

including managing children's toilet needs. Most men in rural Bhutan were reluctant to discuss women's privacy/safety issues, while the study uncovered poor menstrual hygiene management amongst rural women.

In addition to the findings per theme, other findings such as single women-headed HHs facing greater challenges in constructing toilets, the lack of sex-disaggregated data collection and analysis for development activities at different levels and existence of gender stereotypes against Bhutanese women were uncovered. Suggestions from study respondents were also successfully sought to increase women's active participation in RSAHP activities and entry points for enhanced gender mainstreaming and gender advocates from rural communities were identified.

These study findings provide a solid basis for developing further practical and relevant recommendations to make each programme component gender sensitive and improve gender equality through WASH interventions in rural Bhutan. Therefore, it is crucial that the main implementing partners (PHED and SNV) bring this report to the attention of all relevant stakeholders working to improve life for rural women in Bhutan from a gender perspective to allow such women to engage and benefit from rural WASH interventions.

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