

Improving Water, Sanitation and Hygiene Status in Kurigram and Barguna District



Country
Bangladesh

Key words
Drinking water, Sanitation infrastructure, Hygiene practices, Blue schools

Beneficiaries
Project target
Access to water: **185,102**
Access to sanitation: **187,602**
Access to HW station **192,602**
WASH capacity **521**
Hygiene awareness **151,009**

Realised beneficiaries as of 30 June 2015:
Access to water **33,135**
Access to Sanitation **33,135**
Access to HW station **33,135**
WASH capacity **987**
Hygiene awareness **2,176**

Budget
Total project budget
CHF 955,081

SDC contribution
716,311 CHF

Project contribution
238,770 CHF

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Approach, methods and strategy

Sanitation

Tdh will follow the Community Led Total Sanitation (CLTS) approach, aiming on mobilizing the whole community to construct toilets themselves, while financially supporting only the poorest. The context of Bangladesh requires to strongly taking natural disasters like floods and cyclones into consideration to ensure that toilets do not contaminate water bodies during these events.

Drinking water

Safe and reliable water supply infrastructure including filtering systems will be constructed or rehabilitated and managed by committees.

Blue schools

Jointly with the consortium partner form Caritas the Blue Schools concept, will be piloted in Bangladesh and made a topic in national advocacy

Hygiene

The very weak hygiene practices in rural Bangladesh will be addressed by a heterogeneous set of methodologies, reaching from mass campaigns to individual counselling and from training of children to provision of low-cost hand washing stations.

Community clinics

Community Clinics are the first stop health institution in Bangladesh. However, they are in a bad physical state. Under strong involvement of community clinic management groups, clinics will be rehabilitated including WASH infrastructure to allow provision of services in a hygienic environment.

Government cooperation

Tdh will closely work with the Government actors and water committees. A sanitation database at local government will be piloted. Government policies such as the Cost Sharing Strategy, the National Sanitation Strategy, Pro-Poor Strategy, National Hygiene Promotion Strategy will be strictly followed.



Lessons learnt

Systematic process of Social Marketing (SM) to improve Hand Washing practices

The achievement of hand washing indicator in the WC phase-1 was not satisfactory. From 2015, in order to improve that situation, Tdh is piloting a SM approach on improving Hand Washing behaviours.

Good practices

Joint cooperation with local government (Union Parishad)

The local government (UP) actively participated in conducting the baseline situation analysis and the findings were shared with the UPs. A detailed household wise WATSAN database also produced and handed over to the UPs. The government (40) Union & Ward WATSAN committees within project area following government guidelines were mobilized and are active.

Advocacy & policy

Advocacy on increasing at least 10% Union Parishad WASH annual budget compared to the last year, 2014-15

Out of the 4 WC-II working UPs, 3 have increased the WASH budget compared to the last year. One Union Parishad has kept the same budget for WASH as well as all other line items. However, we will work closely with this Union to increase the WASH budget next year.

