UNION PARISHAD
BEST PRACTICE COMPENDIUM

On Water Supply, Sanitation, and Hygiene (WASH)

Institutionalization of Horizontal Learning Program in Bangladesh
National Institute of Local Government

July 2021

Supported by Switzerland

National Institute of Local Government

The Local Government Institute was established on July 1, 1969, under the Education Institution Ordinance, 1961. It was renamed the National Institute of Local Government (NILG) in 1980.

The NILG is governed by the *National Institute of Local Government Act*, 1992.

It is the only mandated local government capacity building institute which is engaged in the process of training and research to make local governments strong, effective, dynamic, and popular service oriented.

The vision of the NILG is to emerge as a dynamic and leading institute in training, research, and advocacy, and as a think-tank in the field of local governance.

The mission of the NILG is to build the capacity of local government institutions (LGIs) to provide effective and efficient services for the well-being of all people by developing and conducting training, research, and advocacy activities which incorporate good governance as a guiding principle.

The main objectives of the NILG are:

- Empowering local governments.
- Strengthening democratic decentralization.
- Undertaking research on local governance.
- Supporting various government and nongovernmental programs and projects to strengthen the capacity of LGIs.

The strategies of the NILG are:

- Fostering a 'Joint Partnership Framework' to develop a common minimum course curriculum for Union Parishads.
- Linking with local government stakeholders to integrate 'lessons learned' from good practices.
- Networking with other training institutes, that is, RDA, BARD, BARDTI, to capitalize on the experiences and opportunities emerging from diverse projects to significantly improve service delivery of local governments.
- Creating a 'resource pool' to support cascade training.

In line with the NILG's vision, mission, objectives, and strategies, the 'Institutionalization of the Horizontal Learning Program in Bangladesh', identified the first set of Best Practices that are highlighted in this *Best Practice Compendium*.

বাংলাদেশের
সুবর্ণজয়ন্তী
Bangladesh 50

মুজিব শতবর্ষ
MUJIB 100

Learning always… Learning all ways…

UNION PARISHAD

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WHY HAS HLP PMU DEVELOPED THIS COMPENDIUM?

"Institutionalization of Horizontal Learning Program in Bangladesh" is a project with the vision to increase the capacity of local government institutions (LGIs) to serve the people. The project management unit (PMU) of HLP is operating under the guidance of NILG, which is the only mandated training institution for local government institutions (LGIs). The project has a mandate for integrating the horizontal learning within NILG and other government and non-government institutes. For NILG, it is also important to be oriented with the HLP process in order to impart high quality training. As part of its commitment to learning, the NILG seeks to understand the Best Practices being carried out in Bangladesh at the LGI level. The identification and appreciation of local Best Practices, which are quite often neglected, will encourage LGIs and related non-governmental organizations (NGOs) to innovate, and pilot activities to complement the Government of Bangladesh's (GoB's) achievement of the Sustainable Development Goals (SDGs). It will also assist the HLP to identify the Best Practices sites for exposure visits for foundation training courses of NILG to be included in the regular course curriculum. It will ensure that the materials and procedures for training courses offered by the NILG with support of HLP-PMU are continuously updated and upgraded. With this backdrop, the HLP-PMU has initiated a process for capturing good as well as best practices that have emerged from different projects as well as from LGIs' own initiative, replicated through the Horizontal Learning Program (HLP) utilizing either funding from community/households themselves, or from a portion of the Union Parishads' basic block grants (BBGs) of LGSP-III. Some of the good practices have emerged from projects of the GoB, World Bank, UNDP, JICA, HELVETAS, Max Foundation Bangladesh (MFB), Breaking The Silence (BTS), DASCOH, Shushilan, Dhaka Ahsania Mission (DAM), SLOPB Bangladesh, Jagrata Juba Shangha (JJS), and SKS Foundation. Some of them have already been captured by the NILG, some of them are being captured now, and the remaining will be captured in the upcoming series of the Best Practice Compendium.

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ABBREVIATIONS

ADP	-	Annual Development Plan and Budget
APP	-	Annual Procurement Plan
BARD	-	Bangladesh Academy for Rural Development
BBGs	-	Basic Block Grants
BDT	-	Bangladesh Taka
BP	-	Best Practice
BRDTI	-	Bangladesh Rural Development Training Institute
BTORs	-	Back to Office Reports
BTS	-	Breaking The Silence
CLTS	-	Community-Led Total Sanitation
CSG	-	Community support groups
DAM	-	Dhaka Ahsania Mission
DPD	-	Deputy Project Director
DP	-	Development Partner
DTW	-	Depth to Water
ERD	-	Economic Relations Division
FSM	-	Fecal sludge management
GoB	-	Government of Bangladesh
GMP	-	Growth Monitoring and Promotion
GP	-	Good Practice
GUI	-	Graphical User Interface
HELVETAS	-	Helvetas Swiss Intercooperation
HH	-	Household
HLC	-	Horizontal Learning Center
HLC-MAR	-	High-Level Committee on MAR
HLP	-	Horizontal Learning Program
ICT	-	Information and Communication Technologies
IMED	-	Implementation, Monitoring, and Evaluation Division
INGO	-	International Non-governmental Organization
IWRM	-	Integrated Water Resource Management
JICA	-	Japan International Cooperation Agency
JJS	-	*Jagrata Juba Shangha*
LGD	-	Local Government Division
LGHL	-	Local Government Helpline
LGIs	-	Local Government Institutions
LGSP-III	-	Third Local Governance Support Project

LGTIs	-	Local Government Training Institutions
LGIs	-	Local government institutions
MAR	-	Managed Aquifer Recharge
Max-PBR	-	Max-Performance Based Results
MDGs	-	Millennium Development Goals
MFB	-	Max Foundation Bangladesh
MHM	-	Menstrual Hygiene Management
MIS	-	Management Information Systems
MoU	-	Memorandum of Understanding
MSP	-	Multi-Stakeholder Partnership
NGO	-	Non-governmental Organization
NILG	-	National Institute of Local Government
NSB	-	National Steering Board
PDO	-	Project Development Objective
PIC	-	Project Implementation Committee
PMU	-	Project Management Unit
PSC	-	Project Steering Committee
PPR	-	Public Procurement Rules
SDC	-	Swiss Agency for Development and Cooperation
SDGs	-	Sustainable Development Goals
SKS	-	*Samaj Kallyan Sangstha* (Foundation)
SLOPB	-	Stichting Landontwikkelings Project Bangladesh
SRC	-	Swiss Red Cross
SRHR	-	Sexual and Reproductive Health and Rights
TAPP	-	Technical Assistance Project Proposal
ToR	-	Terms of Reference
UCC	-	Union Coordination Committee
UDCC	-	Union Development Coordination Committee
UNDP	-	United Nations Development Programme
UNO	-	Upazila Nirbahi Officer
UP	-	Union Parishad
URTs	-	Upazila Resource Teams
USD	-	United States Dollar
WASH	-	Water, Sanitation, and Hygiene
WB	-	World Bank
WSP	-	Water and Sanitation Program (WSP) of the World Bank

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2. Ansar and VDP leaders
3. Marriage Registrars
4. School teachers
5. Imam and religious leaders
6. Public representatives
7. Women representatives
8. Tubewell mechanics
9. Community organizers
10. Health and Family Planning Workers
11. Sub-Assistant Agricultural Officers
12. Field visitors, fishery personnel
13. NGO workers
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Quotation from Mr. Saleh Ahmed Mujaffor, Director General (Additional Secretary), NILG: Learning always... Learning all ways...

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Ministry of Local Government,
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মন্ত্রী
স্থানীয় সরকার, পল্লী উন্নয়ন ও
সমবায় মন্ত্রণালয়

Message

Bangladesh government under the leadership of Hon'ble Prime Minister Sheikh Hasina is keen to strengthen local government through People's empowerment and promote improved service delivery through People's engagement. Over the years many good practices are happening around the local government bodies.

Union Parishad is one of the oldest, trusted and nearest local government body for the rural People. I am happy to know that good practices have been indentified through participatory planning processes, and replicated by UPs, which have been captured and documented by the Horizontal Learning Program (HLP) of the National Institute of Local Government (NILG).

I would like to thank NILG and development Partner SDC for this excellent effort in identification and publication of a compendium on these good Practices entitled "Learning always, Learning all ways"

Md. Tazul Islam, MP

Helal Uddin Ahmed
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Government of the People's Republic of Bangladesh

Message

Best Practice Compendium on Water Supply, Sanitation, and Hygiene (WASH) — Learning always... Learning all ways..., is a booklet encompassing learning documented by the National Institution of Local Government (NILG) under 'Institutionalizing the Horizontal Learning Program' with support from beneficiaries of best practices, local government institutions (LGIs), partner NGOs, and Swiss Agency for Development and Cooperation (SDC).

Local Government Division (LGD) through Local Governance Support Projects (LGSP-I, LGSP-II, and LGSP-III), is helping local people to plan and develop their own schemes through their direct participation, and finalize the plan, design, and implement these schemes in accordance with their priorities under the leadership of Union Parishads (UPs), and guidance and back-up support from Upazila Parishads and District Administrations. LGSP is playing a stellar role in enhancing the skills and capacity of the Union Parishads, while citizens' direct engagement ensures transparency and accountability.

Therefore, many innovations that are being generated through NGO-supported projects are now scaling-up through basic block grants (BBGs) of LGSP as well as citizens' own funding.

When NILG organized Horizontal Learning Program (HLP) Upazila workshops in the first round of 46 Upazilas of 'Institutionalizing HLP' to facilitate UPs to identify their own good practices, these revealed many outstanding triumphs. These successes are noteworthy to capture within and outside Bangladesh to share experiential and tacit knowledge that has been applied at Union level in Bangladesh, so that others can learn, motivate, adapt, and replicate similar approaches in accordance with their respective situations.

Against this background, this Best Practice Compendium on Water Supply, Sanitation, and Hygiene (WASH) — Learning always... Learning all ways... has been developed both in Bangla for national readers, and in English for global readers.

The primary objective of this Compendium is to help Union Parishads (UPs) and their standing committee members spread knowledge about existing Best Practices that are already working, have been used, and are being replicated in different parts of the country. These Best Practices may also help partners to replicate these practices across boundaries.

I wish to express sincere thanks to all my colleagues who wholeheartedly contributed to the development of this Compendium.

18/7/2021
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Preface

The 'Best Practice Compendium on Water Supply, Sanitation and Hygiene' will showcase how existing good practices that are emerging from different government and/or NGO-supported projects at the Union level are being identified, shared, learned, and replicated by Unions themselves with the spirit of the Horizontal Learning Program (HLP) and are rapidly scaling up and emerging as best practices.

Prior to this compendium, similar documentation has been prepared through the HLP. Some of them are:

- Handbook on Improving Rural Infrastructure Services: A Collection of Good Practices of Union Parishads, Lessons Learned from the Bangladesh Local Governance Support Project: Roads, Culverts, Drainage, and Embankments—NILG, LGSP, and LGD, June 2012.
- HLP Thematic Workshop on Strengthening Local Government Institutions (LGIs) for Disability Inclusion: From Practice to Policy Advocacy Keynote Paper—NILG, LGD, WSP-WB, CDD, and others, November 2014.
- Raising Own Source Revenues: Linking Open Budgets and Raising of Holding Tax, Learning Note—HLP, Horizontal Learning Centre, NILG, LGD, UNDP-UNCDF, WSP-WB, and Intercooperation, 2013.
- Union Coordination Committee Meetings (or UDCCs): Ensuring Inclusion and Sustaining Quality of Services, Learning Note—HLP, Horizontal Learning Centre, NILG, LGD, JICA, PRDP-II, WSP-WB, and Intercooperation, 2013.

Local administrations and partner NGOs, along with the Local Government Helpline, have already validated these best practices.

Under regular training courses of the NILG, these sites and best practices will be shared with all the participants, to understand the HLP and also internalize it to facilitate a similar process upon return from training courses.

We are expecting that similar best practice series will be published soon in different thematic areas by the 'Institutionalization of HLP' of the NILG.

On behalf of the Project, I would like to give my sincere thanks to all UP representatives, local administrations, partner NGOs, supporting agencies, and sector colleagues to help us in documenting this compendium. We would also like to thank Max Foundation Bangladesh, DASCOH, and Breaking The Silence for their support and contribution. Special thanks to the Swiss Agency for Development and Cooperation (SDC) for supporting the NILG for the institutionalization of the HLP. Finally, thanks also to my Project Management Unit members specially the Deputy Project Director Ms. Manika Mitra and Assistant Project Director Mr. Imranur Rahman of the Project for their hard work; HLP experts—Mr. Shafiqul Islam, Mr. Mark Ellery, and Mr. Santanu Lahiri for their additional support and guidance to make this document ready.

Finally, I would like to convey my thanks to the Project Implementation Committee members chaired by DG, NILG; and the Project Steering Committee members chaired by Honorable LGD Senior Secretary, LGD, to kindly endorse and approve this compendium for publication and wide dissemination nationwide.

Date: July 15, 2021.

15.07.21

Md. Borhan Uddin Bhuiyan
Project Director, NILG-HLP
&
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National Institute of Local Government

EXECUTIVE SUMMARY

There exists a logical sequence between improved local governance, the provision of water, sanitation, and hygiene (WASH) services, the nutritional status of children, and the fulfillment of the development potential of children. The following *Compendium of Good Practices* shows how the establishment of a WASH program linking the routine local measurement of child height and weight can be indicative of the likelihood that local citizens have the governance conditions necessary to achieve their full development potential. This enables the measurement of the incidence of acute undernutrition (that is, wasting), and chronic malnutrition (that is, stunting) in children to provide a proxy for assessing the effectiveness of local government in ensuring WASH and basic public services for all.

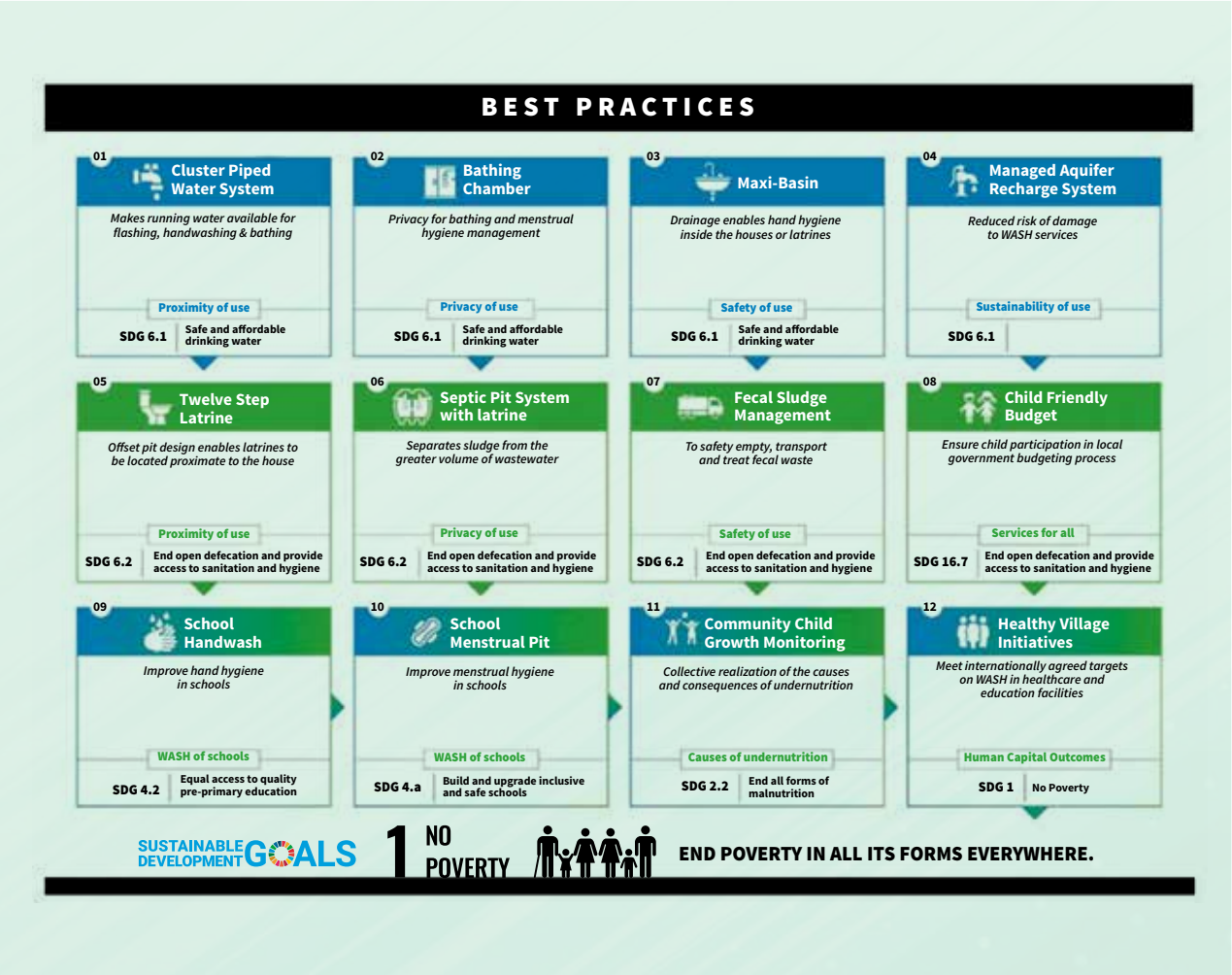
In the Bangladesh context, Union Parishads (UPs) are responsible for ensuring universal access to water, sanitation, hygiene, and preventive health services. This demonstrates how the preventable risks of child mortality associated with acute undernutrition (wasting), and poor access to safe water services can be untangled from the preventable risks of child underdevelopment associated with chronic undernutrition (stunting) and poor access to safe sanitation services. This provides a broad framework for understanding the effect of improved local governance, sexual and reproductive health rights, WASH markets, hygiene behavior change, and nutrition on the well-being of children and the development of human capital in Bangladesh.

Horizontal Learning Programme for LGIs

This framework for assessing the governance of UPs in the provision of WASH services offers the building blocks for the establishment of this *Compendium of Good Practices*.

The horizontal learning program was initiated in November 2007, and scaled-up till January 2016. From then onwards, it kept moving through its own momentum. Once the Institutionalizing HLP Project launched in October 2018, the existing HLP activities acquired further momentum. Once the Project Management Unit of HLP Institutionalizing Project started carrying out HLP Upazila Workshops, many good practices were identified. Some good practices were found to have been replicated more than 50 times, and fulfilling all criteria of Best Practices.

In this *Compendium of Good Practices*, such 12 best practices in the delivery of water, sanitation, and hygiene services have been collated. These respond to the particular challenge in the Bangladesh context of managing the transition from the Millennium Development Goal (MDG) targets to the Sustainable Development Goal (SDG) targets.



BACKGROUND

The Government of Bangladesh (GoB) is keen to strengthen local government institutions (LGIs), and promote decentralization with improved service delivery. The national targets on economic growth and poverty reduction detailed in the Eighth Five-Year Plan (2021–2025) will require further strengthening of the elected local governments to ensure access to basic public services for all.

Institutionalizing the Horizontal Learning Program

The horizontal learning program (HLP) is an outcome-based peer learning initiative facilitated by the Local Government Division (LGD) of the GoB. The project development objective (PDO) of the 'Institutionalizing HLP' Project, commonly known as 'Shikhon Project' in Bengali, is to institutionalize the horizontal learning process which enables LGIs to identify their good practices, and then share, learn, replicate, summarize, analyze, and present the 'lessons learned' to policymakers.

The specific objectives of the project are to:

- Institutionalize horizontal learning for LGIs: Increase the capacity of the NILG and LGD to review and adopt relevant local government good practices, rules, policies, and Acts based on the feedback received from the grassroots through horizontal learning.
- Ensure quality assurance of horizontal learning: Monitor the enhanced capacities of LGIs for ensuring the delivery of quality public services, and good governance to all, with a particular focus on poor and disadvantaged women and men.
- Review and update National Basic Capacity Building Program for Union Parishads (UPs): Incorporate the different good practices which have emerged into the national program, and gradually expand them to all the tiers of LGIs.

The project started in October 2018, and will be completed in September 2022 with a USD 3.16 million grant support from the Swiss Agency for Development and Cooperation (SDC).

Documentation Process — The Methodology

These good practices were identified in HLP Upazila Workshops, then through desk research, and assimilation of secondary information from various Union Parishads were listed with potential Best Practices in the first step.

The second step was to communicate with Union Parishad representatives and responsible implementers to gain further information, and validate the data. Here HLP-PMU conducted meetings with NGOs who were responsible for implementation of the good practices in the field. (Refer Annex-I to Annex-III).

In the final stage, information was verified with telephonic surveys by the HLP-PMU under the leadership of Project Manager about their effectiveness and continuation.

Context of This *Compendium*

Many good practices have emerged from government-funded, donor-funded, NGO-funded, or private sector-funded projects that have been implemented by different development partners. Many of these good practices have been identified through participatory planning processes, and replicated by UPs through the allocation of the basic block grants (BBGs) received through LGSP-III. The HLP implemented by the NILG has been established as a platform for UPs to identify, learn, and replicate good practices on local development through the deployment of funds mainly from LGSP-III. Through a series of 39 HLP Upazila workshops, more than 150 good practices have been identified over the period from October-December 2020. Those good practices that have been replicated a minimum of 50 times by peer UPs, and have fulfilled the validation criteria established by the NILG, are dubbed Best Practices.

Best Practice Validation Criteria

Good practices are those practices which have innovated or customized, have been recognized as such, and implemented by households/communities and/or UP for the welfare and benefit of the community, which contribute to national development goals in a sustainable manner. The generic criteria are stated in Table-1. When these good practices have been replicated more than 50 times, they are named Best Practices.

Table-1: Indicators for Validating HLP Good & Best Practices

#	Indicators	Points
1.	Evidence Based (Practice proven with correct facts and figures).	1
2.	Social Acceptance/Recognition	1
3.	Original and New	1
4.	Sustainable	1
5.	Replicable through LGI-Funding	1
6.	Contributing to Public Welfare	1
7.	Observable and Replicable	1
8.	Good Practice is (either or both):	1
a	Action Oriented	
b	Procedural	
9.	Measurable, Specific goal and objectives	1
10.	Inclusive and participatory in Nature	1
11.	Either Public or private initiative	1
12.	Has Potential for Institutionalization	1
13.	Space for Further Improvement	1
14.	Applicable for daily activities	1
15.	Result-based	1
Total		15

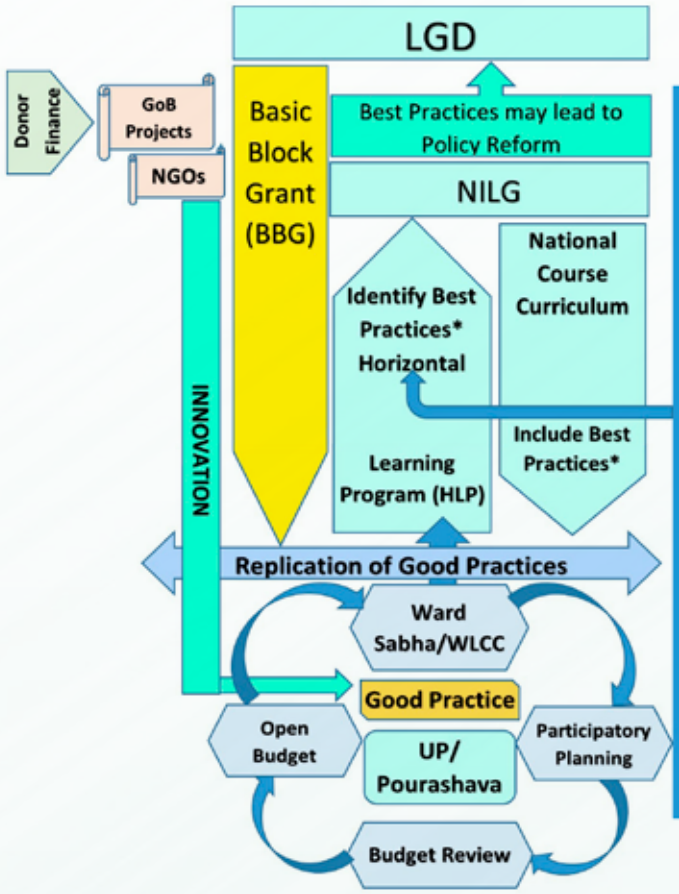
Note: Good Practice Must Have Score >8 and Best Practice >12

Process for the Selection of Best Practices

Upon completion of HLP Upazila Workshops, and the identification of good practices, the validation criteria of the NILG were applied to identify the best WASH, nutrition, and child growth monitoring practices. The process adopted to identify, document, verify, and validate the good practices for the *Compendium* is detailed in Figure-1.

FIGURE 1

Institutionalising Local Governance Strengthening



Indicators for Validating HLP Good & Best Practices		
#	Indicators	Points
01.	Evidence Based (Practice proven with correct facts and figures).	1
02.	Social Acceptance/Recognition	1
03.	Original and New	1
04.	Sustainable	1
05.	Replicable through LGI-Funding	1
06.	Contributing to Public Welfare	1
07.	Observable and Replicable	1
08. a b	Good Practice is (either or both): Action Oriented Procedural	1
09.	Measurable, Specific goal and objectives	1
10.	Inclusive and participatory in Nature	1
11.	Either Public or private initiative	1
12.	Has Potential for Institutionalization	1
13.	Space for Further Improvement	1
14.	Applicable for daily activities	
15.	Result-based	
Total		15
Note: Good Practice Must Have Score ≥ 8 and Best Practice ≥ 12		

This requires the good practices to be:

- Identified by the Union Parishads themselves.
- Documented through data collection from implementing Union Parishads and NGOs.
- Verified through telephonic survey by the HLP-PMU.

HLP-PMU tested the 12 Best practices with PMU's Best Practice criteria, and the scores obtained for these Best Practices are given below.

Reasons for Considering these 'good Practices' as 'Best Practices'												
Best Practice Criteria	Name of Best Practices											
	Cluster Piped Water System	Bathing Chamber	Maxi-Basin	Managed Aquifer Recharged System	Twelve Step Latrine	Septic Pit System	Fecal Sludge Management	Children-Friendly Budget	School Handwash	School Menstrual Pit	Community Child Growth Monitoring	Healthy Village Campaign
1. Evidence-based (The practice must be proven with correct facts and figures).	1	1	1	1	1	1	1	1	1	1	1	1
2. Social acceptance/recognition	1	1	1	1	1	1	1	1	1	1	1	1
3. Contributing to public welfare	1	1	1	1	1	1	1	1	1	1	1	1
4. Sustainable	1	1	1	1	1	1	1	1	1	1	1	1
5. Replicable through LGI-funding	1	1	1	1	1	1	1	1	1	1	1	1
6. Observable and replicable	1	1	1	1	1	1	1	1	1	1	1	1
7. The good practice is either/or both — Action oriented	1	1	1	1	1	1	1	1	1	1	1	1
8. Measurable	1	1	1	1	1	1	1	1	1	1	1	1
9. Inclusive in nature	1	1	1	1	1	1	1	1	1	1	1	1
10. Either public or private initiative	1	1	1	1	1	1	1	1	1	1	1	1
11. Potential for institutionalization	1	1	1	1	1	1	1	1	1	1	1	1
12. Space for further improvement	1	1	1	1	1	1	1	1	1	1	1	1
13. Result-based	1	1	1	1	1	1	1	1	1	1	1	1
14. Applicable for daily activities	1	1	1	1	1	1	1	1	1	1	1	1
15. Original and new	1	1	1	-	1	-	-	-	-	-	1	1
Total scores:	**15**	**15**	**15**	**14**	**15**	**14**	**14**	**14**	**14**	**14**	**15**	**15**
Best Practice Replicated	> 50	> 50	> 50	> 50	> 50	> 50	> 50	> 50	> 50	> 50	> 50	> 50

To verify the continuous use, and benefits of the good practice, short telephonic surveys were conducted. A total of 36 respondents were telephoned for this survey. 34 of them gave their valuable response to the survey. (Refer Annex -IV and Annex-V for 'Best Practice Validation Questionnaire', and 'List of 36 Respondents' respectively).

The result of the survey is as follows:

100%
of the respondents recognized the good practice.

100%
of the respondents reported that the good practice is still in service.

100%
of the respondents reported that they have benefited from the good practice.

100%
of the respondents reported that health and hygiene is better than before because of the good practice.

90%
of the respondents said such good practice should be continued. 10% respondents reported that people should be more progressive, and take their own initiative.

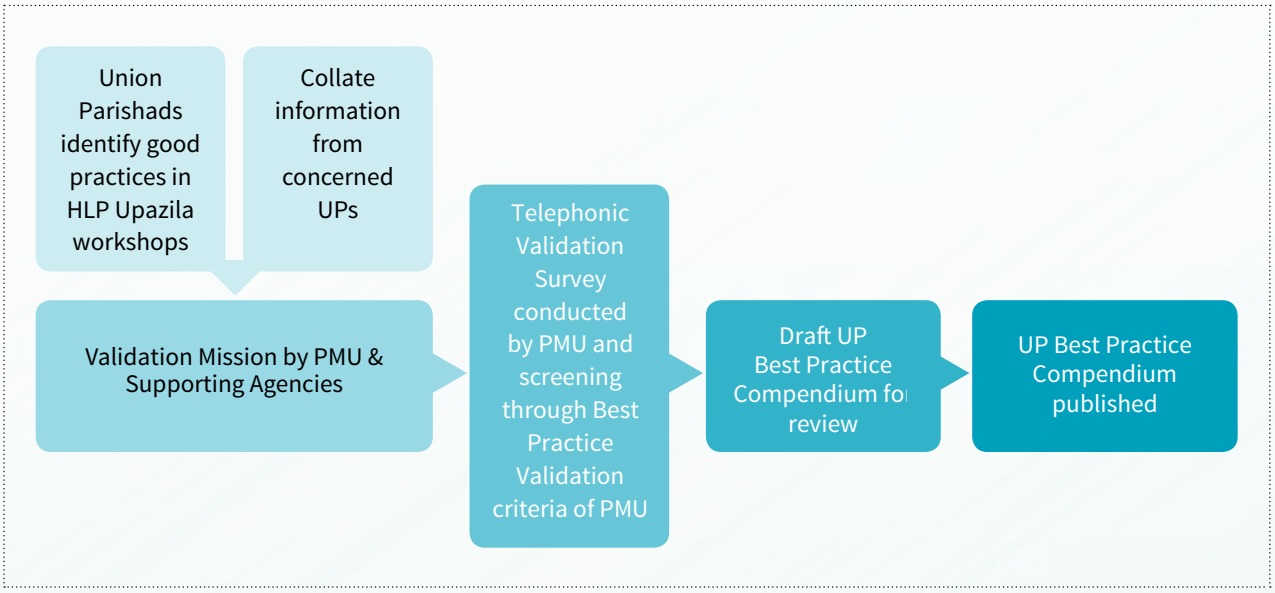
80%
of the respondents stated that the good practice is replicable. 10% of respondents have no idea whether the good practice is replicable or not. 10% of respondents did not understand the replication process.

Guidelines for the Use of This *Compendium*

A total of 12 Best Practices have been documented that contribute to the Government of Bangladesh's agenda to improve the proximity, reliability, safety, and sustainability of water, sanitation, and hygiene services. These Best Practices have been written in a simple format intentionally, so that UPs (or their peers in other countries) can read, understand, and internalize the message of these best practices for subsequent replication.

FIGURE 2

Process of Best Practice Selection and Validation

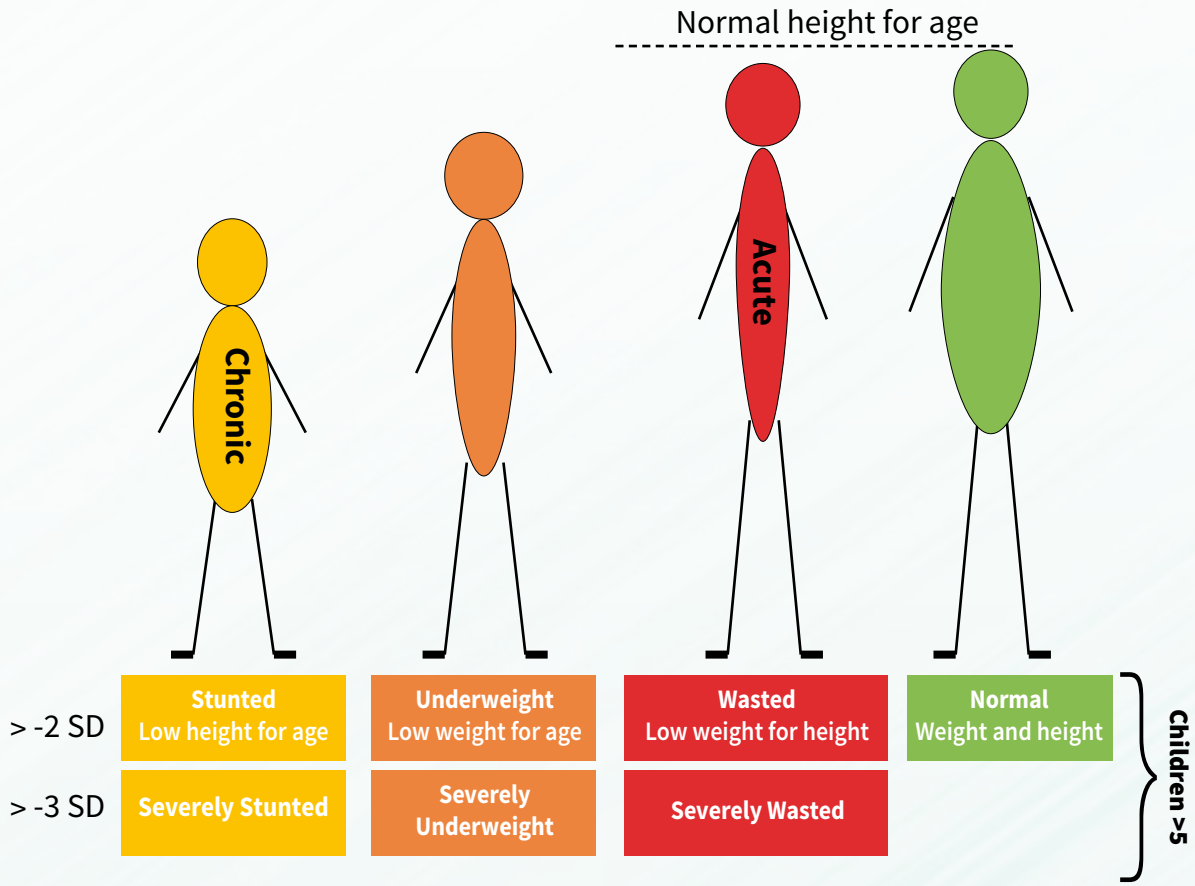


The contact details of the proponents of these best practices have been provided to enable direct communication with those engaged with these best practices. Each of the case studies includes the following details

- Name of the best practice.
- Number of times replicated (whether more than 50 times or not) — Tagline (Theme) — Key features — Evidence from (name of place).
- Why is this considered an innovation/best practice?
- Description.
- Basic features.
- Indicators.
- Outcomes.
- Replication information.
- Contacts.

The Contribution of Local Governance Good Practices to the Achievement of SDGs in Bangladesh

In Bangladesh, the responsibility for ensuring universal access to basic water, sanitation, and hygiene services is assigned to the UPs in rural areas. The provision of public and preventable health services for all in rural areas is also assigned to the UP. The UPs are responsible for ensuring universal access to sufficient nutrition, and education services too in the rural areas. While the UPs are responsible for ensuring universal access to basic public services, the responsibility for the provision of services to the underserved lies with the central, district, and Upazila tiers of government, the households, communities, private, and not-for-profit providers. Leveraging these public services to ensure improved development outcomes (that is, mental and physical well-being) for all citizens are the premier challenges for UPs in particular, and Bangladesh as a whole.



Best Practice Documentation

Since 2015, the development sector has witnessed a transition from the Millennium Development Goals (MDGs) for low- and middle-income countries to the Sustainable Development Goals (SDGs) that apply to all countries.

The shift from the MDGs to SDGs in the WASH sector has witnessed a transition from the MDG-7 target *'to halve the percentage of those without access to an improved water or sanitation facility over the period from 1990 to 2015'*, to the SDG-6 target *'to ensure the availability and sustainable management of water and saniation for all by 2030'*.

This reflects several key shifts.

1. Knowing that the services provided by an improved water or sanitation facility are not necessarily safe, the SDGs have introduced a safely managed category that prioritizes:
    - Use of improved facilities which are not shared with other households, and where excreta are safely disposed in situ, or transported and treated off-site.
    - Drinking water from an improved source which is located on the premises, available when needed, and free of fecal contamination.
    - Access to a hand washing facility with soap and water on the premises.
2. In recognition of the fact that the MDG goal (over the period from 1990 to 2015) of halving those without access to improved water and sanitation facilities can leave the poorest and most vulnerable behind, the SDGs have targeted universal access to safely managed WASH services by 2030.
3. Where the MDGs did not have any target for open defecation, SDG 6.2 explicitly prioritized the eradication of open defecation.
    - This builds on the global success of the community-led total sanitation (CLTS) movement developed in Bangladesh to mobilize communities to collectively eradicate the practice of open defecation (by all, for all). The overwhelming success of the sanitation movement led by the UPs led to the almost complete elimination of the practice of open defecation in Bangladesh during the MDG period.

The high-level access to improved water and sanitation facilities attained over the MDG era were challenged by the poor quality of services that this access provided. For instance, in the rural areas of Bangladesh:

- The almost universal access to an improved water source via hand pumps was undermined by low convenience and reliability, and high levels of bacterial and arsenic contamination.
- The almost universal access to a direct pit latrine was undermined by low convenience within, and between households as well as an inability to safely manage the fecal sludge.

The first of the MDGs targeted the eradication of extreme poverty and hunger. This was interpreted as halving the proportion of underweight (that is, low weight-for-age) children over the period from 1990 to 2015. The tracking of the percentage of underweight children was understood to be a simple proxy for reductions in acute undernutrition (that is, low weight-for-height = wasting), and chronic undernutrition (that is, low height-for-age = stunting). Though the MDG era witnessed considerable progress in the reduction of underweight children, the inability to separate the acute and chronic undernutrition cases led to an overestimate of progress, and the under diagnosis of chronic undernutrition.

All these goals contribute to the likelihood of citizens attaining their full human capital potential (in terms of the equitable access to health, education, and well-being), and the attainment of SDG-1 target *'to end poverty in all its forms everywhere'*.

TABLE 1

Assessing Improved WASH Governance by UPs

How to assess (Inputs)	What to assess	Why to assess	What will be the result
Justification of assessing: Bangladesh can't develop if children are stunted both physically and mentally			
Measure chronic undernutrition	Child well-being	Reducing child sickness and mortality, reduces the economic burden on families	Increased child potential
Measure acute undernutrition	Child nutrition	Children can't absorb nutrients necessary to grow if their gut is infected with fecal bacteria.	Reduced child mortality
Change in children's hygiene behaviour	Hygiene baby WASH	Preventing fecal ingestion by children requires good hygiene practices by all of society.	Reduced child morbidity
WASH markets	Improved WASH	Access to safe sanitation and water reduces the fecal exposure risks to children.	Safe WASH services
Improved awareness	Sexual and reproductive health rights	Better water and sanitation decision making for children requires empowered females.	Gender equity
Informed choice	Local governance	Enables the trade-off between services necessary for children (measure child growth) to reach their full potential.	Resources budgeted

In responding to the development imperatives underlying the transition from the MDGs to the SDGs, the WASH programs have constantly learned, and consistently innovated to bring good practices to the Bangladesh development marketplace. Various programs developed numerous water and sanitation practices designed to improve the proximity, privacy, safety, resilience, and sustainability of WASH services in rural Bangladesh. The WASH Best Practices contributing to the SDG 6.1 target '*to ensure universal access to a safely managed water source'* include:

1. **Cluster piped water supply: Makes safe, reliable, proximate drinking water available within rural households 24x7.**
2. **Bathing chambers: Enables privacy for bathing, and menstrual hygiene management (especially when coupled with piped water supply).**
3. **Maxi-Basin (maximize the benefit of a basin): When connected to drainage systems enables hand washing proximate to kitchens, dining areas, and toilets (and reduces the workload when coupled with piped water supply).**
4. **Managed Aquifer Recharge (MAR) System: MAR contributes to increased groundwater level by injecting rainwater in the areas with water scarcity to help people enjoy their water rights.**

The WASH Best Practices contributing to the SDG 6.2 target *'to ensure adequate sanitation and hygiene for all'* include:

5 **TWELVE STEP LATRINE:** With a single or twin alternating offset pit design enabling the latrine to be located proximate, or even within the house.

6 **SEPTIC PIT SYSTEM:** It offers a low-cost alternative to a septic tank, and soakaway to accommodate the additional wastewater from bathing chambers and hand washing stations.

7 **FECAL SLUDGE MANAGEMENT:** Through the provision of training and equipment to sweepers to safely empty, transport, and bury the fecal sludge from direct and offset pit latrines, it protects public health, and the environment.

8 **CHILDREN-FRIENDLY BUDGET:** Conducting discussions and dialogues at the village level to be followed up at ward and Union level, to allocate specific amount of the budget for children to access improved services; thereby, ensuring services for all.

To ensure that improved WASH services lead to better health and educational outcomes that improve human capital development potential; the best practices that contribute to the SDG-4 target 'to ensure inclusive and equitable quality education', and SDG-2.2 target 'to end all forms of malnutrition' include:

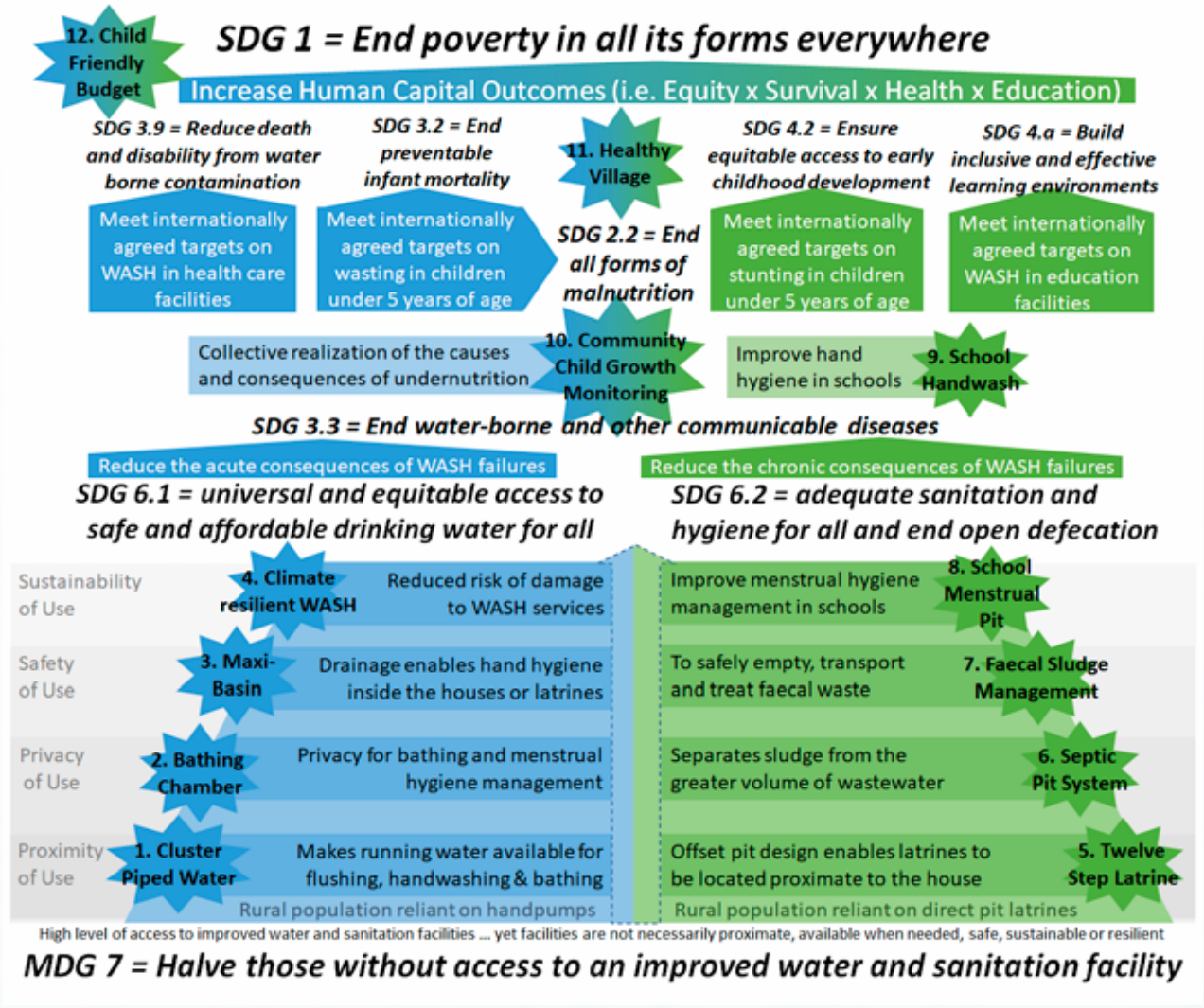
9 **SCHOOL HANDWASHING FACILITY:** Encourages large groups of students to simultaneously practice correct handwashing procedures.

10 **SCHOOL MENSTRUAL PIT:** Provides adolescent girls the opportunity to dispose of their menstrual pads while attending school when they have their periods.

11 **COMMUNITY CHILD GROWTH MONITORING:** Promotes a collective realization of the differing causes and consequences of acute and chronic undernutrition.

A reduction in the incidence of acute and chronic undernutrition may not only be associated with improved WASH services, but also improvements in health, education, nutrition, communication, and gender equality outcomes. Progress in the reduction of acute and chronic undernutrition, improvements in access to education, and the vitality of market service delivery are targeted in MaxNutriWASH as:

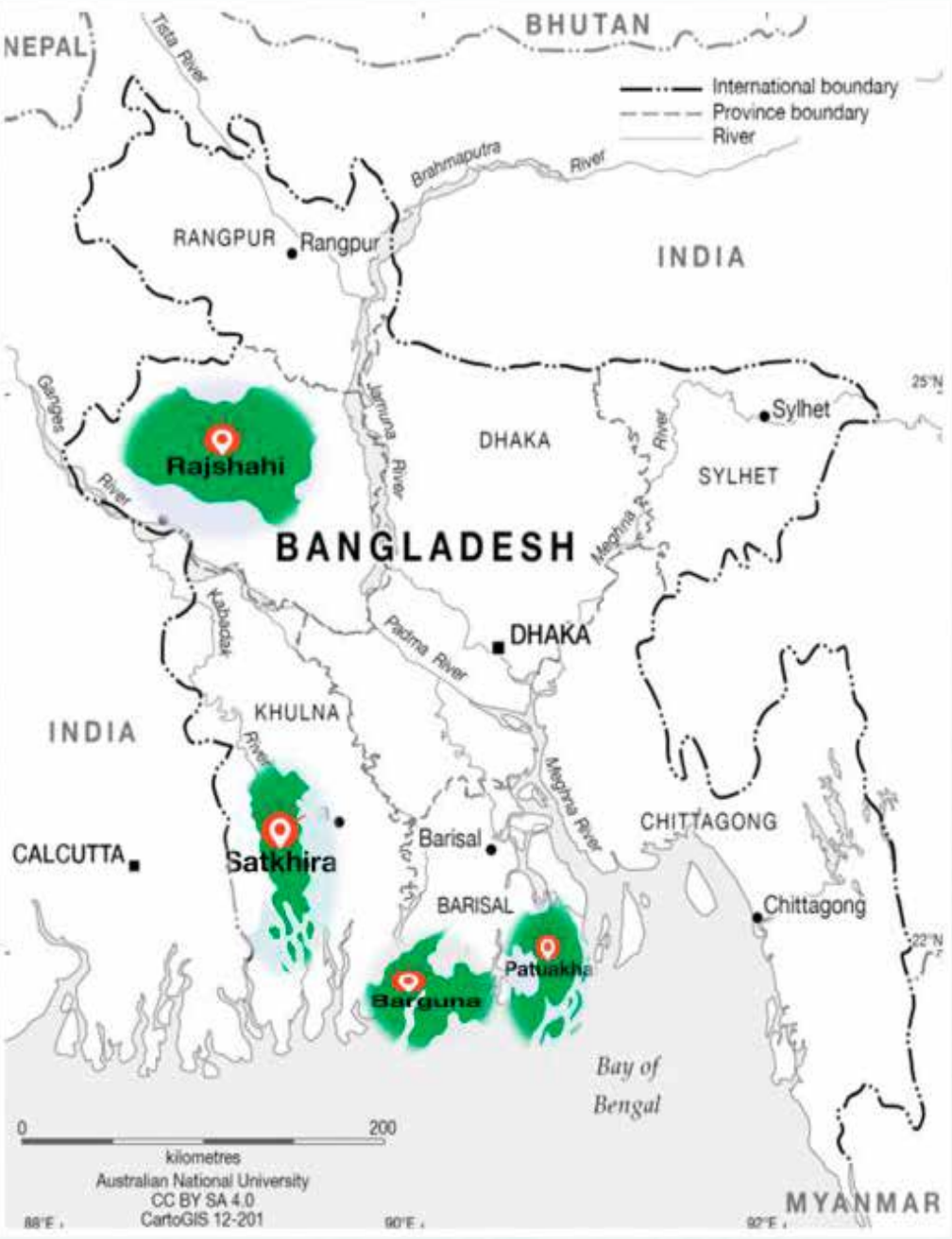
12 **HEALTHY VILLAGE:** Universal access to safely managed water, sanitation, and hygiene services as well as education, health, and nutrition services.



The universal access to services necessary for the attainment of human capital development potential may be indicative of improvements in local governance. The success in the demonstration of these good practices lies in their scaling-up by the private sector, and/or replication by local government institutions.

Best Practices of Water, Sanitation, and Hygiene

MAP SHOWING LOCATIONS OF ALL 12 BEST PRACTICES



Cluster Piped Water System

Tagline (Theme)	Key Features	Evidence from
Proximity of Use	It enables handwashing/ bathing/sanitation within the house — without burdening women to carry water.	This is a case of Chicknikandi Union of Galachipa Upazila (subdistrict) in Patuakhali Zila (district).

Why is this considered an innovation/Best Practice?

Chicknikandi is a remote village adjacent to a local bazar. There was no piped water system earlier, and hand pumps were located far apart. People used to fetch water either from the pond or irrigation canals. Therefore, there was always a demand, and need for water at the doorstep. Once the Cluster Piped Water Scheme was commissioned, the dream of citizens of getting water at their doorstep has been fulfilled. Its regular and reliable operation and maintenance made the Cluster Piped Water Scheme a good practice, while its replication more than 51 times makes it a Best Practice.

Description

The Cluster Piped Water Scheme was installed in Chicknikandi village on May 1, 2016. The source for supply is groundwater. Water is pumped through a 1.5-Horsepower (HP) submersible pump, and then delivered to an overhead tank. Since installation in 2016, the scheme has operated smoothly so far, and no breakdown has taken place till now. This scheme supplies water to 68 households comprising around 350 people. These houses are located in either residential areas or within the local bazar. Thus, it became a showcase of success for all nearby people. It covers 1,850 feet of pipeline, and each of the 68 households receives two water points — one in the latrine, and another at the wash basin near the kitchen. The water is pumped to the overhead tank, and is supplied thrice daily from 6 am–10.30 am; 12 noon–4 pm; and 5.30 pm–9.30 pm. Customers, that is, members of the 68 households, receive water 24x7 without any interruption.

A monthly water tariff per household of BDT 200 is collected from each house, and deposited at the local Krishi Bank, which is being operated by

Dhaka Ahsania Mission. So far, there have been no defaulters for payment of the water tariff. The scheme is located on personal land. The landowner handed over this land to Dhaka Ahsania Mission through an official deed to install pumping station, and construct the overhead tank. This scheme is being operated by a local person, who was trained by Dhaka Ahsania Mission. This good practice has been replicated more than 50 times in 40 Unions of MaxWASH Program of Max Foundation Bangladesh.

Basic Features

The basic of the Cluster Piped Water Scheme are:

- Pumping station.
- Submersible pump.
- 10,000-liter capacity overhead tank.
- Metering system.
- Distribution network.
- 136 tap connections.
- 68 hand-washing basins.
- 68 water seal latrines with water taps connected to piped water supply.
- 13 bathing chambers in selected households.

Indicators

- Uninterrupted 24x7 water supply since 2016.
- Regular payment of water tariff, which can be verified by checking bank account statements.
- Availability and reliability of water in all 136 water points in 68 households.
- Proper functioning of the water meter prevents wastage while ensuring oversight.

Outcomes

Cleanliness and better personal hygiene maintenance in all 68 families.

→ Accrued dignity within nearby society.

→ Better health and hygiene of children in these 68 families.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Times Replicated
Barishal	Patuakhali	Galachipa	Chikikandi	5
			Gazalia	3
			Panpotti	2
			Dakua	3
			Galachipa	3
			Bakulbaria	2
			Amkhola	3
		Dashmina	Betagi Sankipur	2
		Kalapara	Dhulashar	1
			Mithaganj	1
		Patuakhali Sadar	Kamalapur	4
			Jainkathi	2
			Kalikapur	4
			Madarbunia	5
			Chotobighai	1
			Morichbunia	3
			Auliapur	1
			Barobighai	1
	Barguna	Amtoli	Kukua	2
			Ghulishakhali	3
			Atharogachia	2
Khulna	Khulna	Dumuria	Sarappur	1
			Rangpur	1
Total Number of replications				55

Contact

Sazzad Hossain (Riad)
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Chiknikandi Union
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01785003501

Majibur Rahman
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01753715835

Selina Begum
Female Member
Chiknikandi Union
Galachipa Upazila
Patuakhali District
01717981452

Bathing Chamber

Tagline	Key Features	Evidence from
Privacy of Use	Privacy for bathing and menstrual hygiene management.	This is a case of Gulishakhali Union of Amtali Upazila (subdistrict) in Barguna Zila (district).

Why is this considered an innovation/Best Practice?

Generally, rural people bathe either under a handpump or, more traditionally, in a pond. Therefore, major difficulties were always being faced by women, especially adolescent girls, married, and pregnant women. This was never adequately acknowledged, or addressed by the community members themselves, or by the Union Parishads. In village courtyard meetings, this issue was often highlighted by mothers' groups and adolescent girls. As a result, a bathing chamber was introduced by the MaxWASH Program initially as a pilot. Subsequently, it has been replicated by households themselves. Eventually, it turned out to be one of the Best Practices for villages.

Description

There are 27 villages in Gulishakhali Union, where almost 65 percent households have now replicated this good practice, and constructed their own bathing chamber at their own cost. Therefore, this good practice has been replicated 2,527 times. Most such bathing chambers are now in use, and provide household members adequate privacy, and opportunity to ensure greater cleanliness for maintaining health and hygiene. It is noteworthy that in these villages there is no piped water supply. Therefore, all bathing chambers are either constructed near a handpump or near the pond. In every bathing chamber, there is a provision for disposing sanitary napkins for menstrual hygiene management. It costs around BDT 10,000/- to construct a bathing chamber with bricks and tin sheds. Without proper brick flat soling, the construction of only a platform for a bathing chamber costs around BDT 5,000/-.

Basic Features

The basic features of the bathing chamber are:

- Handpump installed either just outside, or inside the bathing chamber; or bathing chamber is constructed just adjacent to pond. However, if piped water schemes are available, then a tap with a pipe connection is installed within the bathing chamber.
- Construction of surrounding wall with tin/wood/ bamboo/brick, etc.
- Roofing with dry leaves/tin sheds.
- Installation of a tin or wooden door.
- Construction of a chute for dropping used sanitary pad; and a pit with cover for dumping sanitary pads.

Indicators

- Increased sale and use of sanitary pads either from Health Promoter Agent, or from local shops.
- Interviews of adolescent girls, pregnant mothers, older citizens whether they have a bathing chamber or not, whether they are using it properly, and whether it is functioning properly.

Outcomes

- Increased cleanliness and personal hygiene among household members, especially for children, adolescent girls, pregnant mothers; establishing their own dignity.

→

- Improvement in children's hygiene and health.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of replications
	Barguna	Amtoli	Kukua	45
			Ghulishakhali	50
			Atharogachia	40
Total Number of replications				135

Contact

Ad.H. M.Monirul Islam Moni
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Gulishakhali Union
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01718148817

Md. Jakir Hossain
Union Secretary
Gulishakhali Union
Amtali Upazila
Barguna District
01727170082

Sanjida Tamanna
Female Member
Gulishakhali Union
Amtali Upazila
Barguna District
01724539613

Maxi-Basin

Tagline	Key Features	Evidence from
Safety of Use	Proper drainage enables hand hygiene inside the house, kitchen, or latrines.	This is a case of Panpotti Union of Galachipa Upazila (subdistrict) in Patuakhali Zila (district).

Why is this considered an innovation/Best Practice?

Panpotti Union is located in a remote area of Galachipa Upazila of Patuakhali district. There are no piped water schemes in this area, and people use hand pumps to draw water for drinking and other purposes. In this scenario, using a hand washing basin, commonly known as Maxi-Basin, meant maximizing the opportunity of hand washing by installing a basin. It was a new concept in this area when it was introduced, and is being used by many families now inspite of their economic constraints. The success of the installation of the Maxi-Basin by citizens themselves made this good practice one of the Best Practices.

Description

Three types of Maxi-Basins are available in Panpotti area. These are: (i) Maxi-Basin manufactured by RFL, which looks like a ceramic basin, and costs around BDT 370–400; (ii) Locally constructed Maxi-Basin, constructed by local entrepreneurs using an earthen pot, which costs around BDT 250–300; and (iii) Using an old bucket or drum by fixing a tap, which costs around BDT 30. In each case, magic pipe is fixed to disperse wastewater from the house to nearby pits or drains. Maxi-Basin was first introduced in 2013, though the actual ignition for effective use and scaling up was initiated from 2017. Out of a total 4,885 households in Panpotti Union, around 2,930 houses have already constructed, and are effectively using Maxi-Basin.

Basic Features

The basic features of the Maxi-Basin are:

- Easy access to Maxi-Basin.
- Availability of water for handwashing.
- If the basin is connected to piped water supply, that would be the best solution.
- Soap and soap case or liquid soap with bottle should be available.
- Installation of wastewater pipe to move wastewater from Maxi-Basin to proper disposal pit or drain.

Indicators

- Soap is available near dining place or Maxi-Basin.
- Soap water is available within a bottle, and hanging near the latrine.
- Asking the status of construction, and use of Maxi-Basin during courtyard meetings, where if anyone does not have a Maxi-Basin, then neighbors point that out.

Outcomes

Nearly 14,650 of the population are using Maxi-Basin in Panpotti Union. It is being installed by themselves at their own cost. This good practice has been replicated more than 2,930 times in Panpotti Union itself.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of replications
Barishal	Barguna	Amtoli	Kukua	650
			Ghulishakhali	550
			Atharogachia	560
Total Number of replications				1760

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Managed Aquifer Recharge System

Tagline (Theme):

Proximity of Use

Key Features

Managed Aquifer Recharge (MAR) contributes to increased groundwater level by injecting rainwater in water scarce areas to help people enjoy their water rights.

Evidence from

This is a case of Issoripur Village under Deopara Union of Godagari Upazila (sub district) in Rajshahi Zila (district).

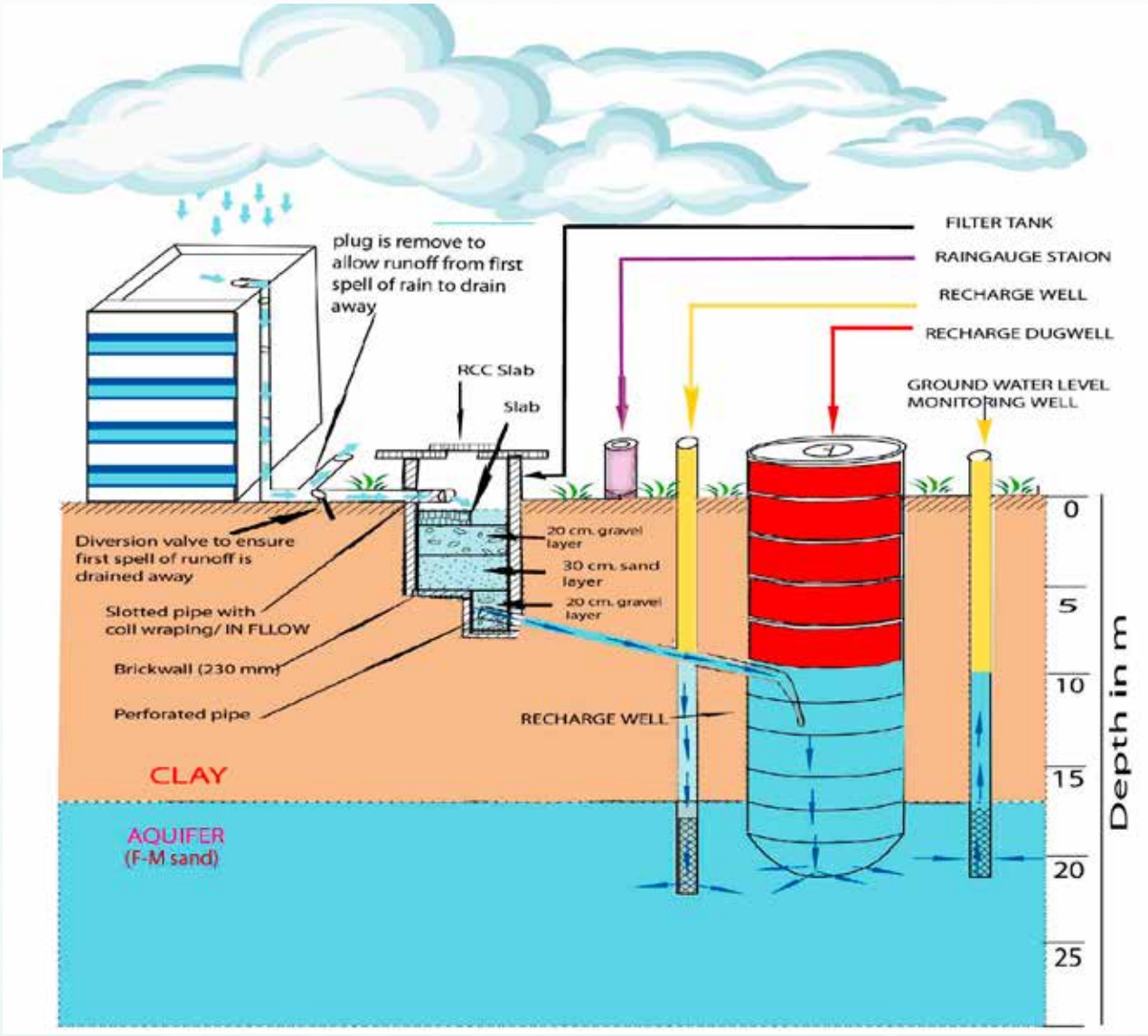
Why is this considered an innovation/Best Practice?

Issoripur is a remote village of the high Barind areas adjacent to Deopara Union Parishad. People suffer from lack of drinking and household water. While the deep tubewell was started for irrigation in the dry season (February–May), water was not available in the hand tubewell. People used to fetch water either from the pond, or from the deep tubewells meant for irrigation far from the village. Therefore, there was always a demand, and need for water at the doorstep. The working women of the area had to spend most of their time collecting water from afar, and that caused reduction of their daily income. Water crisis increased the poverty of the socially disadvantaged people as their livelihood was adversely impacted. Once a Managed Aquifer Recharge (MAR) system was introduced, the community started getting water in the dry season due to the rise in the aquifer level as rainwater had replenished it. The water is reliable as it has been filtered before entering its destination. The easy operation and maintenance of the innovation turned it into a good practice, while it has been replicated 191 times (more than 50 times), which makes it one of the Best Practices.

Description

Nasrin is a Member Secretary of Water Resource Management Committee (WRMC) of the Integrated Water Resource Management (IWRM) Project implemented by DASCOH, with support from Swiss Agency for Development and Cooperation (SDC), under the overall guidance of the Swiss Red Cross (SRC). Out of the 16 models which the IWRM implemented, the MAR system was installed in her house at Issoripur village in January 2017.

Nasrin has a big tinshed house. The total tinshed was captured by a 500-ft PVC pipe to collect rainwater in the monsoons. The collected water was stored in a low cost RCC tank for filtering. The water was filtered by sand, brick chips, stone chips, and coals before entering the aquifer. A 150-ft boring takes the filtered water into the aquifer. It is a spontaneous system of recharging the aquifer based on the availability of rain on the roof top. Since the installation of the system, it has been working properly till date. It requires minimal maintenance



to wash out, or clean the filter before the monsoons. Seventeen hand tubewells of the adjacent houses are operating well without scarcity of water. Thus, it became a showcase of success for all nearby people.

This initiative has been replicated in 149 houses around the project area; 39 Union Parishads, and three Pourashavas installed the system in their office premises to get the optimum benefit of increasing groundwater levels. Three big rice industries are also using the technology as they are abstracting groundwater for their own business. It uses 1,850-ft pipeline, and each of the 68 households receives two water points — one in the latrine, and another at the wash basin near the kitchen.

The Integrated Water Resource Management (IWRM) project in the Barind was initiated in 2014 with a goal that 'competence of local government institutions (LGIs) contributes to the increase of the availability of water for disadvantaged people in the Barind area through sustainable, effective, inclusive management, and use of water resources'. The institutionalization of IWRM processes demanded a national as well as a subnational component to improvise. Since the inception of the Barind IWRM Project, the 'institutionalization' of IWRM in the Barind area was initiated by bringing the LGIs and the disadvantaged population into the scenario of water issue.

The IWRM project installed more than 191 rainwater harvesting facilities in the project areas, of which 191 are MAR. The Bangladesh Water Multi-Stakeholder Partnership (MSP) was formed through Gazette No.42.00.0000.038.18.039.15.527 dated December 6, 2015.

Following the decision of the National Steering Board (NSB) on May 11, 2019, a High-Level Committee on MAR (HLC-MAR) was formed under the chairmanship of the Principal Coordinator (SDG Affairs), Prime Minister's Office. The IWRM project has been one of the major implementing agencies of MAR in the high Barind region, and is considered a giant stakeholder. SRC-DASCOH provided support in the preparation and development of the MAR scoping report, community consultation, and drafting of the National Strategy Paper and Implementation Plan. The IWRM project has implemented several schemes that collect rainwater from rooftops to pre-treat it through sand filters before injecting it under gravity through infiltration wells. This way a local best practice has been accommodated in the national policy paper and strategy.

Basic Features

The basic features of the MAR system are:

- PVC pipe.
- 150 ft boring.
- 5,000-liter capacity tank made by RCC ring.
- Sand, brick chips, stone chips, coal chips.
- One or two tap connections for using rainwater.

Indicators

- Water is available in the adjacent tubewell in the dry season.
- Adequate water in the aquifer.
- No shortage of drinking water in the high Barind areas.
- Rainwater harvesting reduces groundwater abstraction.
- Increasing groundwater that contributes to irrigation.

Outcomes

Water rights ensured for the citizens. → Citizens and LGIs effectively participate in the IWRM process. → Sufficient water ensured for the underserved population.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	LGI	Number of replications
Rajshahi	Rajshahi	Godagari	Deopara UP	10
			Gogram UP	11
			Godagari UP	9
			Pakri UP	11
			Risikul UP	9
			Mohonpur UP	8
			Kakonhat Pourashava	17
Total Number of replications				75

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Md. Akhteruzzaman
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Twelve-Step Latrine

Tagline (Theme):	Key Features	Evidence from
Proximity of Use	Offset pit design enables latrines to be located proximate to the house.	This is a case of Madarbunia Union of Patuakhali Sadar Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

The main consideration for this measure is proper operation, maintenance, and keeping the latrine clean. If the latrine is located away from the house, often these are not maintained properly. If a latrine is located inside the house, or quite close to the house, that is, within 12 steps from the house, then it has been observed that the latrine is maintained properly, and kept clean. Otherwise, bad odor creates a nuisance for household members. In this situation, the 12-step latrine was introduced, well accepted, and replicated by the household owners themselves, and finally emerged as one of the Best Practices.

Description

In Madarbunia Union, most of the latrines were direct pit latrines, with or without water seal. Therefore, the cleanliness within the latrine room and squatting plate was really bad. This, in fact, was a source of transmission of fecal-oral diseases. In addition, since latrines were located away from the home, it was difficult for children, pregnant women, and old family members to use the latrine, especially during the night, and in the rainy season. Sometimes, adolescent girls were also victimized due to the distance of the latrines from their home. Keeping all these issues in mind, the 12-step latrine was introduced. In some cases, latrines are located within the house, but in no case is the latrine located beyond 12 steps outside the house. This changed the effectiveness and efficiency of latrine usage, and it started becoming popular in rural areas.

Basic Features

The basic features of the 12-step latrine are:

- Squatting plate, pan, S-trap, ring slab, pit cover, delivery pipe.
- Materials for construction of side wall of latrine superstructure.
- Latrine roof.
- Water tap or container for water for ablutions, soap, tissue, slippers.

Indicators

- Latrine must be located within 12 steps of an adult person.
- Must be offset pit latrine with S-trap.
- Proper superstructure and roof.
- Water should be available within the latrine room.
- There should not be any bad odor inside the latrine, and latrine should be always clean.

Outcomes

- Offset latrine is constructed.
- Offset latrine is functional and cleanly maintained.
- No foul odor inside offset latrine room.
- Water, soap, tissue paper, slippers are available inside the latrine.
- Sexual harassment while using latrines has reduced rapidly in the village.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of Replications
		Patuakhali Sadar	Kamalapur	750
			Jainkathi	800
			Kalikapur	900
			Madarbunia	750
			Chotobighai	660
	Barguna	Amtoli	Kukua	730
			Ghulishakhali	750
			Atharogachia	870
Total Number of replications				6210

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Septic Pit System with Latrine

Tagline

Privacy of Use

Key Features

Separates sludge from the greater volume of wastewater.

Evidence from

This is a case of Amkhola Hat High School Amkhola Union of Galachipa Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

The significance of households in the management of sanitation in Bangladesh is almost universal. Given the absence of any functional sewerage system in Bangladesh, it is households themselves that build, own, and operate their own latrines, septic tanks, and/or leach pits in rural areas. Households are, therefore, also responsible for engaging providers for the transport, and treatment of effluent and septic sludge. Septic tanks discharging into either a subsurface disposal field, or one or more seepage pits require the approval of drainage and sanitation plans for places where public sewers are not available. However, septic tanks were often constructed using concrete or bricks with proper cement and mortar lining, which raised the costs of septic tanks. This often presented difficulties for households to construct them. Therefore, the MaxWASH Program piloted the Septic Pit System, where earthen rings are placed in series to act as settlement tanks, decomposition tanks, followed by decomposed accumulation tanks. This entire process of construction is carried out by trained local masons, and sweepers are trained for operation and maintenance. The costs reduced to almost 60 percent less than a septic tank. The bottom and side surface of the first two pits are also sealed, and watertight chambers are created; the bottom and side wall of third pit is unsealed to allow percolation, and reduce septage quantity towards soak pit.

Description

This type of Septic Pit System was used for schools, which performed quite well. Amkhola Hat High School, where 723 students and 13 teachers are enrolled, constructed this Septic Pit System with support from Max Foundation. Since then, the Septic Pit System has been working well. After observing that, other schools have upgraded their latrines to the Septic Pit System.

Basic Features

- Squatting plate, pan, S-trap, ring slab, pit cover, delivery pipe.
- Materials for construction of side wall of latrine superstructure, and latrine roof.
- Water tap or container for water for ablution, soap, tissue, slippers.
- Septic pits (three pits in series with 6 feet height).
- Soak pit (two pits in series for soak pit with 3-ft height).

Indicators

- Septic tank performing well, and no flooding of septage.
- Sludge periodically cleaned (every two years).
- No back flushing of water to pan or squatting plate.
- Cost effective.

Outcomes

Cost has been reduced. → **Environment friendly technology.** → **Better functioning and able to accommodate more loading.**

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Septic Pit System
Barishal	Patuakhali	Galachipa	Chikikandi	3
			Panpotti	3
			Dakua	3
			Galachipa	2
			Amkhola	3
			Char Biswas	3
			Char Kazal	3
		Rangabali	Chotobaishdia	3
			Charmontaz	3
			Rangabali	3
			Chalitabunia	3
			Jainkathi	3
			Kalikapur	3
			Madarbunia	2
			Chotobighai	3
			Morichbunia	3
			Auliapur	3
			Barobighai	3
	Barguna	Amtoli	Kukua	3
			Ghulishakhali	5
			Atharogachia	3
Total Number of replications				63

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Mr. Sanatan Chandra Dey
Program Officer (Engineer)
Max Water Social Business
(MWSB) Program
Max Foundation.

Fecal Sludge Management

Tagline	Key Features	Evidence from
Safety of Use	To safely empty, transport, and treat fecal waste.	This is a case of Galachipa Union of Galachipa Sadar Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

Emptying sludge from single pits and septic tanks was a regular phenomenon in Galachipa Union. The emptying of sludge in an open field created a high risk of fecal-oral transmission of disease with detrimental health consequences for the entire population of Galachipa Union. The introduction of a fecal sludge management (FSM) system in Galachipa Union helped to reduce this risk, provided an opportunity to utilize the decomposed sludge as an organic fertilizer, eliminated possibilities of groundwater pollution, and of risks to citizens of entire Galachipa Union, besides creating an aesthetic view. It went on to become one of the Best Practices.

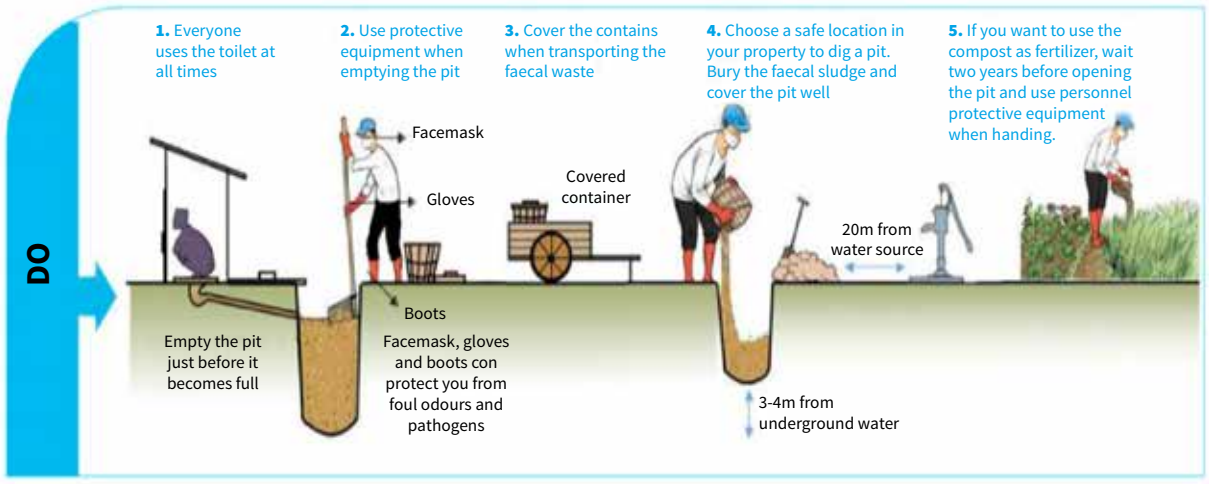


Figure 1: Faecal sludge management practices: Safe pit emptying and disposal

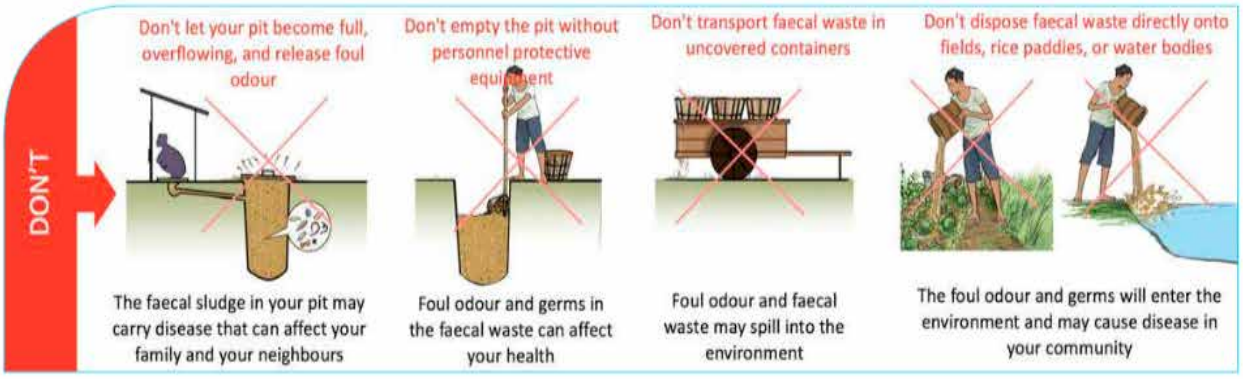


Figure 2 – Faecal sludge management practices: Unsafe pit emptying and disposal

Description

The first application of FSM was piloted in 3rd Number Ward of Galachipa Union in 2017 in the house of Ms. Sufiya Begum. The sweepers were the main change agents. They were trained by the Dhaka Ahsania Mission under the MaxNutriWASH Program. Eventually, the sweepers' community adopted the initiative for safe fecal sludge management.

Basic Features

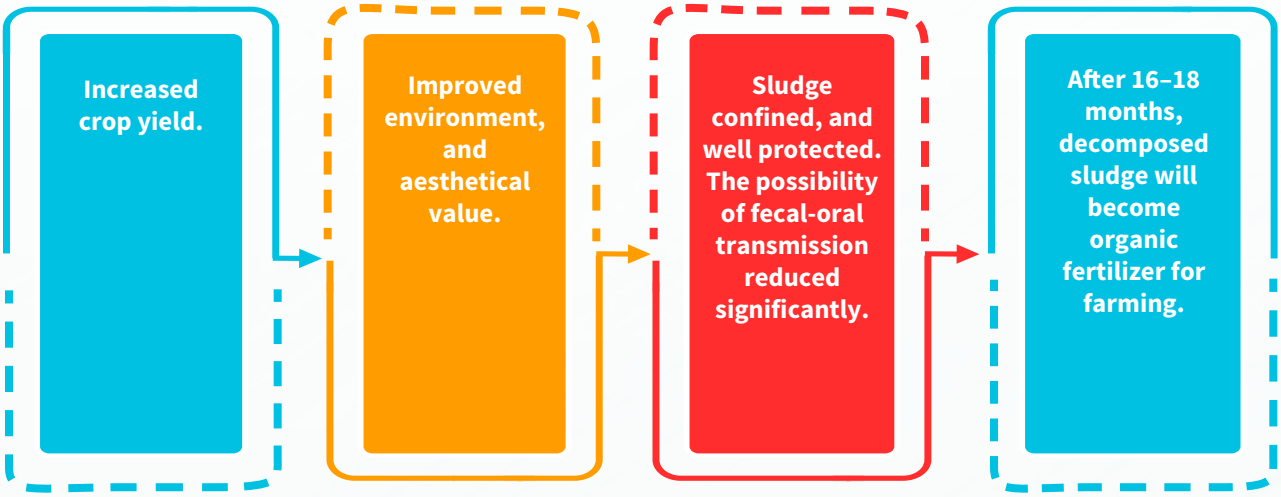
The basic features of fecal sludge management are the use of the following:

- Buckets, gum boots, hand gloves, shovels.
- Old, used, or new bricks.
- Water hyacinth, wooden dust, kerosene, earthen soil, polyethene sheet.
- Slab.

Indicators

- Additional pit near the latrine pit for decomposing sludge.
- Water hyacinth to add to the decomposition nutrition value.
- Wooden dust.
- Polyethene sheet.
- Slab to cover the pit.

Outcomes


Increased crop yield.
Improved environment, and aesthetical value.
Sludge confined, and well protected. The possibility of fecal-oral transmission reduced significantly.
After 16–18 months, decomposed sludge will become organic fertilizer for farming.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Fecal Sludge Management
	Barguna	Amtoli	Kukua	154
			Ghulishakhali	160
			Atharogachia	110
Total Number of replications				424

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Child Friendly Budget

Tagline	Key Features	Evidence from
Services for all	Separate allocation for children in the UP budget.	This is a case of 5 Mo. Shibpur Union, Satkhira Sadar Upazila, Satkhira district.

Why is this considered an innovation/Best Practice?

Local government laws and manuals do not provide guidelines on how and where children, especially poor, disadvantaged, and marginalized children, can claim their rights and needs, and how this should be included in the UP budget and annual plans. But the Union Parishad is an effective, basic, and accountable LGI in Bangladesh to provide doorstep services for the welfare of all the people. Although 45 percent of the total population are children, the right of children to food, education, participation, protection, and recreation was not visible in the budgets or planning process of the Union Parishads and Municipalities as accountable local government bodies.

Description

The development of the concerned areas depends on the budget and plan allocated by the local government, because the plan accelerates the development of the area, and impacts their implementation when it is adopted according to the budget. About half of Bangladesh's total population comprises children. No development plan which ignores the rights, development ideas, and needs of children is going to work. But in reality, there is no opportunity for children to participate in the formulation of budgets and plans of the local government. Realizing the importance of this issue, 19 Union Parishads of Satkhira Sadar and Debhata Upazila have allocated a separate budget for children as part of their development plans since 2017, and implemented the plan as per the budget. In this process, people from the community as well as children participate in the ward shava, pre-budget, and open budget meetings, dialogue sessions, children's forum meetings, and complaint and response committee meetings.

All the Union Parishads of Satkhira Sadar and Debhata Upazila allocated, and implemented the budget in the light of the needs of the children in order to build future leadership and raise active citizens. In the 2017–18 fiscal year, 19 Unions allocated BDT 18,000,000/- separately for children, but spent BDT 14,000,000. Through their budget, 600,000 children and their families received services through the distribution of educational materials, financial assistance, sports equipment, school benches, sanitary latrines, installation of tubewells, repair of school roads, etc, through the Union Parishads.

Seeing the success of this program in 14 Union Parishads of Satkhira Sadar Upazila, 59 more Union Parishads of Satkhira District have allocated a separate budget for the 2018–19, and 2019–20 financial years, after discussing it with the children. So, this good practice has been repeated 56 times in 56 Union Parishads.

Ward Shava, Agardari Union, Satkhira Sadar Upazila, Satkhira

UP Budget Shava, Brommorajpur Union, Satkhira Sadar, Satkhila

Basic Features

The basic features of the child friendly budget are:

- **Opportunities have been created for children of all classes to participate in ward shavas, and provide feedback.**
- **Budget allocations and plans have been adopted based on the views of children.**
- **Separate allocations have been made for the children in the final budget of Union Parishad.**

Indicators

- List of attendance of children at different stages in budget formulation.
- Union Parishad resolution, budget books, and activities picture.
- Monitoring reports, and work area inspection.

Outcomes

- **Now more than 120,000 children have received support from Union Parishads of Satkhira district.**
- **Children can participate in the local government decision making process.**
- **Child friendly budget has been prepared by the Union Parishads.**

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Times Replicated
Kulna	Satkhira	Satkhira Sadar	Agordari	4
			Alipur	4
			Bashdoha	4
			Boikari	4
			Bolli	4
			Dhulihor	4
			Fingri	4
			Ghona	4
			Jhaudanga	4
			Kushkhali	4
			Labsha	4
			Brommorajpur	4
			Shibpur	4
			Bhomra	4
Total Number of replications				56

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School Handwash

Tagline	Key Features	Evidence from
Public Safety	Enable improved hand hygiene in schools.	This is a case of Amkholahat Secondary School located in Amkhola Union of Galachipa Upazila (subdistrict) in Patuakhali Zila (district).

Why is this considered an innovation/Best Practice?

The Amkhola Hat High School had minimal infrastructure for running water. So, it often faced challenges in meeting the students' needs. The school received a group handwashing facility as part of the basic hygiene program supported by the MaxWASH Program of the Max Foundation Bangladesh. This turned out to be the most important feature which helped to bring about behavioral change in students as well as teachers. Due to the success of the implementation of this behavior change modality, all participating students and teachers played a catalytic role in the installation of a hand washing basin in their own respective homes.

Description

The Amkhola Hat High School has 723 students, and is located in Amkhola Union of Galachipa Upazila. The mechanism which has been introduced is simple, but effective. The facility is designed for 50 students to wash their hands with soap at a time. The metal structure has a long trough to catch and drain away the grey water. Above it is a fixed parallel pipe — from which pieces of soap hang at regular intervals — which drips water at a steady rate when opened. The introduction of the new handwashing device was beneficial for the students as well as for the teachers. In school, students were mobilized to form school brigades to encourage basic hygienic behavior in the school, which was also monitored by schoolteachers. One teacher was assigned to look after student volunteers for operation and maintenance of the handwashing facilities.

Handwashing Procedure

1. Wash hands using soap and warm, running water.
2. Vigorously rub hands during washing for at least 15–20 seconds with special attention paid to the backs of the hands, wrists, between the fingers, and under the fingernails.
3. Rinse hands well while leaving the water running.
4. With the water running, dry hands with a single-use towel or a warm air dryer.
5. Turn off the water using a paper towel, covering washed hands to prevent recontamination from the dirty faucet.

Basic Features

The basic features of the school wash are:

- **Easy access to handwashing device.**
- **Availability of water for handwashing.**
- **If the basin is connected to piped water supply that would be the best solution.**
- **Soap and soap case or liquid soap with bottle should be there.**
- **Installation of wastewater pipe to move from handwashing basin to proper wastewater disposal pit, or drain.**

Indicators

- Soaps are available near handwashing device.
- Soap water is available within a bottle, and hanging near the latrine.
- Asking the status of construction and use of handwashing device during dialogues with students during school visits.

Outcomes

A total of 723 students are using the handwashing device in this specific school. This good practice has been replicated more than 6,792 times in as many schools spread over 70 Unions.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Times of replications
	Barguna	Amtoli	Kukua	24
			Ghulishakhali	24
			Atharogachia	22
Total Number of replications				70

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School Menstrual Pit

Tagline	Key Features	Evidence from
Public Safety	Enable menstrual hygiene management in schools.	This is a case of Amkhola Hat Union of Galachipa Sadar Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

Menstruation is a monthly reality. Yet in villages, adolescent girls, especially students, still face serious challenges when it comes to managing their periods. Myths, stigma, and harmful gender norms around menstruation aggravate the challenges for them. A lack of adequate facilities and materials, restrictions on girls' movements during their periods, and feeling ashamed or 'unclean' also contribute to girls skipping school, suffering discomfort, shaming, and facing exclusion from regular activities. Keeping all these serious challenges in mind, school menstrual hygiene has been introduced under MaxWASH Program. It is now quite popular, and has expanded to many schools across the region.

Description

The Amkhola Hat Secondary School was established in 2015. Almost 275 girl students attend the school, but there were no facilities for menstrual hygiene management in the school. Therefore, used sanitary pads would often be found scattered around outside the window of the latrine. The attendance of girl students was also lower when they had their periods. Therefore, the school committee, in consultation with the MaxWASH team, agreed to install a latrine with menstrual hygiene management facilities in the south-west corner of the school. In addition, the school management assigned a place and person responsible to keep sanitary pads, soap, and towel which could be accessed by girl students when needed. This helps to increase the attendance of girl students. The girl students can move around more freely, and with dignity during their periods. This also indirectly orients boy students to respect and understand the biological phenomenon of this human cycle, so they give respect to their schoolmates more spontaneously.

This innovation was introduced by Dhaka Ahsania Mission when they held discussions with students in 'school sessions' under the MaxWASH Program. Then, it was replicated by other schools, and became popular.

Basic Features

The basic features of school menstrual pit are:

- Squatting plate, pan, S-trap, ring slab, pit cover, delivery pipe.
- Materials for construction of the side wall of the latrine superstructure.
- Latrine roof.
- Water tap or container for water for ablution, soap, tissue, slippers.
- A shoulder level chute was made for the usual deep pit.
- A chemical agent was added to the pit five times a month to enhance the decomposition process of used napkins.

Indicators

- Regular use of the latrine.
- Cleanliness of the latrine and chute.
- Increase in attendance of girl students.
- Girl students are getting a similar menstrual hygiene system constructed in their own house.

Outcomes

Better and clean environment — no visibility of used sanitary napkins on school premises.

→ **Improved dignity and attendance of girl students.**

→ **Improved awareness of menstrual hygiene management in both boy and girl students, which eventually reflects in their own domestic lives.**

→ **Use of quality sanitary pads, instead of used washed cloths.**

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of Replications
Barishal	Patuakhali	Galachipa	Chikikandi	3
			Panpotti	3
			Dakua	3
			Galachipa	2
			Amkhola	3
			Char Biswas	3
			Char Kazal	3
		Rangabali	Chotobaishdia	3
			Charmontaz	3
			Rangabali	3
			Chalitabunia	3
		Patuakhali Sadar	Jainkathi	3
			Kalikapur	3
			Madarbunia	2
			Chotobighai	3
			Morichbunia	3
			Auliapur	3
			Barobighai	3
	Barguna	Amtoli	Kukua	3
			Ghulishakhali	5
			Atharogachia	3
Total number of replications				63

Contact

Md. Kamruzzaman Monir
Chairman
Amkhola Hat Union
Galachipa Sadar Upazila
Patuakhali district
01722443611

Biplob Kumar Ray
Union Secretary
Amkhola Hat Union
Galachipa Sadar Upazila
Patuakhali district
01717109342

Maksuda Begum
Female Member
Amkhola Hat Union
Galachipa Sadar Upazila
Patuakhali district
01791592278

Community Child Growth Monitoring

Tagline	Key Features	Evidence from
Child Growth Measurement	Ensure measurement of child height and weight every month, and ignition of the parent.	This is a case of Kalikapur Union of Patuakhali Sadar Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

Most rural people think that the growth of their children is a natural phenomenon, and there is no need for additional focus on this. Due to lack of knowledge, they are not interested in tracking their children's growth regularly. This sort of thought pattern leads to their children being stricken by different diseases. As they do not take any preventive measures to overcome this, the children become stunted in many cases. To solve the problem, Max Foundation Bangladesh thought of measuring the height and weight of each child every month, and teaching parents to learn and understand the growth status of their children. That way, they would be able to take necessary actions to make the children stunting free. This monthly measurement process is an important part of child health surveillance, and it provides reassurance about normalcy.

Description

Poor growth of children is associated with increased child mortality due to severe infections, and increased vulnerability to common childhood illnesses, which contribute to over one-third of all deaths of children under-five. Hence, Max Foundation Bangladesh (MFB) was committed to ensuring that each child under its MaxNutriWASH program areas were measured for growth. Since 2018, the MFB initiated the registration process for all under-five (U5) children in its working area. Already 68,270 children have been registered in their database, and their regular growth measurement has been ensured.

All the children under two years of age are measured each month, and those under-five once in a quarter, using a height-weight scale to maintain a standard measurement procedure. The result found in the measurement process is plotted in individual Growth Monitoring and Promotion (GMP) cards for each child. Through the graph of the GMP card, the status of the child can be easily understood. Showing the growth trends and present status of an individual child, MFB field staff ignites the parent to take necessary actions, and provide nutrition counseling and supply supplements. Where needed, referral is useful in early disease detection and treatment to improve individual child nutritional outcomes, improve health, and reduce child deaths. Nowadays, parents are more enthusiastic about measuring their child's growth regularly in their working area.

How did this Best Practice evolve?

In the MaxWASH program, MFB did the pilot in two of its working villages to declare them stunting-free villages. This concept of child growth measurement was then introduced to monitor the progress of how well children are growing. As this worked effectively at that time, Max Foundation designed the child growth measurement process, and included it in the MaxNutriWASH program for all under-five children.

Basic Features

The basic features of the community child growth monitoring are:

- Each under-two child is measured each month.
- Each under-five child is measured once every quarter.
- The result of each measurement is plotted in the graph of the GMP card of the individual child.
- Parents of the children are being ignited through the status of the child each month.
- Observing the growth, the parents are counseled by field staff who provide directions for the betterment of the child.

Indicators

- Each child is measured, and the measurement status is shared with parents.
- Interview mothers whether they get their children measured regularly or not, and whether they know the status of their children's growth status or not.

Outcomes

Parents are aware of the growth status of their children, and can take effective measures. → **Improvement in the children's hygiene and health.**

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of Replications
Barishal	Patuakhali	Galachipa	Chikikandi	1
			Gazalia	1
			Panpotti	1
			Dakua	1
			Galachipa	1
			Bakulbaria	1
			Amkhola	1
			Char Biswas	1
			Char Kazal	1
		Rangabali	Chotobaishdia	1
			Charmontaz	1
			Rangabali	1
			Chalitabunia	1
		Dashmina	Alipur	1
			Betagi Sankipur	1
		Kalapara	Dhulashar	1
			Mithaganj	1
		Patuakhali Sadar	Kamalapur	1
			Jainkathi	1
			Kalikapur	1
			Madarbunia	1

Division	District	Upazila	Union	Number of Replications
			Chotobighai	1
			Morichbunia	1
			Auliapur	1
			Barobighai	1
	Barguna	Amtoli	Kukua	1
			Ghulishakhali	1
			Atharogachia	1
Khulna	Khulna	Paikghacha	Deluti	1
		Batiaghata	Gangarampur	1
			Batiaghata	1
			Surkhali	1
			Jalma	1
		Dumuria	Bhandar para	1
			Sahas	1
			Sarappur	1
			Kharnia	1
			Dumuria	1
			Sobhana	1
			Atlia	1
			Raghunathpur	1
			Gutudia	1
			Rangpur	1
			Dhamalia	1

Division	District	Upazila	Union	Number of Replications
			Rudaghara	1
	Satkhira	Satkhira Sadar	Jhaudanga	1
			Labsa	1
			Balli	1
			Dhulishar	1
			Fingri	1
			Brahma Rajpur	1
		Assasuni	Budhata	1
		Tala	Dhandia	1
			Nagarghata	1
			Sarulia	1
		Kalaroa	Joynagar	1
			Jalalabad	1
			Murarikati	1
	Jashore	Jashore	Payra	1
			Monohorpur	1
			Suflakati	1
			Gawrigona	1
Total number of replications				62

Contact

Md. Firoj Alam
Chairman
Jainkathi Union
Patuakhali Sador Upazila
Patuakhali
01713331284

Rajjak Mridha
Union Secretary
Jainkathi Union
Patuakhali Sador Upazila
Patuakhali
01318239512

Most. Khadija Begum
Female Member
Jainkathi Union
Patuakhali Sador Upazila
Patuakhali
01745520390

Healthy Village Initiatives

Tagline	Key Features	Evidence from
Bundling Best Practice Ingredients	Holistic development on WASH, Nutrition, and Children Growth Monitoring.	This is a case of Kalikapur Union of Patuakhali Sadar Upazila, Patuakhali district.

Why is this considered an innovation/Best Practice?

Many Best Practices related to WASH, nutrition, and child growth monitoring have emerged from different projects. Often, these are not well-integrated to leverage maximum benefit. Keeping that in mind, a 'Healthy Village Campaign' was designed, and rolled out under the MaxNutriWASH Program by Max Foundation and other partners, under the leadership of the Union Parishads. There are 18 indicators based on which Union Parishads declare a Healthy Village.

Description

In Kalikapur Union, 27 villages have applied for 'Healthy Village Campaign' where they are focusing on many interventions related to WASH, nutrition, and child growth monitoring agreed upon between village communities and MaxNutriWASH Program members in courtyard meetings. The basic design and framework of this program have also been jointly developed by MFB and the National Institute of Local Government (NILG). It was observed that out of 27 villages, Ballavpur, Poschim Sharikkhali, Purbo Hetalia, and Poschim Diburiya villages have already achieved 77–85 percent of Healthy Village criteria within quite a short period. The progress of the Healthy Village Program has further created spinoff effects on others. So, other villages, in consultation with Unions, have initiated similar programs in their areas.

Technical support, drawings, designs, estimates, and facilitation are being provided by either Max Foundation, or by its partner NGOs under the leadership of Union Parishads.

The concept was first tested in Amtali (2015–16). Later, it continued to improve with other Max Foundation projects implemented in Madaripur (2015–17), Kurigram Slum areas (2016–18), and Chhattak Upazila (2017–19). The latest version is now being used in the MaxNutriWASH program (2018–21) of the Max Foundation, funded by the Embassy of the Kingdom of the Netherlands. From 2020, global scaling up started in Ethiopia in partnership with Plan International. The objective of this concept is to integrate multiple SDG actions in communities utilizing their own resources, and building self-governance ability to give children under five years of age a healthy start in life. The ultimate impact of the Healthy Village approach is the reduction of childhood stunting, and through it a sustainable improvement in inter-generational behaviour, and practice of healthy living among the communities.

Basic Features

The basic features of the healthy village campaign are:

- Adequate quantity of, and easy access to, safe drinking water.
- Improved quality of drinking water.
- Hygienic latrine (offset 12-step latrine).
- Handwashing basin (Maxi-Basin).
- Water and soap availability inside latrine.
- Birth registration and growth monitoring card for babies.
- Bathing chamber and menstrual hygiene management.
- Use of sanitary pad.
- Handwashing as per personal hygiene norms.
- Livestock and kitchen gardening in house premises.
- Safe motherhood and post-delivery check-up.

Indicators

Index 1: Safe Water Management and Use

- We, in our families, use safe water to drink, cook, and clean our utensils.
- The male members of our families help us in the management of water sources, and in carrying safe water even from remote sources.

Index 2: Environment-friendly Sanitation

- We all use the offset latrine installed within 12 steps, maintaining the rules of hygiene (such as, using sandals when going to the latrine, pouring enough water after use, keeping enough water for use in the latrine, have installed Maxi-Basin for hand washing); all family members play an active role in cleaning the latrine regularly.
- To keep healthy conditions, we maintain drainage system to drain away the dirty water, and remove the trash to a specific place in a hygienic way.

Index 3: Hygiene Practices

- In our family, there is a functional Maxi-Basin, safe water, and soap inside, or close to latrines and kitchen for hand washing; all members of our family wash hands properly with soap and safe water at important/critical times.
- We practice hygienic rules properly during the preparation, preservation, and distribution of food.

Index 4: Child-friendly Water, Sanitation, and Hygiene Practices

- To ensure proper growth of the baby, we keep the courtyard, adjoining places, and playground clean, and clean the baby's toys, clothes, and utensils with safe water and soap regularly; we use safe water for bathing and cleaning of children younger than five years of age.
- We, those who are nursing our children, clean ourselves with safe water and soap before feeding the babies; we do the same after completing the babies' bottom wash, bath, removing baby's stool, and touching any other waste items.

Index 5: Food and Nutrition of Children, Mothers, and Adolescents

- All the courtyard group members are quite aware that the newborn baby has to be given the first breast milk (colostrum) within one hour of birth; we also know that, up to six months, breast milk is sufficient for the baby, and those of us who became mothers recently are practicing all these.
- We provide our babies with appropriate balanced food prepared at home along with breast milk till six months of age, and provide vaccines and Vitamin A capsules regularly.
- We provide proper nutritional food to pregnant and lactating mothers, and adolescents of our families, and take proper care of them.
- We have done birth registration of all under-five children of our courtyard group, and regularly take their weight and height, and keep a record using growth charts; all the courtyard group members together review the status of the children every month, and take actions accordingly.

Index 6: Safe Motherhood, Sexual, and Reproductive Health

- All pregnant women and lactating mothers of our courtyard group have received, and have been receiving, health services at least four times from the health centers; all pregnant mothers have given birth under the care of skilled and trained midwives.
- All the fertile women and adolescent girls of our courtyard group use sanitary pads during menstruation, clean with safe water, and dispose the used pads in a hygienic way.
- We all know about the disadvantages of child marriage, keep keen eyes on this, and protest to prevent it, if needed.

Index 7: Practice of Good Governance

- All courtyard group members know where the need-based services are available, and how we can avail these when necessary. As a result, we receive these services regularly.
- We review our progress together, and have elected a representative unanimously, who presents our progress, problems, and ways of solutions to the citizen support group (CSG) meeting, and shares the results of CSG meeting with us as well.
- We develop child health-nutrition-stunting-prevention data of children and babies data within the village.

Outcomes

Holistic development of villages where stunting has reduced, and citizens have access to better quality water supply, sanitation, and hygiene facilities throughout the year.

Replication Information

This good practice has been replicated more than 50 times at the following locations by LGIs:

Division	District	Upazila	Union	Number of Replications
Barishal	Patuakhali	Galachipa	Chikikandi	1
			Gazalia	1
			Panpotti	1
			Dakua	1
			Galachipa	1
			Bakulbaria	1
			Amkhola	1
			Char Biswas	1
			Char Kazal	1
		Rangabali	Chotobaishdia	1
			Charmontaz	1
			Rangabali	1
			Chalitabunia	1

Division	District	Upazila	Union	Number of Replications
		Dashmina	Alipur	1
			Betagi Sankipur	1
		Kalapara	Dhulashar	1
			Mithaganj	1
		Patuakhali Sadar	Kamalapur	1
			Jainkathi	1
			Kalikapur	1
			Madarbunia	1
			Chotobighai	1
			Morichbunia	1
			Auliapur	1
			Barobighai	1
	Barguna	Amtoli	Kukua	1
			Ghulishakhali	1
			Atharogachia	1
Khulna	Khulna	Paikghacha	Deluti	1
		Batiaghata	Gangarampur	1
			Batiaghata	1

Division	District	Upazila	Union	Number of Replications
			Surkhali	1
			Jalma	1
		Dumuria	Bhandar para	1
			Sahas	1
			Sarappur	1
			Kharnia	1
			Dumuria	1
			Sobhana	1
			Atlia	1
			Raghunathpur	1
			Gutudia	1
			Rangpur	1
			Dhamalia	1
			Rudaghara	1
	Satkhira	Satkhira Sadar	Jhaudanga	1
			Labsa	1
			Balli	1
			Dhulishar	1

Division	District	Upazila	Union	Number of Replications
			Fingri	1
			Brahma Rajpur	1
		Assasuni	Budhata	1
		Tala	Dhandia	1
			Nagarghata	1
			Sarulia	1
		Kalaroa	Joynagar	1
			Jalalabad	1
			Murarikati	1
	Jashore	Jashore	Payra	1
			Monohorpur	1
			Suflakati	1
			Gawrigona	1
Total Number of replications				62

Contact

Tanvir Ahmed
Chairman
Kalikapur Union
Patuakhali Sadar Upazila
Patuakhali district
01730129004

MD. Mossaraf Hossain
Union Secretary
Kalikapur Union
Patuakhali Sadar Upazila
Patuakhali district
01718115862

Taslima Begum
Female Member
Kalikapur Union
Patuakhali Sadar Upazila
Patuakhali district
01713627134.

ANNEX-I: Best Practice Validation Letter from DASCOH

ডাসকো ফাউন্ডেশন
উন্নয়নে দৃপ্ত পদক্ষেপ

DASCOH
Reg.: NGOAB-934, RAJS-376

DASCOH Foundation
Strengthening Systems for Development

Dated: 12 July 2021

To
Md. Borhan Uddin Bhuiyan,
Project Director, Horizontal Learning Program (HLP)
National Institute of Local Government (NILG)
29 Agargaon, Dhaka 1207.

Subject: Validation of Best Practice on Managed Aquifer Recharge (MAR) System for *Best Practice Compendium of UPs*

Dear Respected Sir,

It is a great privilege and honor to provide the final update for the validation of the Good Practice titled **Managed Aquifer Recharge (MAR) System,** which was identified through HLP process. The HLP Project Management Unit (PMU) advised us to validate this good practice.

Our DASCOH team was in the field, and observed that the MAR system contributes to increasing the groundwater level by injecting rainwater in water scarcity areas. This enables people to enjoy their water rights, and assures water availability. This good practice originated in Issoripur Village under Deopara Union of Godagari Upazila (sub district) in Rajshahi District.

You will be happy to know that we at DASCOH have also validated the MAR system, and found it is operating well. This good practice has been shared, and discussed among peers. As a result, this good practice has been replicated more than 50 times in Rajshahi District.

We, therefore, would like to reconfirm our validation that the **Managed Aquifer Recharge (MAR) System** is a Best Practice which is operating well, and has been replicated more than 50 times. Thus, it fully qualifies as a Best Practice, as per HLP guidelines.

Yours faithfully,
DASCOH Foundation

Md. Akramul Haque
Chief Executive Officer

ANNEX-II: Best Practice Validation Letter from BTS

Breaking the Silence

Dated: 13 July, 2021

To

Md. Borhan Uddin Bhuiyan,
Project Director — Horizontal Learning Program (HLP),
National Institute of Local Government (NILG),
29 Agargaon, Dhaka 1207.

Subject: Validation of Best Practice on Child Friendly Budget for *Best Practice Compendium of UPs*

Respected Sir,

It is a great privilege and honor to provide the final update for the validation of the Good Practice titled **Child Friendly Budget,** which was identified in the HLP Upazila Workshop.

As advised by the HLP Project Management Unit (PMU), our Breaking the Silence team was in the field, observed, and validated all information related to the Child Friendly Budget that was shared in the upcoming *Best Practice Compendium of UPs* being prepared by NILG.

We would also like to reconfirm that the Child Friendly Budget process contributes to increasing participation of children in the budget approval, and enables children and their families to receive services through the distribution of educational materials, financial assistance, sports equipment, school benches, sanitary latrines, installation of tube wells, repair of school roads, etc.

You will be happy to know that we at Breaking the Silence have also validated the Child Friendly Budget replication process, and found it is operating well. This good practice has been shared, and discussed among peers. As a result, this good practice has been replicated more than 50 times.

We, therefore, would like to reconfirm our validation that the **Child Friendly Budget** is a one of the Best Practice as per criteria of NILG, and is operating well. It has been replicated more than 50 times. Thus, it fully qualifies as a Best Practice, as per HLP guidelines, and should be included in NILG's *Best Practice Compendium*.

Yours faithfully,

Roksana Sultana
Executive Director
Breaking the Silence

ANNEX-III: Best Practice Validation Letter from Max Foundation

MAX FOUNDATION
EVERYTHING TO SAVE A CHILD'S LIFE

Bangladesh Country Office
Flat#A1-B1,DOM-INNO LLUVIA, Khilji Road (Near ASA Tower)
Block-B, 23/16, Mohammadpur, Dhaka 1207,Bangladesh
+88 01705 408050

Dated: 14 July 2021

To

Md. Borhan Uddin Bhuiyan,
Project Director – Horizontal Learning Program (HLP)
National Institute of Local Government (NILG)
29 Agargaon, Dhaka 1207

Subject: Validation of Good Practices by Max Foundation for *Best Practice Compendium of Ups*

Respected sir,

It is a great privilege and honor to provide the final update on the validation of the 10 Good Practices which were identified in the HLP Upazila Workshops, as mentioned below.

- Clustered Piped Water Supply: that make safe, reliable, proximate drinking water available within rural households 24/7.
- Bathing Chambers: that enables privacy for bathing, and menstrual hygiene management (especially when coupled with piped water supply)
- Maxi-Basin: connected to drainage systems that enable handwashing proximate to kitchens, dinning areas, and toilets (and reduce the workload when coupled with piped water supply).
- Twelve-step Latrine: with a single or twin alternating offset pit design enabling the latrine to be located proximate, or even within the house.
- Septic pit system: offering a low-cost alternative to a septic tank and soak away to accommodate the additional wastewater from bathing chambers and hand washing stations.
- Fecal Sludge Management: through the provision of training and equipment to sweepers to safely empty, transport, and bury the fecal sludge from direct and offset pit latrines.
- School Hand Washing Facility: encouraging large group of students to simultaneously practice correct handwashing procedures.
- School Menstrual Pit: Providing adolescent girls the opportunity to dispose of their menstrual pads while attending school when they have their periods.
- Community Child Growth Monitoring: promoting a collective realization of the differing causes and consequences of acute and chronic undernutrition.
- Healthy Village: universal access to safely managed water, sanitation, and hygiene services as well as education, health, and nutrition services.

You will be happy to know that we at Max Foundation have validated all the above mentioned 10 Good practices and found them operating well. These good practices have also been shared and discussed among peers. As a result, these good practices have been replicated more than 50 times.

We, therefore, would like to reconfirm our validation of these good practices, as Best Practices which are operating well, and has been replicated more than 50 times. They also fully qualify as Best Practices, as per HLP guidelines.

Your faithfully,

MM Ahidul Islam Kazal
Senior Program Manager,
Max Foundation Bangladesh and Nepal,
Head of Monitoring, Evaluation, Learning and Accountability, and Max-PbR

ANNEX-IV:
Best Practice Validation Questionnaire

Name	
Designation	
Age	
Gender	

Sl	Question	Answer		
1	Do you know about the (Name and short description of Good Practice)? If yes, proceed with the survey.	Yes	No	
2	Is the Good Practice currently in practice?	Yes	No	
3	Have you ever benefited from the Good Practice?	Yes	No	
4	Has the Good Practice caused better health and hygiene?	Yes	No	
5	Should the Good Practice be continued?	Yes, it should be continued	It should be continued partially	No, people should take their own initiative
6	Is the Good Practice replicable?	Yes	No	No understanding of the process

ANNEX-V:
List of 36 Respondents

Best Practice	Name	Designation	Union	Upazila	Zila	Division	Mobile No
Cluster Piped Wter System	Majibur Rahman	Union Secretary	Chiknikandi	Galachipa	Patuakhali	Barishal	01753715835
Bathing Chamber	Md. Jakir Hossain	Union Secretary	Gulishakhali	Amtali	Barguna	Barishal	01727170082
Maxi-Basin	Allama Mustopa Shuvo	Union Secretary	Panpatty	Galachipa	Patuakhali	Barishal	01793567007
Managed Aquifer Recharge System	MD. Zibrail Hossain	Union Secretary	Dewpara	Godagari	Rajshahi	Rajshahi	01718281564
Twelve Step Latrine	Paran kumar Datta	Union Secretary	Madarbunia	Patuakhali Sadar	Patuakhali	Barishal	01724385123
Septic Pit System	Biplob Kumar Ray	Union Secretary	Amkhola	Galachipa	Patuakhali	Barishal	01717109342
Fecal Sludge Management	MD. Jahan Pervej	Union Secretary	Galachipa	Galachipa	Patuakhali	Barishal	01719972332
Child Friendly Budget	MD: Kamruzzaman	Union Secretary	Shibpur	Satkhira	Satkhira	Khulna	01718608875
School Handwash	Biplob Kumar Ray	Union Secretary	Amkhola	Galachipa	Patuakhali	Barishal	01717109342
School Menstrual Pit	Biplob Kumar Ray	Union Secretary	Amkhola	Galachipa	Patuakhali	Barishal	01717109342

Best Practice	Name	Designation	Union	Upazila	Zila	Division	Mobile No
Community Child Growth Monitoring	A. Rajjak Mridha	Union Secretary	Jainkathi	Patuakhali Sador	Patuakhali	Barishal	01318239512
Healthy Village Initiatives	MD. Mossaraf Hossain	Union Secretary	Kalikapur	Patuakhali	Patuakhali	Barishal	01718115862
Cluster Piped Water System	Sazzad Hossain Riad	Chairman	Chiknikandi	Galachipa	Patuakhali	Barishal	01785003501
Bathing Chamber	Ad.H.M.Monirul Islam Moni	Chairman	Gulishakhali	Amtali	Barguna	Barishal	01718148817
Maxi-Basin	Abul kalam	Chairman	Panpatty	Galachipa	Patuakhali	Barishal	01733402481
Managed Aquifer Recharge System	MD. Ruhul Amin	Chairman	Dewpara	Godagari	Rajshahi	Rajshahi	01716034829
Twelve Step Latrine	MD. Mushfiqur Rahman	Chairman	Madarbunia	Patuakhali Sadar	Patuakhali	Barishal	01712669213
Septic Pit System	MD. Kamruzzaman Monir	Chairman	Amkhola	Galachipa	Patuakhali	Barishal	01722443611
Fecal Sludge Management	MD. Habibur Rahman Hadi	Chairman	Galachipa	Galachipa	Patuakhali	Barishal	01818171799
Child Friendly Budget	MD: Abdul Muzid	Chairman	Shibpur	Satkhira	Satkhira	Khulna	01711397399
School Handwash	MD. Kamruzzaman Monir	Chairman	Amkhola	Galachipa	Patuakhali	Barishal	01722443611
School Menstrual Pit	MD. Kamruzzaman Monir	Chairman	Amkhola	Galachipa	Patuakhali	Barishal	01722443611
Community Child Growth Monitoring	MD. Firoj Alam	Chairman	Jainkathi	Patuakhali Sador	Patuakhali	Barishal	01713331284

Best Practice	Name	Designation	Union	Upazila	Zila	Division	Mobile No
Healthy Village Initiatives	Tanvir Ahmed	Chairman	Kalikapur	Patuakhali	Patuakhali	Barishal	01730129004
Cluster Piped Water System	Selina Begum	Female Member	Chiknikandi	Galachipa	Patuakhali	Barishal	01717981452
Bathing Chamber	Sanjida Tamanna	Female Member	Gulishakhali	Amtali	Barguna	Barishal	01724539613
Maxi-Basin	Kajol Rekha	Female Member	Panpatty	Galachipa	Patuakhali	Barishal	01734617071
Managed Aquifer Recharge System	Tina	Female Member	Dewpara	Godagari	Rajshahi	Rajshahi	01726508406
Twelve Step Latrine	Sahnaj Pervin	Female Member	Madarbunia	Patuakhali Sadar	Patuakhali	Barishal	01737301480
Septic Pit System	Jesmin Akhter	Female Member	Amkhola	Galachipa	Patuakhali	Barishal	01725308043
Fecal Sludge Management	Surovi Kamal Asma	Female Member	Galachipa	Galachipa	Patuakhali	Barishal	01756764666
Child Friendly Budget	Most. Sahnaj Pervin	Female Member	Shibpur	Satkhira	Satkhira	Khulna	01746119466
School Handwash	Most. Helena Begum	Female Member	Amkhola	Galachipa	Patuakhali	Barishal	01779465191
School Menstrual Pit	Maksuda Begum	Female Member	Amkhola	Galachipa	Patuakhali	Barishal	01791592278
Community Child Growth Monitoring	Most. Khadija Begum	Female Member	Jainkathi	Patuakhali Sador	Patuakhali	Barishal	01745520390
Healthy Village Initiatives	Taslima Begum	Female Member	Kalikapur	Patuakhali	Patuakhali	Barishal	01713627134

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