

Annual Report 2014

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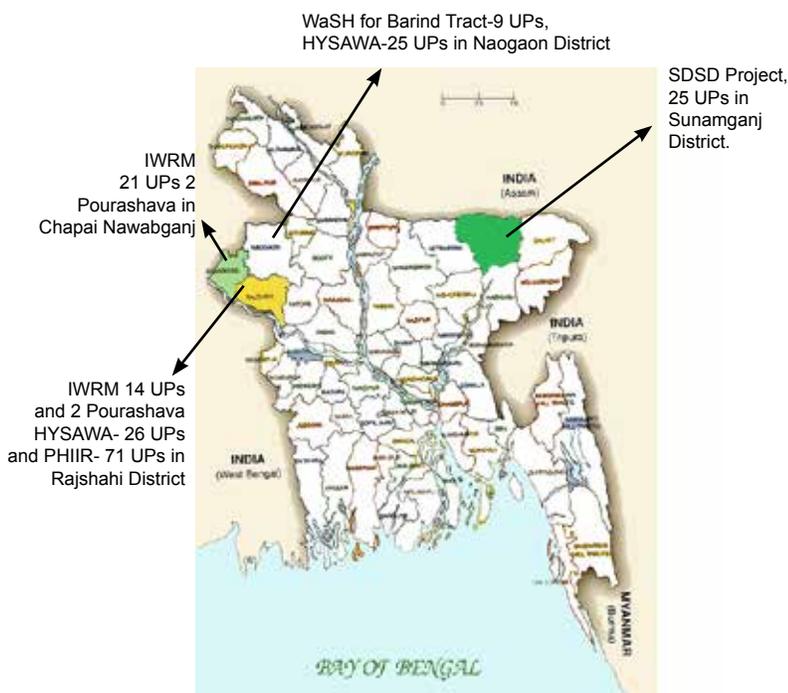
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Preface

The Development Association for Self-reliance, Communication and Health (DASCOH) was Swiss International NGO registered with the NGO Affairs Bureau, Bangladesh. It operates under strategic guidance of the Swiss Red Cross (SRC). Recently DASCOH has transformed into a national NGO through registration with the Bangladesh Joint Stock Company under the Company Act 1860. Over the years DASCOH has gained considerable competence in project planning and management (PPM) in partnership with local government, private sector, donors and the community.

Bangladesh is a densely populated with a high rate of poverty. Recent hike in global food price has already left an impact in slowing down poverty reduction in Bangladesh. Along with the government, NGOs are playing an important role in improving the socio-economic condition of the rural people. From its inception in 1994 DASCOH has been moving steadily in achieving its objective of promoting general health and wellbeing of the poor and the disadvantaged. It facilitates people's access to safe drinking water and sanitation services, and assists in bringing about behavioural change in personal hygiene. It also supports primary health care services. The process through which DASCOH endeavours to achieve its objective also contributes to improvement in local governance. DASCOH works through the Union Parishads to establish a transparent, accountable and equitable service delivery mechanism. Presently DASCOH has teamed in a consortium with SRC to implement a sustainable integrated water resource management project in the Barind Tract. This project also intends to pilot the implementation of Bangladesh Water Act (BWA), 2013 in Barind region in collaboration with WARPO, the nodal agency for steering the implementation of BWA, 2013



DASCOH is implementing five projects; namely “Sustainable Solutions for the Delivery of Safe Drinking Water (WPP: SDDSD) project”, “Public Health Improvement Initiative Rajshahi (PHIIR)” Project, Water, and Sanitation Hygiene for the Vulnerable in the Barind Tract (WASH), Hygiene Sanitation and Water Supply (HYSAWA) project and Integrated Water Resource Management (IWRM) project. The projects cover 151 unions and 4 Pourashavas in Rajshahi, Chapai Nawabganj, Naogaon and Sunamganj Districts. DASCOH has assisted in building capacity of the



communities and the local government (UPs/Pourashavas) on management of resources and inclusive delivery of public services. The objectives of the projects are to improve local governance; to provide WatSan and Hygiene promotion services and also to improve the efficiency of water management.

In 2014, the projects improved health and well-being of 995,754 people by helping them gain access to water, sanitation, hygiene and the basic health services. The major activities of the projects include reorganizing Community facilitators (CFs), installing tube wells and constructing tube well platforms to prevent water contamination, rehabilitation of inactive TWs, construction of hygienic latrines, and improving governance (accountability, transparency and equity). The projects bridge the capacity and interaction gap between the local governments and communities. It is in the facilitative and linkage building role that DASCOH has carved a niche that leads to enduring good local governance and delivery of quality public services. . During 2014 local governance has improved and law adherent work procedures, mechanisms and practices have been developed and put in practice. Planned targets in safe water supply have been achieved.

The major achievements are: installation of 3932 water points, repairing of 1,084 TWs and construction of 225 platforms in existing tube wells. Together these water points provide 274,323 beneficiaries access to clean and safe drinking water. The projects have constructed 6,179 household and 87 communal latrines serving a total of 72,440 people who have also been trained in use and maintenance of the facilities. The projects have also undertaken hygiene promotion with modified PHAST to improve environmental hygiene among the people. Hygiene promotion aims to induce behavioural change that shall disrupt the chain of faceo-oral transmission of water borne and excreta related diseases.

DASCOH believes in reform of local government institutions to make them truly decentralised, institutionally effective, financially viable, participatory, gender sensitive, responsive, transparent and accountable. The LGs also provide space for active participation of the community in need-based development for poverty alleviation and reduction of socio-economic inequality.

DASCOH works with 232 community clinics in Rajshahi District in revitalizing them. It guides Community Groups (CGs), forms and guides Community Support Group (CSGs) and organizes training sessions for health care providers. It also provides limited hardware support. In 2014 DASCOH has renewed the Memorandum of Understanding (MoU) with Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB). The MoU legally assigns DASCOH to work together with Government Community Clinic Project especially in the formation of core team to support capacity building of the community clinics.

On behalf of DASCOH, we would like to express our gratitude to our donors, stakeholders, development partners and other collaborators, who have remained with us in advancing our mission.

Md. Shukuddin Mridha
Chairman, DASCOH Foundation

Message from the Country Representative, Swiss Red Cross

Apart from other achievement and challenges, 2014 stands out for the recognition DASCOH gained by way of being awarded an SDC mandate for integrated water resource management project for its longstanding cooperation and experience in the areas of water resource management, good governance and community development. Through a competitive bidding process, DASCOH in partnership with SRC has been entrusted the responsibility of implementing the sub-national component of the IWRM mandate. In more specific terms, DASCOH's design and establishment of a Union-based O&M system for water points for instance and involving community and Union Parishads in selection, installation and O&M of water points are in essence seen as 'system development'. The registration of water points with the UPs is not only a first step towards water-use regulation, but also an exercise in 'organisational development'. The cross-visits of UP chairmen to other project unions to observe good practices and the subsequent works along the practice-to-policy continuum constitute 'network development'. DASCOH intends to reunite these experiences in the service of enhancing Integrated Water Resource Management in the particular setting of the Barind areas with which it is so familiar in order to make a decisive contribution for the sustainable development of the country, the equitable distribution of one of its main resources and for the wellbeing of Bangladeshi citizens. The project mandates DASCOH to pilot the implementation of the Bangladesh Water Act, 2013 in the Barind region through establishment of a strong regulatory institutional relationships for the integrated management of water resources. The establishment of a regulatory system and accompanying strategies shall enhance resource efficiency (productivity of resources – creating more with less resources), improve governance across sectors through dialogue between sectors for more equitable and efficient allocation of water resources, build synergies that heighten system efficiency instead of isolated sector productivity, reduce trade-offs through convergence of goals, and accelerate access by integrating the poorest and the disadvantaged.

With regard to ongoing WASH and PHIR project 2014 witnessed a significant range of pilots and innovations and with it came a new set of challenges of upscaling the successful pilots and replicating them in diverse contexts. Be it partnership building or sanitation approach or advocacy efforts, DASCOH interventions were replete with innovations. To expand sanitation coverage DASCOH not only harmonised its approach but had a formal agreement with BRAC. For the first time DASCOH experimented with a community and UP led latrine construction approach. Besides ensuring quality it led to resource conservation permitting installation of more hygienic latrines than targeted. On the advocacy front, continuous evidence based dialogue led the UPs to abandon their long practice of free distribution of rings and pans which were hardly used by beneficiaries for building latrines. The acceptance by UP chairperson to be chief patron of community clinics institutionalised the engagement of local governance system with primary health care services being dispensed by the community clinics. This has brought in added resource support for the CCs and well as generated active interest among UPs to effectively engage with the operation and management of CCs. Furthermore, acceptance of DASCOH promoted toilet design and demand



responsive process of beneficiary selection that puts the extreme poor at the centre stage by Upazila authorities bears testimony to its novel work. 2014 also saw the revision of MoUs with the UPs which transformed them from being mere recipient of funds and capacity building inputs to active partners that contribute resources and exercise flexibility in supporting different development options. The partnership with the Ministry of Health and Family Welfare and the Health Directorate as the main stakeholders of the RCHCIB project, remains strong.

DASCOH's transition to a National NGO was formalized during DASCOH CEO's visit to Switzerland in June 2014. A new governing board is in place and has formally approved the plans and policies of DASCOH. On the other hand, with the award of the IWRM tender to SRC-DASCOH consortium, the work portfolio of DASCOH is expanding. Obvious are the implications that such work expansion has for the organization as a whole and the human resources(HR) capacities in particular. The Senior Management at DASCOH will be required not only to strategically steer the organization towards developing as a sound and strong National NGO but will also have to closely associate itself with delivery of quality programmatic outputs and outcomes. A strategic planning exercise led and facilitated by a skilled external moderator will allow DASCOH to revisit its organizational plans and objectives. The exercise should closely examine DASCOH's existing HR systems and practices; build stronger alignment between HR capacities and organizational goal and endeavors; and create a strong organizational culture which, apart from other things, shall attract, nurture and assimilate new talents and capacities. However, this exercise will bear the desired results if the process is led and owned by DASCOH.

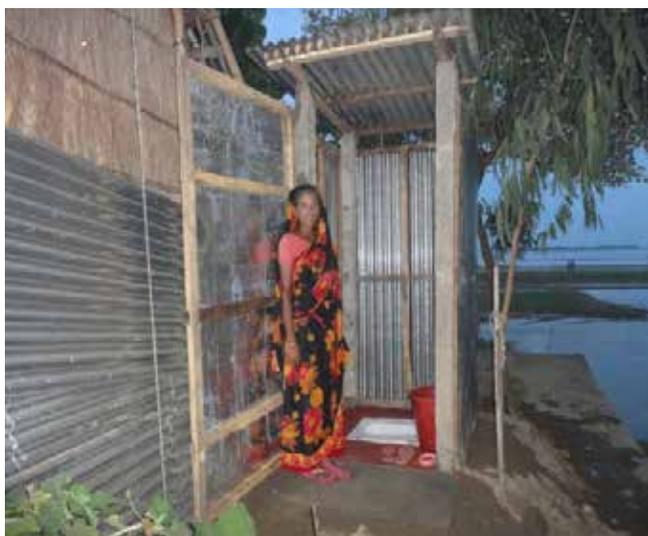
SRC believes the work and results of DASCOH, achieved in 2014 are not only supporting the lives of disadvantaged people but have also stimulated the government authorities to provide better services to their communities. As such this establishes important synergies between the governance and programmatic objectives. SRC shall continue to support DASCOH in its endeavour to evolve as a national NGO of repute that derives its raison d'être from innovation in the diverse domain of health, integrated management of water resources, WASH, good governance and policy advocacy.

Amitabh Sharma
Country Representative
Swiss Red Cross

Illustration/Case study

“Build Disaster Risk free hygienic latrine get healthy”

Nasirpur village is 13 kilometres from Charnarchar Union Parishad and 18 kilometres from Derai Upazila in Sunamganj. It has a total of 72 households with a population of 403 of which 196 are females. All the inhabitants of Nasirpur are Muslims engaged mainly in agriculture and fishing. Pairul Bibi of the village has a family of three including her husband and a son. They depend on agriculture and fishing for livelihood and had in the past, a hanging/unhygienic latrine far from their living quarters. The floods of 2012 inundated the area and washed away the latrine. She did not have the means to build another latrine. Every other household in the village suffered the same fate. “As we cannot afford to build latrines over and over again after every disaster open defecation is our only option”, she said. Consequently the environment in Nasirpur is dirty and unhygienic. Pollution is evident everywhere – in air, water and land. Water borne and excreta related diseases such as diarrhoea, jaundice, dysentery, typhoid and worm infestation are common. People spent much of their meagre resources in health care.



In 2011 the Union Parishad with the assistance of DASCOH, started installing latrines and tube-wells in Nasirpur. It also helped build awareness among people on the benefits of the safe water and hygienic latrine that were also foul smell free. To ensure durability of the latrines and safety of use at night, UP urges the people to install latrines close to home and on flood free area. Social bias and superstition inhibited the adoption of this practice. People did not readily adopt the idea of a latrine next to the house. It was only in 2013 through exposure to DRR sessions that their attitude started changing gradually. “We understood the context and were convinced

that a latrine next to home was a socially valid option. The washing away of latrines that were installed away from home in 2011, 2012 and 2013 were an eye opener”, says Pairul Bibi. The concept of latrines next to the home was accepted and so was the latrine design that DPHE approved. “In 2014 DASCOH helped us install latrines next to our homes, installed three tube-wells and repaired two. We now have access to and use sanitary latrines and safe water. Open defecation which was rampant, is history today. Nasirpur is now clean and free from pollution. The incidence of diarrhoeal diseases has drastically reduced.”



Pairul Bibi further asserts; “Water and sanitation improvement gives the villagers the following benefit:

1. The village is open defecation free with every household having access to and using a hygienic latrine;
2. The latrine is durable as it is installed on flood free land;
3. It is safe and secure as it is next to the home; and
4. Health care cost from diarrhoeal diseases has also reduced

Beside, now we are maintaining latrines with help of other family members. I am happy to be a part of the environment saving team that motivated the villagers to be on this platform.

“Build disaster risk free hygienic latrine and get healthy” is now the slogan of the villagers. Thanks DASCOH, SDC, UPs and DPHE for promoting such a latrine.”

Curtsey: Dilip/Enamul/Basher

“CC achievements: “Gunia Danga CC” received award as best CC ”



Photo: FWA with a new born baby (left), mother discharged with her baby (right) in Gunia Danga Community Clinic

Mosammat Hasnara Khatun, a Family Welfare Assistant (FWA), has been working to prevent maternal and child mortality. With support and encouragement from her supervisor Upazila Family Planning Officer (UFPO), she conducted courtyard sessions within catchment area of her Community Clinics (CCs). The intent was to improve knowledge and awareness on the importance of Ante-natal Care (ANC), safe delivery, Post-natal Care (PNC) and the services the CC's provide. In May 2013 Hasnara performed her first delivery in the CC. The healthy baby boy and mother were later discharged. The success motivated Hasnara and boosted her confidence to give her best to the community. With the encouragement from her supervisor, in 2014 she performed a record high of 22 deliveries at her CC, contributing to reduced mortality. Hasnara, the clinic and the community continue to raise funds to allow opportunity for referral of complicated cases to higher levels. Hasnara currently dreams of the day when there will be no infant and maternal mortality from unsafe delivery in her community.

Case Story: Livelihood through sanitation – Village CRP as an entrepreneur

Md. Erfan Ali of Bangdhara village of Ghatnagor Union Parishad is unmarried with no regular employment. He has been working as a Community Resource Person (CRP) in WASH project of DASCOPH which makes him familiar with DASCOPH's approach and work. DASCOPH, on the other hand, as part of its initiative to promote sanitation marketing encouraged and supported Erfan to establish a sanitary centre. To start off with he started producing rings and slab for which there is an existing market. In Ghatnagor UP the demand for rings and slabs improved further with the collaboration between the WASH project and UP in encouraging people to contribute building materials (besides the cash contribution). In spite of a ready client base (users,





UP, other development partners), there was no local latrine production unit in Ghatnagar. Promoting local entrepreneurship in sanitation marketing was a sound business proposition. Field Facilitator Md. Alomgir Faruqi seized this opportunity and supported Erfan Ali in establishing a sanitation centre. Initially Erfan was reluctant as he lacked the necessary know how and resources (capital, production site, etc.). He was rather sceptical about the financial viability of the venture. The Field Facilitator Md. Alomgir Faruqi explained to him the potential of such a business and encouraged him to visit other sanitation centres to gain first-hand experience. The exposure to other centres convinced Erfan on the economic viability of the enterprise. He decided to set up a sanitation centre of his own.

Erfan approached his father for financial support to start the sanitation centre. His father was not convinced about its viability and chose to stay away. Convinced that sanitation centre made for good business, Erfan persisted and knocked all possible doors. Finally, help did come, - from a place he least expected. His cousin allowed him the use of three acres of land for the production site and another friend gave him a truck load of bricks and sand. In May 2014 Erfan recruited a mason and started producing rings and pans. He also diversified and started producing materials used for cow feed and rice processing. In the first month (May 2014) he sold product worth Tk8000 and the next month sale of rings and slab brought in another Tk70'000. Today the villagers, the WASH project and BRAC are his main clients. He has a stock of 30 sets of rings and slabs. More order is in the pipeline. The venture has brought stability in his life. Erfan gratefully acknowledges his debt of gratitude to DASCOH and especially to Faruqi for all the encouragement, motivation and support. "I now have a secure employment which will help me settle in life", Erfan proudly asserts.

Executive Summary

Development Association for Self-reliance, Communication and Health (DASCOH) has completed its 20 years of working with LGIs and Community. The experience it acquired during the last 19 years is very rich and varied with far reaching implications. DASCOH has proved itself to be an efficient and effective organization in developing WATSAN and health systems; in mitigating the effect of arsenic contamination; and in making the local government dynamic. In short DASCOH works for the benefit of the poor and disadvantaged people. The main objective of the organization is to empower the poor and disadvantaged by improving their capacity to assert their rights. In meeting this objective DASCOH makes the local government responsive and dynamic, creates opportunity for the poor and the disadvantaged to participate and interact with the local government and assert their aspirations and needs. DASCOH has been conducting a variety of activities to improve the efficiency and effectiveness of the local government and augmenting the capacity of the people. In the process DASCOH has gained the confidence of both the people and the local governments institutions.

Based on people's experience and knowledge and available resources, DASCOH has put forward an alternative participatory development process. It has developed a trained workforce who has professional competence as well as the capacity of being flexible in decision making. On the one hand DASCOH is using coaching and mentoring method to develop human capital and on the other it is assisting the LGIs in build capacity for effective dispensation of their mandate. This finds reflection in the project planning and management with local government, private sector, community and the donors.

DASCOH covers 25 unions of Sunamganj, 71 unions and two pourashavas in Rajshahi, 21 unions and 2 pourashavas of Chapai Nawabganj and 34 unions of Naogaon districts. DASCOH strengthens good governance of the LGIs (UPs) and supports delivery of safe drinking water, sanitation and health services as well as sustainable management of water use. SRC has cordially provided technical and financial support to implement Wash in Barind Tract and PHIIR Project. Furthermore with SRC, DASCOH is jointly implementing the IWRM project. Swiss Agency for Development and Cooperation (SDC) provides funding support for implementation of SDSD project and for the implementation of the sub-national component of Integrated Water Resource Management (IWRM) in consortium mode with SRC. HYSAWA project is implemented through Local Government but DASCOH provides capacity building support to the LGIs and works in a facilitating role with the financial support of HYSAWA Fund Office.

DASCOH supports 350 community based organisations called Village WatSan Committee(VWC), 225 community platforms, 232 CG and 696 CSG to improve leadership for pro-poor development as well as access to services and resources for the poorest and marginalised villagers. DASCOH is also in the process of formation/re-formation of community based organisations called Water Resource Management Association (WRMA) for its integrated Water Resource Management Project.

DASCOH supports the community organisation (WRMAs, CPs, VWC, CG, CSG) who discuss, debate and decide the entire development trajectory suitable for their community. DASCOH creates an enabling environment and fosters collaboration and negotiation between the poor and the disadvantaged with the UPs.

A key priority for DASCOH has been to encourage the women to raise their voice in various public forum. Now the women are not only able to express themselves but have a considerable say in the decision making of community and governance institutions and platforms such as WRMA/VWC/CP/CG meetings or in ward shavas. The women members of the UPs are involved in decision making process as well as their implementation. They also attend UDCCM and raise their voice on rights and entitlement issues. A noteworthy transformation has been entitlement seeking behaviour and approach adopted by the poor and disadvantaged, especially the women folk.

DASCOH has introduced several methods (CHAST, PHAST, Folk theatre group) to build awareness among people on cleanliness, waste management and hygiene behaviour changes. This has resulted in increased use of hygienic latrines and reduced open defecation leading to improved health and wellbeing of people. Another health improving event is the revitalisation of the community clinics, a grass-root based rural healthcare centres established by government and run by local community group. DASCOH guides and supports the community groups (CG) and Community Support Group (CSG) to discharge their responsibility towards 232 community clinics in Rajshahi District. This has established a bridge between clinics and the LGIs. Access of people to health services has improved. Increased number (2,633,383) of people compared to the past, now receive services from CC. DASCOH has also supported Union Parishads and CCs to successfully institutionalise the health care services as well as arsenic patient management and screening activities.

Water resources management in Bangladesh is confronted with immense challenges. Given DASCOH's considerable experience in Bangladesh in improving the quality of drinking water services through strengthening of local governance institutions, it is now convinced that an integrated water resources regulatory system of institutions is essential to address the growing challenges of drinking water safety and reliability. In order to safeguard a minimum quality and quantity of drinking water for all DASCOH deems it necessary for the drinking water sub-sector to engage with the water resources sector at large. As a result, DASCOH is committed to the necessity of building strong regulatory institutional relationships for the integrated management of water resources. On the other hand DASCOH continues with its involvement of developing and implementing Water Safety Plans (WSP) including Operations and Maintenance (O&M) systems for sustainable functionality of safe water points. DASCOH ensured supply of safe water to 41500 household having a total population 274,323 through installation of 3932 new tube wells and repair/rehabilitation of an additional 1084 tube wells.

To improve the environment DASCOH supported UPs and communities to install sanitary latrines for extreme poor at subsidised cost. DASCOH motivated the households with means to install hygienic latrine of their own cost. In 2014, DASCH built 6179 hygienic latrines with an additional 350 latrines constructed through self-motivation. Hygiene promotion through PHAST and CHAST at community has reached 995,754 people who practice hygiene behaviour.

A total of 27 UPs have hired and trained local mechanics with the support of DASCOH and cooperation of DPHE. These mechanics help keep the water source functional round the year round. Each UP has one mechanic who repairs water source on demand from the community.

Through water points registration, the UPs have established a drinking water supply regulatory framework A total of 1,642 tube wells came under registration and Ups have earned Tk 65,230 in 2014.

DASCOH has continued to build trust with the local government system, and strengthened their capacity to deliver supply of safe water and sanitation services to the poor. This year 714 members (Chairman, Secretary and Female/male member from each UP) from 51 UP were trained on UDCC and motivated to involve people in development activities and in sharing information. The most important part of an UP is the financial matter which was ignored in the past. DASCOH built UP and the UPs are managing their financial affairs with competence. All the UPs (in DASCOH working area) are capable of managing their financial system including proper documentation.

The experiences and cooperation with other development partners has provided opportunity for DASCOH to learn and develop. DASCOH very gratefully acknowledges their contribution and makes a commitment to support those who are interested in reaping benefit from services DASCOH offers.

Organizational Profile:

DASCOH was founded on 15 June 1994 as a voluntary association in accordance with the Swiss Civil Code of Conduct. DASCOH was registered as Swiss international NGO having its headquarters in Berne, Switzerland. After its registration with NGO Affairs Bureau Bangladesh under 'The Foreign Donations (Voluntary Activities) Regulation Ordinance, 1978', DASCOH started working in Bangladesh on 17 May 1995 as an international NGO. The invaluable experience gained in Bangladesh has prompted DASCOH International Governing Board in Switzerland, to transform DASCOH as a Bangladeshi national NGO. DASCOH complements and supplements Bangladesh's national programs as a key non-state development partner in the country. DASCOH transformed into a Bangladeshi NGO on 11 November 2014. DASCOH is a non-profit, non-partisan development organisation striving to improve the local governance using WatSan and health as entry point. Since inception, DASCOH has been providing technical and financial support to the LGIs (UPs) to implement locally managed water, sanitation and hygiene promotion project and to improve the governance through a participatory approach.

The key functions are the following:

1. Mobilizing and organising people to raise their voice on legitimate rights for negotiating services;
2. The capacity building of LGIs to deliver community responsive services in a process that is accountable and transparent;
3. Involving people including women in decision making process;
4. Institutionalising the policy, process and good practices;
5. Promoting health and hygiene of people;
6. Creating opportunity for the extreme poor to access safe drinking water; and
7. Institutionalising Operation and Maintenance of water systems.

Vision

DASCOH Bangladesh envisions creating and sustaining enabling environment for ensuring equitable access to state and non-state resources in order to alleviate the sufferings of the poor people.

Mission

DASCOH Bangladesh is committed to empowering the poor and marginalized communities by complementing and supplementing national goals; by facilitating the local government institutions to develop transparent, responsive and sustainable service delivery systems and processes; and through continued innovation and strengthened partnerships with international, national and community based organisations.

Objectives

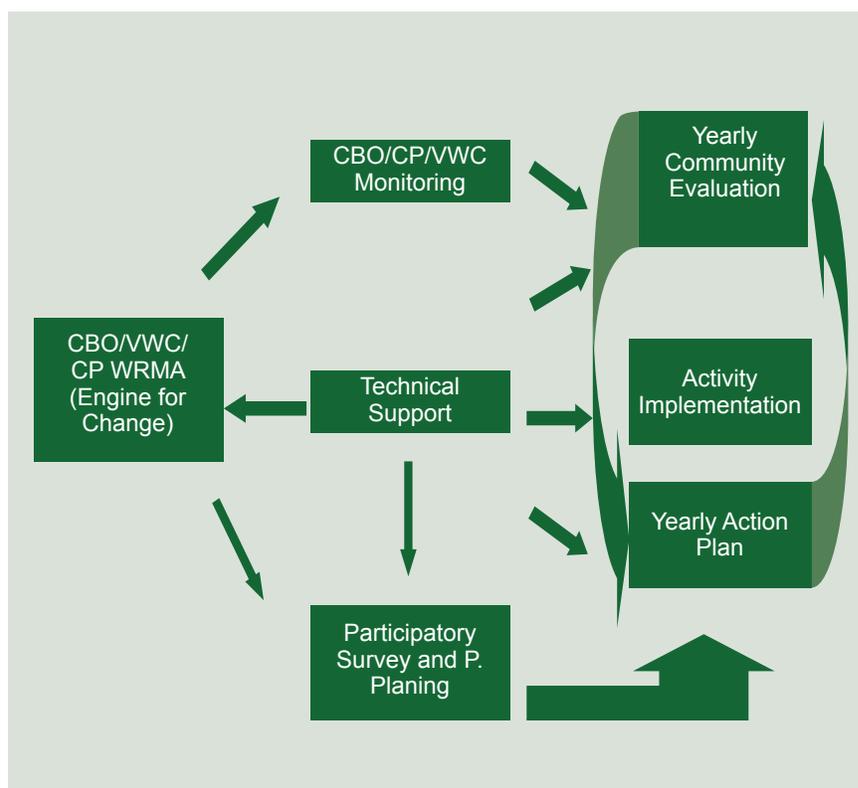
DASCOH Bangladesh are to build capacity to improve transparency, accountability and responsiveness of the local government institutions to deliver services; to strengthen the management capacity of public health care institutions at community, UPs and Upazila level in order to enable them to render universal and quality health services; to improve access to and utilization of safe water and promote environmental sanitation and personal hygiene; to promote the livelihood of poor and marginalised people and to contribute towards developing building blocks for sustainable institutional capacity development of the LGIs, local NGOs and community people to better prepare for and response to disaster.

Guiding principle and core values:

1. Humanitarianism: DASCOH promotes and delivers services for people irrespective of ability, age, religion, ethnicity, creed, race or gender;
2. Participation: All people have a right to dignity, respect and fair treatment, to be heard and to take part in the decisions that influences and shape their life.
3. Equity: DASCOH seeks equity in access to development outcomes through policies and practices that target those people most likely to be excluded;
4. Pro-Poor: Poverty excludes people from full participation in society. DASCOH is trying to ensure social inclusion by working with people living in absolute poverty and bringing them to the centre of development;
5. Do No Harm: DASCOH believes in and practice “do no harm” in program design;
6. Gender Parity: DASCOH recognises that roles in society unfairly divided along gender lines; so nurtures gender awareness in program design, management and operation;
7. Governance: Good governance is an interaction between state and non-state actors that improves accountability and transparency and is a prerequisite for equity. DASCOH actively seeks improvements of governance.

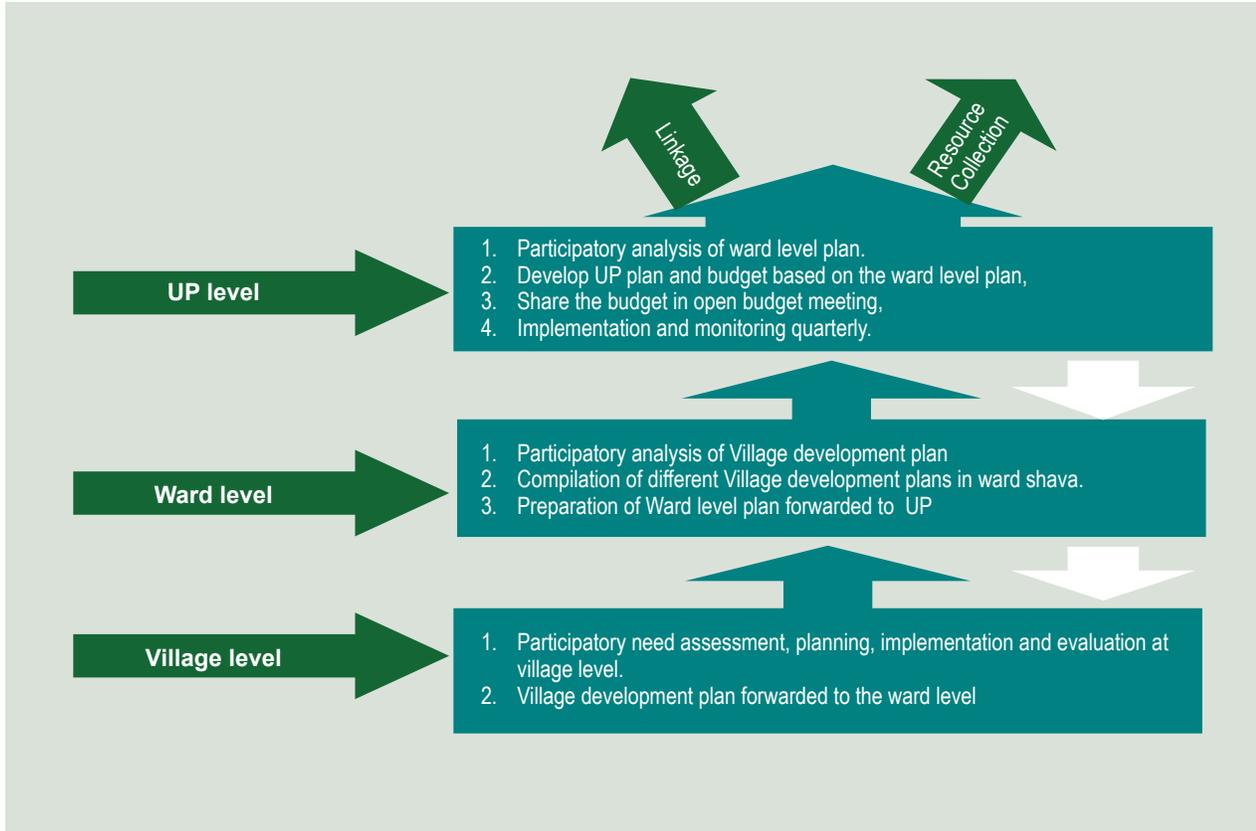
DASCOH Development Strategies and Process:

DASCOH community development process



Community development process is to organise the villagers on a platform and encourage participating in development activities as nucleus of changes. 350 numbers VWC in 350 villages as common platform has been formed and nurtured. They oversee the service availability and implementation in Porsha and Sapahar, Noagaon District. Capacity has been built among 350 CRP who act as spokesmen of the VWC. In Sunamganj 225 CPs and CFs worked in ward level of 25 UPs. Water Rights committee in 988 hamlets in Sunamganj has been formed and activated. Formation of Water Resource Management Association for 1053 communities of IWRM project areas are in process.

Participatory Planning process up to UP level



Participatory planning in UP, Ward and community level has been practiced with the participation of the citizens that enabled 175 UPs to make their annual plan emphasising on demand of the community.

Summary of Achievement in 2014

1053 WRMAs, **340** VWCs, **232** CG/**696** CSGs, **7841** CDF and **225** CPs are representing the villagers in negotiating services by raising their voice and participating in LGIs service delivery process.

DASCOH has been working in **4** districts of Rajshahi, Chapai Nawabganj, Noagaon Sunamganj implementing "Sustainable Solutions for the Delivery of Safe Drinking Water (SDSD) project, Public Health Improvement Initiative Rajshahi (PHIIR), WaSH for Barind Tract, Integrated Water Resource management (IWRM) Project

155 numbers of LGIs (UPs & Pourashavas) are within the working areas of different projects. The SDSD project is implementing in 25 Unions, PHIIR in 71 Unions, Wash in 9 Unions, and IWRM in 35 Unions and 4 Pauroshavas, HYSAWA in 51 Unions. The 26 Unions under PHIIR and HYSAWA are the same and IWRM in 14 Unions.

3,932 number of water point (TW/DW) has been installed by LGIs with support from DASCOH's projects following PPA/PPR that enabled **171,321** people access safe drinking water with users contribution of 10-20% of capital cost.

34,477 people have year round access to safe drinking water from project support in repair and maintenance of **1,084** water sources (Hand pump) including those repaired by the local mechanics that UP recruited.

6,179 hygienic latrines constructed from project support with users sharing 10-20% cost. A total of 68,525 people are using and properly maintaining these latrines

995,754 people including school students have made aware of hygienic behaviour (Personal and environmental) using PHAST/CHAST model focusing 5 Hygiene Promotion points and they are practicing daily life

1,918 number poor and extreme poor list has been updated by the community that were endorsed and are used by the UPs for safety net program

983 arsenicosis patients are getting safe water and proper treatment from Upazila health complex.

7,864 caretakers (1 male, 1 female for each water point) have been trained on maintenance of water source

151 UPs has exchanged information with the citizens as part of accountability through UDCCM. WatSan services has institutionalised in 95 UPs.

2,633,383 patients received treatment and counselling from **232** Community Clinic.

Achievement 2014

Community mobilization and Capacity building of VWC and CPs

For over a decade DASCOH has been mobilizing and organising community through Community Based Organisation (CBO) later called Village WatSan Committee/Community platform/Water Resource Management Association (WRMA). DASCOH built the capacity of these CBOs to advocate with local government for ensuring improved service delivery to the poor. DASCOH has



VWC annual planning

established 350 VWCs in Naogaon District and has worked with 225 community platform an apex body at ward level in Sunamganj. In Rajshahi and Chapai Nawabganj District, Water Resource Management Associations (WRMA) are in process of being formed. In building capacity DASCOH provides formal training in Leadership, Planning, Conflict Management, Disaster Risk Reduction, roles and responsibility of the institutions and lobbying and negotiation skills. Such trainings have a definitive impact on their performance as they prepare the development plan prioritising the needs of the women and the extreme poor followed by successful

negotiation with UPs for improved services . The VWCs and CPs attend the UDCCM and make effective interaction with service providers. The community has an an agreement with UP for services wherein the community agrees to pay 10-20% or more of the capital cost for WatSan intervention. An apex body of each union called CBO Coordination Committee (CCC) are functioning well in 26 unions in Rajshahi and Chapai Nawabganj districts. The village platforms (CBO, CCC, VWC, CP) have prepared their development plan by analyzing gender, updating profile and poverty map and continue to negotiate with UPs for incorporation of their demand in UP plan.

Mobilising people through folk theatre:

A folk theatre group has staged 51 dramas with a total attendance of 15810 people in different parts of the WASH project area. These dramas have spread the message of awareness on safe water, hygiene promotion and health issues including the problem of arsenic. The people not only enjoy the performance but have gathered knowledge on health, hygiene and water issues which informs their knowledge, practice and behaviour. The drama sessions have emerged as a powerful instrument as the messages get conveyed easily which in turn drives behaviour change on key health issues.



Promoting Health Care Services and Re-activating the Community Clinic:



Training to the LEBs

DASCOH has been involved in building the capacity of health service providers; the Community Clinic management committee called community group (CG). It has 232 community clinics to improve the health and wellbeing of communities through improved access to primary health care services for curative and preventive health. DASCOH has provided financial and technical support to boost 232 CCs of Rajshahi District to make them functional in delivering essential health services to the community. During 2014, DASCOH formed or reformed 232 CGs and 696 CSGs and trained them on operation and management of CCs so that CCs are not only functional but responsibly dispense health care services mandated to them by GOB. Adopting a participatory approach all 232 CGs and 696 CSGs have developed an annual health plan that comprises the basis for seeking assistance of Health and Family Planning Department and the UPs. UPs provided Electric fans, recruited attendant, constructed boundary walls etc. and kept budgetary allocations for the CCs. In 2014 about 2,633,383 (M-1,339,189, F-1,294,194) people received treatment at the CCs. People access to health care has improved and their suffering has reduced. The Office of the Civil Surgeon, Rajshahi and that of the Director Family Planning, Rajshahi have provided full support to building capacity of the service providers in CC and in organising workshop on setting strategy to increase visit of technical supervisor to CC. Furthermore all the 232 CHCPs have been trained to establish the E-Health System for improving the health data base.

Capacity building of Local Government institutions (LGIs)

DASCOH organized refresher trainings for the local elected members and the secretaries of the UPs. The training included Participatory Planning, Contract Management and Implementation, Office Management and Documentation, Financial Management, DRR and Gender in Development, Basic Responsibility as per UP Act 2009, and the function of UDCC. In these trainings cumulatively 1,190 participants from 85 UPs participated and gathered knowledge on UP Act and the UDCC circulars as well as on financial management and documentation. The audit report of the UPs testify improvement in



Hand washing Demonstration

UPs performance in all thematic areas that were covered by DASCOH's training.

Furthermore, DASCOH organised the inception workshops on IWRM at district level (Chapai & Rajshahi) in presence of Honourable State Minister of Water Resources. The inception workshop disseminated key content of the IWRM project as well as Bangladesh Water Act, 2013 and captured the public opinion on integrated management of water resources .

Promoting hygiene education:

DASCOH has trained 977 (M-576, F-401) school teachers on child hygiene transformation toolkit that was developed in compliance with the education curricula in primary and secondary levels. The trained teachers taught the student who transmit the hygiene promotional knowledge to their parents. Hygiene training sessions educated school children to improve their personal and environmental hygiene status.

The five-step-hygiene-tool has been derived using the PHAST methodology and used as a guideline for promoting improved hygiene among the rural poor. The sessions advise the community members to improve personal and environmental hygiene behaviour and to protect the drinking water sources and manage the household waste. In total about 995,754 people have been trained in in the 5 HP sessions and they are expected to practice them in their daily lives.

Total Sanitation Village

DASCOH has been working to achieve 100% sanitation villages through its project activities. This is a crucial activity that requires collaboration of different stakeholders and the development actors. In collaboration with BRAC, DPHE, UPs and communities 98 hamlets (small villages) achieved 100% sanitation status in year 2014. DASCOH also initiated measures to develop a sanitation marketing approach supported by an efficient supply chain anchored in local entrepreneurs. Sanitation marketing is increasingly been seen as crucial in DASCOH's approach to facilitate total sanitation coverage in the villages. of maintenance.

Support to Supply Safe water:

DASCOH has facilitated safe drinking water to the rural poor especially the ethnic and religious minority who suffer deprivation of all kinds. The operation and maintenance of water points has been institutionalised, as project UPs have employed mechanic to repair water points on community demand. The mechanics went through a refresher training and practical demonstration. As a result project area has year round safe water supply. In 2014 the project installed 3932 TWs and has repaired 1084 TWs providing safe water access to 96% of the households. Out of this 96% , 25% belong to religious or ethnic minority groups. It may be noted that 22% of the project participants are religious minority, 0.34% ethnics and 78.66% are Muslims. The water quality mechanism especially for arsenic test including tool kit is available in every project Union. Besides 7,864 caretakers have been trained regularly maintain the newly installed tube-wells and dug wells and carry out minor repair works

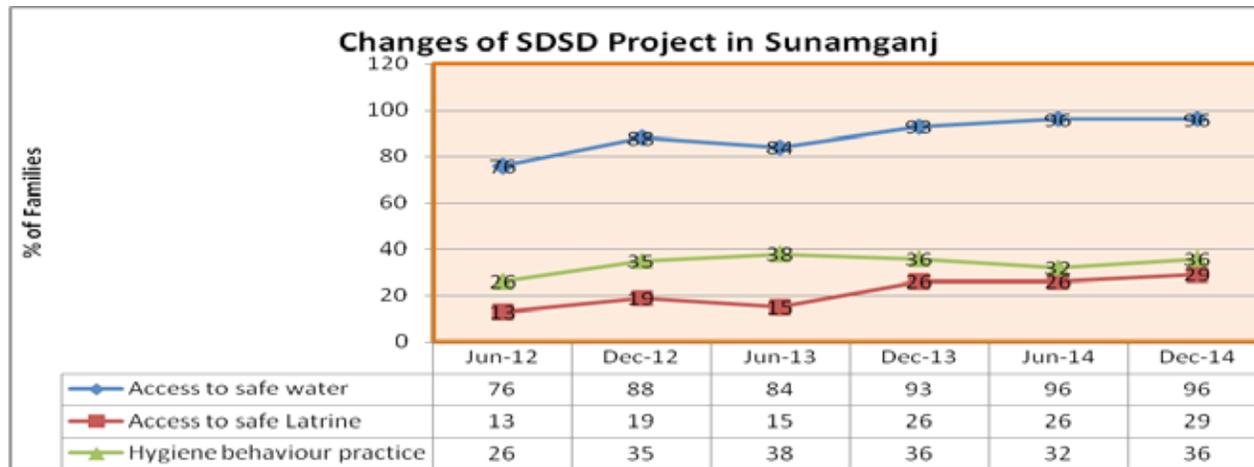




Improving sanitation situation:

An estimated 995,754 people including school students have been exercising hygiene behaviour as they were educated through modified CHAST and PHAST tools. The hygiene sessions benefited through the participation of trained teachers and community resource persons in HP sessions at school and community level respectively. An added achievement has been engagement of school teachers in community level HP sessions. This was piloted in Naogaon and shall be upscaled to other project areas. With DASCOH's support the UPs have set up 6,179 hygienic latrines. A total of 68,525 persons have gained access to these latrines. DASCOH has also motivated the people to stop open defecation and manage the solid waste to improve environmental sanitation. As a consequence village environment has visibly improved. This has been possible because of DASCOH's concerted approach in raising community awareness through interactive discussion in regular court yard sessions and VWC/CP meetings. In the Haor and the Barind which are classified as hard to reach areas with one of the indicators being poor access to water and sanitation facilities. In these difficult areas DASCOH has initiated village based total sanitation in collaboration with different development actors, DPHE and the LGIs.

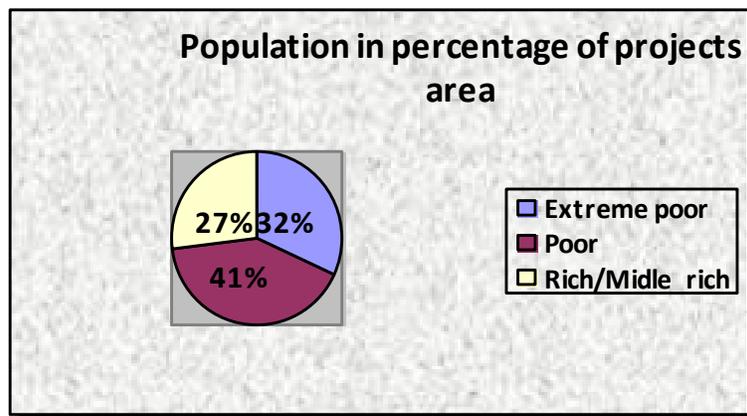
Status of access to water, sanitation and hygiene promotion in Graphics



Trainings to ensure WatSan services:

In 2014, DASCOH has trained community on a comprehensive understanding about the water safety plan. The water safety plan ensures safe drinking-water through good water supply practice that prevents contamination at source, during collection and storage, and, if needed, treatment to remove bacterial contamination before consumption. Training in water safety has motivated people to exercise proper care across the entire process chain of water source maintenance to water consumption. In 2014 a total of 1,150 community members received training in water safety.

Changes over the period in access to safe water, sanitation, hygiene behaviour



Institutionalising WatSan Operational Framework:

With DASCOH's support the UPs in the working area, have adopted the operational framework anchored in transparency, accountability, and sound quality assurance systems for ensuring the delivery of WatSan services. The water points and hygienic latrines were installed by the UP through private contractors following open tendering process as prescribed in PPR/PPA. The UPs, users, CRPs/CF, VWC and DASCOH personnel jointly monitored and supervised the installations and ensured construction quality. The users of the installed water points and sanitary latrines give a completion certificate before the UPs and Pauroshavas pay the bills to the contractors. These processes facilitated institutionalisation and decentralisation of the WatSan Operational Framework in the working area.

Registration of water points:

DASCOH has supported the UPs in nursing the system of water point registration with a legal basis as water is state resource. All 25 UPs of Sunamganj District have generated a fund of Tk51230 through registration of 1,292 TWs. This fund is maintained in a separate account. Every union has recruited a mechanic who provides support to the users for repairing of water source. The salary is paid from the money collected as registration fees. In Naogaon, 140 numbers of water sources were registered and generating a revenue of Tk14000. A group of testing volunteers are working (two per union) for water quality tests especially for arsenic test. Poor communities collectively bear the cost of maintenance and required parts. Based on effectiveness of O&M system UPs have purchased arsenic test kits and shown interest for getting local mechanics support. Finally the people are getting access to safe drinking water in sufficient quantity. With the introduction of the registration process, UPs have established a regulatory mechanism that encourages sustainable operation and maintenance of water sources.

Encouraging LGI to provide service

“Serve the Disadvantaged” is the motto of DASCOH. It has tried to inject this slogan in the functioning of local government institutions for a long period. DASCOH creates a basis so that LGIs can provide the available support to the extreme poor or the disadvantaged who comprise stand 47% of the population in DASCOH’s intervention area. The extreme poor and disadvantaged are identified by community themselves so their entitlement to development and welfare support, such as WASH services, VGF, old age pension, maternity benefit, etc. cannot be questioned. As a result of the poverty list developed by the community an additional 7% of the extreme poor and disadvantaged got covered through the social safety net program. During this reporting period community has revised the pro-poor list, poverty maps, village profile and gender analysis framework and ensured participation of extreme poor, women and disadvantaged groups in planning sessions of the village as well as the union using the knowledge gathered from the training provided by DASCOH. Plans were prepared considering the needs of women, poor, and disadvantaged groups using poverty maps and gender analytical tool for targeting poor people, women and marginalised groups and their needs. The UPs acknowledged the poor list and provided available services to the poor as per the list.

Ensuring transparency by regularised UDCC

Seventy seven percent (77%) UP representatives (mainly Chairmen) participated in Upazila Development Coordination Committee (UDCC) meetings and shared the planning and progress of union initiated activities and negotiated for allocating fund in favour of the unions. On the other hand, all Unions have activated the Union Development Coordination Committees (UDCC) based on the circular issued by Local Government Division dated February 13, 2011 amended in July 2013 and UP act 2009. The meeting helps share the public opinion and leverage the services available at UPs. This creates harmony between UP and the community and promotes mutual trust and confidence.

Replication of best practices

Seven lessons and best practices of DASCOH has been identified and recognised by the UPs and other development agencies. Those are (i) Participatory Planning, (ii) Contract Management (Open tendering) as per PPR/PPA, (iii) Direct fund disbursement to the UPs, (iv) Fund raising through water point registration or O&M system institutionalised (v) Transparent fund management and open budget sessions (vi) Arsenic screening process (vii) Arsenic patient management and arsenic test process. The UNDP has screened all tube-wells in Sunamganj through Upazila Governance project with technical support of DASCOH. Transparent fund management and open budget session has been replicated 151 unions of Rajshahi, Naogaon, Chapai Nawabganj and Sunamganj Districts. A total of 121 unions in Naogaon, Sunamganj, Rajshahi and Chapai Nawabganj have replicated the good practices of contract management in operating the LGSP project.



Treatment at CC

Ensure health Services through Community Clinic

DASCOH has been working in collaboration with RCHCIB, of Government's Health Department to operationalize the community clinics to serve the people. In 2014, 232 community clinics in Rajshahi District have been activated that are providing services to the rural poor. In 2014 a total of 2,633,383 patients have received treatment and counselling services from 232 community clinics. DASCOH in association with Health Department has supported the enhancement of skill of service providers at community clinics

Good practices/Positive things

- UP and community shared cost of hygienic latrines and tube wells that creates ownership and ensures sustainable operation and maintenance.
- Considering demand and interest of the users, ceramic pan has been introduced in the design of hygienic toilet.
- Local government institutions and people in the community shown immense enthusiasm to transform their villages into 100% toilet equipped HHs and one that is open defecation free. This is seen as contribution in the national endeavour to achieve MDGs. .
- Strengthening health service system through revitalisation of Community Clinics
- Followed Open Tender Method (OTM) in accordance with PPA 2006 and PPR 2008 for infrastructure constructions to ensure transparency and neutrality of LGIs
- Working through community volunteers (350 CRPs, 232 CGFs and 225 CFs) who have received training from project to improve their knowledge and skills on WatSan, health and hygiene. These resource persons will remain in the community and work even after the project withdraws.
- Institutionalisation of water source registration and operation and maintenance ensure the year round functioning of water source.
- Initiation of open budget declaration event before submitting for approval by Union Parishad reflects the accountability of Union Parishad to the citizens. Public posting the budget on a billboard ensures that the allocation of money for the development initiatives are being spent as committed.
- Flexible hygienic latrine construction approach to maximise sanitation coverage; an example being piloting of community and UP led toilet construction at lower cost with good quality instead of contractor driven construction

Lessons learnt

- Empowered Community Based Organisations permit better mobilisation of resources, greater commitment to quality, and can help attain sustainability
- Mainstreaming project activities with Government structure is more permanent and long-lasting instead of establishing parallel structures that crowds the service delivery landscape and is often non sustainable beyond the project period. .
- Good rapport building, mutual understanding, effective facilitation and evidence based dialogue and lobbying is helpful in building change oriented sound linkages with Local Government, DPHE, Health Departments and other stakeholders.

The Events

SDC Context assessment and Actors mapping workshop in Rajshahi

Swiss Agency for Development and Cooperation (SDC) organised a workshop on “Context assessment and Actors mapping” (Mini MERV) at Hotel Warison, Shaheb Bazaar, Rajshahi where DASCOH provided facilitation, logistics and backstopping support in organising workshop. The participants of the workshop were the representative of 33 SDC’s Partner organisations. The objective of the workshop was; to identify the social, economic and political context of Rajshahi region with the consent of the participants so that they have a common understanding on local context and political dynamics for their effective and efficient project implementation.”



Prize giving ceremony among the best Community Clinic and vision exchange meeting

A prize giving ceremony and vision sharing meeting was organised at DASCOH campus with the assistance of Civil Surgeon Rajshahi. The Project Director of RCHCIB and Additional Secretary of Health Ms Makhduma Nargis was present and handed over prizes to the best Community Clinic in Rajshahi District. The participants were Health Service Providers (HSPs) such as CHCP, HA, FWA. The representative of the HSP highlighted the positive and the negative aspects CC. Participants demanded the regularisation of service especially of the CHCP and increasing the health service facilities of the CC. The Deputy Commissioner Rajshahi and the Divisional Director of Health was also present in the ceremony. The Country Representative of SRC and the Chief Executive Officer of DASCOH also spoke on the occasion. The ceremony led to greater motivation of CC workforce which in turn had a positive effect on quality of services at CC.



Learning visit Program to SMPP-2, JICA and Care Bangladesh at Satkhira District

A team of 21 persons from PHIRR project and the representative of Health and Family Planning visited JICA supported SMPP-2 project in Satkhira. The broad objective of this 3-day exposure/ learning visit was to observe operational procedure of the CCs of Satkhira district.

The specific objectives were:

- Assimilation of lessons from the visit in DASCOH's on-going Public Health Improvement Initiative Project;
- Learning about the CC management processes;
- Understand the incorporating good elements into DASCOH's approach to streamline the functioning of CCs.



- Disseminate key learnings to CCs in Rajshahi district
- Create a competitive attitude for the participants of different Upazila so that they can give their best services to the patients;
- Disseminate the key learning and messages to the participants of nine UH&FPO.



A team from Nepal visited DASCOH on learning of HLP and LogIn

A team of 26 persons consisting of 19 Nepali and rest Bangladeshi nationals visited DASCOH from June 24 2014 to June 25, 2014. Their visit was geared to learn about the social impact of Horizontal Learning Programme (HLP). They visited several Unions/Pourashavas and the CBOs and observed the good practices of the HLP programme. The aim of the visit was to learn about HLP and replicate good practices in Nepal. They also met with DD-LG Chapai Nawabganj, Chairperson CCC and the Mayors.

The team also participated in a thematic workshop on “Practice to policy”. A case study on HLP’s impact on the sector, was presented at the workshop. After the presentation they made a thematic plan on how to take it forward in their country.

The Projects

In 2014, DASCOH has been implementing the following project:

Sustainable Solutions for the Delivery of Safe Drinking Water (SDSD) Project: SDSD phase V has been implementing with the mandate of Swiss Agency for Development and Cooperation (SDSD) in 25 union of 4 Upazila under Sunamganj District. The main Objectives of the project is “To contribute to equitable and sustainable access to jointly managed water and sanitation services through improved local governance”. The project will reach its’ goal by achieving three outcomes of empowering communities through equitable WatSan services, building capacity of LGIs towards pro-poor local governance and the practice to policies transformation.

Water Sanitation and Hygiene for Vulnerable In the Barind Tract Communities in Naogaon

The project titled “Water Sanitation and Hygiene for vulnerable the Barind Tract communities in Naogaon District” is being implemented in the Barind Tract region of Rajshahi division since January 2013. It covers two Upazilas – Porsha (all Unions) and Sapahar – (only three unions) Barind tract is characterised by a harsh climate, is disadvantaged and “hard to reach” part of Bangladesh. Hard to reach implies that the region is underserved leading to development indicators that are significantly lower than the national average. The disadvantages of the region get compounded by its vulnerability to drought, floods and continuous water scarcity the region experiences. The water deficit of the region along with unreliable water supply system and the poor sanitation coverage make the situation more vulnerable demanding urgent and sustainable improvement. The project also envisages to changes health and hygiene habits through hygiene promotion. The goal of the project is to create opportunity for the disadvantaged to access safe water and hygienic latrines through capacity building of the community as well as the local government.

Public Health Improvement Initiative in Rajshahi (PHIIR): The project Public Health Improvement Initiative in Rajshahi is being implemented in 71 unions, 9 Upazilas of Rajshahi District with the support (both financial and technical) of Swiss Red Cross. The project completed its second year of implementation in 2014. The goal of the project is “To target population of rural area of Rajshahi district to provide improved primary/essential health care services through well functioning Community Clinics.”

SO for program support of HYSAWA Project

The Hygiene, Sanitation and Water Supply (HYSAWA) project is a GoB mandated project that HYSAWA Fund Office facilitates and implements. DASCOH as a Support Organisation is facilitating capacity building of the UPs and the partner organisations so that they can implement the WatSan interventions in transparent and accountable manner conducive to good local governance. The project is working with 51 Unions to provide Water supply, Sanitation infrastructure and hygiene education services. In 2013, the project installed 2531TWs, 73 cluster based Hygienic latrines and



conducted hygiene promotion sessions among 90756 (Female-45362, Male-45394) population in 51 selected unions.

Sub-National Integrated Water Resource Management (IWRM) Project

The project “Sub-National Integrated Water Resource Management in Barind area is a mandated project of SDC. The project has been designed based on the knowledge gained from the SDSD project implemented in the Barind and the Haor area. The project is being implemented by the consortium of DASCOH/SRC. The goal of this project is to assure that “competent local Government institutions (LGIs) contribute to increase the availability of water for disadvantaged people in the Barind area through sustainable, effective, inclusive management and use of water resources”. The project was launched in September 01, 2014 and will end on February 28, 2018. . The area of the project is 21 Unions and two Pourashavas in Chapai Nawabganj District and 14 Unions and two Pourashavas in Rajshahi District. The project would promote 4R-principle (Reduce, Reuse, Recycle, Restore) so that dependence on ground water is reduced and appropriate institutional and regulatory arrangements are in place to support the implementation of Bangladesh National Water Act 2013.

The Staffing

A total of 147 staff are working with DASCOH in different projects. The staff are classified as follows;

Central Management: 5 member team led by CEO has been working for managing and developing the organisation. Other team members are Head of Field Operation, Head of Finance and Administration, Team leader Training and Team Leader M&E.

Project Operation and Management Team: Five project teams are working under the guidance of Head of Field Operation. Individual Project team comprises of Project Manager/Team Leader, Project Officer (WatSan), Project Officer (Health), Documentation and Advocacy Officer, Hygiene Promotion Officer, Field officer (WatSan), Upazila Manager/Field Officer, Field Facilitator/WatSan Field Facilitator, Senior Finance and Admin Officer, Finance and Admin Officer, Accountant, Driver and Support Staff.

Monitoring and Evaluation Team: The team is working to ensure the quality of implementation activities and comprises the Team leader M&E, Research and Monitoring Officer, Water Quality Monitoring Officer, Monitoring Officer and Data Entry Operator.

Training Team: A cadre of training specialists are working to deliver quality training and to build capacity of the staff as well as other stakeholders to develop facilitation skills and thematic expertise. The team consists of Team Leader Training and other training officers. **Finance and Administration Team:** A team headed by Head of Finance and Administration oversees all finance related activities. Other staffs are Senior Finance Officer, Finance and Administration Officer and Accountant. One office assistant and three drivers are working with FA team.

Financial statement

UHY Syful Shamsul Alam & Co.
Chartered Accountants

Development Association for Self-reliance, Communication and Health (DASCOH)

Consolidated Statement of Financial Position (Balance Sheet)

As at 31 December 2014

Particulars	Notes	DASCOH General	SDSD Project	WASH Project	PHHR Project	IWRM Project	SO of HYSAWA	Total	
		Taka	Taka	Taka	Taka	Taka	Taka	31-Dec-14	31-Dec-13
ASSETS									
Non-Current Assets:									
Property and Equipment	3	486,846	1,874,322	2,734,118	4,480,291	2,947,101	114,413	12,637,091	10,424,608
Intangible Assets	4	-	20	-	-	-	-	20	20
Fixed Deposit	5	18,535,146	-	-	-	-	-	18,535,146	15,599,417
		19,021,992	1,874,342	2,734,118	4,480,291	2,947,101	114,413	31,172,257	26,024,045
Current Assets:									
Interest Receivable	6	847,689	-	-	-	-	-	847,689	538,245
Account Receivables	7	34,307	-	-	-	-	-	34,307	4,053,430
Cash and Cash Equivalents	8	47,480,345	2,250,737	4,084,312	4,537,218	2,648,367	526,083	61,527,062	37,095,243
		48,362,341	2,250,737	4,084,312	4,537,218	2,648,367	526,083	62,409,058	41,686,918
Total Assets		67,384,333	4,125,079	6,818,430	9,017,509	5,595,468	640,496	93,581,315	67,710,963
CAPITAL FUND AND LIABILITIES									
Capital Fund	9	58,340,386	4,002,798	4,231,017	8,726,100	5,505,395	640,496	81,446,192	58,135,270
Current Liabilities:									
Members' Account (Gratuity)	10	6,367,681	-	-	-	-	-	6,367,681	4,785,130
Members' Account (Leave)	11	1,891,359	-	-	-	-	-	1,891,359	1,541,923
Account Payables	12	255,642	122,281	2,587,413	291,409	90,073	-	3,346,818	2,922,770
		8,514,682	122,281	2,587,413	291,409	90,073	-	11,605,858	9,249,823
Unclaimed Fund	13	529,265	-	-	-	-	-	529,265	325,870
Total Capital Fund and Liabilities		67,384,333	4,125,079	6,818,430	9,017,509	5,595,468	640,496	93,581,315	67,710,963

The accompanying notes (1 to 51) form an integral part of these financial statements.



Head Finance and Administration
DASCOH



Chief Executive Officer
DASCOH

Signed in terms of our separate report of even date annexed.

Place: Dhaka
Dated: 28 February 2015


UHY Syful Shamsul Alam & Co.
Chartered Accountants



List of Abbreviations/Acronyms

AAN	Asia Arsenic Network
ANC	Ante Natal Care
AST	Arsenic Screening Team
AVEN	A Santal word that means aware
CBO	Community Based Organization
CC	Community Clinic
CHAST	Child Hygiene and Sanitation Transformation
CG	Community Group
CSG	Community Support Group
CRP	Community Resource Person
CF	Community Facilitator
CGF	Community Group Facilitator
DASCOH	Development Association for Self-reliance, Communication and Health
DPHE	Department of Public Health and Engineering
DTW	Deep Tube-well
HLP	Horizontal Learning Program
HPDP	Health Promotion and Disease Prevention
HYSAWA	Hygiene, Sanitation and Water supply
IWRM	Integrated Water Resource Management
LGED	Local Government Engineering Department
LGI	Local Government Institution
LGSP	Local Government Supported Project
MCH	Mother and Child Health
NILG	National Institute of Local Government
PHPR	Public Health Project Rajshahi
PPR	Public Procurement Regulation
PPA	Public Procurement Act
PRA	Participatory Rural Appraisal
PHAST	Participatory Hygiene and Sanitation Transformation
RCHCIB	Revitalisation of Community Health Care Initiatives in Bangladesh
SDC	Swiss Agency for Development and Cooperation
SDSD	Sustainable Solutions of the Delivery of Safe Drinking Water
SRC	Swiss Red Cross
UDCC	Union Development Coordination Committee
UDCCM	Union Development Coordination Committee Meeting
UP	Union Parishad, the lowest tier of Local Government in Bangladesh
WATSAN	Water and Sanitation
WSP	Water Safety Plan

