In 2012, HSBC launched its Water Programme to tackle the global water crisis, bringing together the expertise of Earthwatch, WaterAid and WWF.

During its eight years, WaterAid strengthened systems for clean water, decent toilets and good hygiene, changing normal for communities in six countries: Bangladesh, Ghana, India, Nepal, Nigeria and Pakistan.

Gafur Gazi stands with the bike he uses to collect clean water. With HSBC’s help, we built his community in Burigualini, Satkhira a pond sand filter plant. This passes water from a collecting pond through a number of sand and gravel filters, making it safe for drinking.

Bangladesh

In phase one of the Programme (2012-2016), WaterAid Bangladesh supported communities in some of the most remote parts of the country, including hard-to-reach coastal zones and isolated tea gardens.

Phase two (2017-2019) focused on reaching marginalised people in climate-vulnerable areas with resilient technology, while working with local authorities to improve water, toilet and hygiene services in schools, healthcare facilities, and across entire communities.

This report summarises the achievements from the second phase of the HSBC Water Programme.
The challenge

The small, densely populated country of Bangladesh is on the frontline of climate change. People living in the country’s coastal belt are already experiencing hotter temperatures,1 higher sea level rises2 and more frequent natural disasters3 than many other countries.

People facing climate emergencies have to cope without clean water or toilets, leaving them struggling with an acute drinking water crisis and increasing vulnerability to disease.

These challenges extend beyond the home – basic water can be found in just 4 in 10 rural healthcare facilities4 and over a quarter of all schools do not have basic water or toilets.5 This further compromises quality of life, healthcare and education for marginalised populations.

Phase two of the HSBC Water Programme worked with communities, local government and local entrepreneurs in four climate-vulnerable districts to achieve sustainable clean water, decent toilets and good hygiene for the most vulnerable people.

![Female students outside the newly renovated toilet block at Biralakkhi Mohila Dakhil Madrasa, Satkhira. The old toilets had no menstrual hygiene management facilities, so girls often skipped school.](image)

Results

Almost 26,000 people reached with clean water in their houses and communities.

More than 70,500 people reached with decent toilets.

Nearly 65,000 people reached with hygiene promotion activities.

Decent water and toilet facilities installed in 69 health facilities, reaching nearly 550,000 people.

Over 13,000 students reached with clean water and toilets at school.

Three women-led enterprises established to provide water at affordable prices.

Building resilience in remote communities

We worked in five locations across four districts to reach poor and marginalised communities in coastal climate hotspots and the flood-prone Haor wetland region. This involved supporting local government and communities to understand key climate-related risks to water and sanitation in each area, and introducing appropriate, climate resilient technologies that can be sustained under these challenging conditions.

We tailored our approach to provide as many community options as possible, such as a piped water network and community rainwater harvesting, then combined these with small-scale technologies for individual or small clusters of households in very remote locations. We ensured that the design and construction of new toilets and water systems were adapted to environmental challenges, such as building raised structures to protect them from flooding, and that materials could withstand exposure to saltwater and strong winds.

After this, we worked with communities to build local knowledge to manage these facilities sustainably through committees and caretakers. To ensure resources were available for future needs, communities contributed a small percentage of the capital investment – to be kept in a separate bank account as an operations and maintenance fund for any major repairs – with minor repairs managed through collection of a nominal fee by the management committee.

“…The combined effort by our community and support from the programme has changed our lives. We had never imagined that we could drink such clean water one day.” Tahmina, 60 (front, second from left), in Paikgasa, Khulna.

Cyclone Bulbul and Cyclone Amphan

In November 2019, category 2 storm Cyclone Bulbul swept through South Asia. This was then followed by category 5 Super Cyclone Amphan just six months later in May 2020, which particularly affected Bangladesh.

Despite serious damage to infrastructure in coastal districts, the vast majority of HSBC Water Programme-supported structures remained functional, serving communities during the most critical of times, with only minor repairs needed in some cases. In schools designated as cyclone shelters, the water and toilet facilities built under the project were a lifeline to thousands of people during both storms.
Schools in the project areas were overcrowded, with just one or two toilets serving hundreds of children. Most community clinics, which provide primary healthcare in Bangladesh's rural areas, had no or only partially functional toilets, and many did not have a single handwashing facility. This lack of adequate water and toilet systems was a result of poor capacity and management, along with insufficient knowledge on how to establish and maintain facilities.

We worked with school management committees and community groups responsible for the management of community clinics, to help define roles and responsibilities and assess their needs. We supported them by building inclusive, accessible facilities, and trained school and healthcare staff on the importance of clean water, sanitation and hygiene.

We also facilitated regular discussions around financing improvements, leading to clean water, decent toilets and good hygiene being incorporated in school budgets, and community clinics raising funds locally.

This focus on strengthening management and accountability of services also led to wider improvements. For example, many clinics that originally could not support births are now offering delivery services. So far there have been 177 births in community clinics supported by the project.

**Setting standards**

We helped develop national guidelines on water, sanitation and hygiene for community clinics under the Ministry of Health, in collaboration with WHO, UNICEF and the World Bank.

Our model of community clinics with access to clean drinking water, gender-specific accessible toilets and handwashing stations was incorporated in the guidelines, creating the policy foundations for replication of these much-needed services in thousands of other healthcare facilities.
Recognising the need to engage different stakeholders to address the water, sanitation and hygiene crisis, we have been working to mobilise private sector engagement. Doing so can ensure stronger supply chains, offer more innovative and contextualised services and products, and build local skills and capacity to address service gaps. In the *Haor* areas, we encouraged sanitation entrepreneurs to extend their supply networks to local communities, and stock environment-friendly products such as SaTo pans, which use less water and are more durable than ordinary pit latrine slabs.

In the coastal districts of Dacope and Shyamnagar, the drinking water crisis is so acute that those who can afford it buy water at high rates from private vendors. To counter this, we successfully piloted the Water Entrepreneurship for Women’s Empowerment (WE-WE) model as an alternative social business. Under the WE-WE model, all-female groups operate project-funded reverse osmosis plants, which remove salinity from the region’s contaminated groundwater to make it drinkable. The resulting clean water is distributed to community members at an affordable rate to ensure accessibility for low-income households, with profits supporting the income of the women involved.

To help the groups run successfully, we provided technical advice on management structures and systems, and trained members on business management and bookkeeping. The three WE-WE groups piloted under the HSBC Water Programme are now running successfully and showing strong potential for replication.

>“It has given us a new life of determination and confidence. Now, we can move forward to more options and empower ourselves.”

Tarulata, 48 (right), supplies water from the reverse osmosis plant established by the Asar Prodeep Women Somobay group. She is a caretaker and member of the plant in Dacope.
Phase two of the HSBC Water Programme has supported some of the hardest-to-reach areas in Bangladesh with innovative solutions that can build resilience among climate-stressed communities, and strengthened the engagement of citizens, local governments and the private sector in essential services.

The programme’s emphasis on sustainable, climate-smart and gender-inclusive initiatives, combined with strong policy advocacy for better services for vulnerable communities, has laid the groundwork for successful replication within and beyond our projects.

Over the two phases and eight years of the global HSBC Water Programme, we have reached:

- 1.72 million people with clean water
- 2.7 million people with decent toilets
- 3.5 million people with good hygiene

With the support of HSBC, WaterAid has changed normal for millions of people for good, helping communities, care givers and governments build a prosperous future.

We are an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

wateraid.org