

Learning From Naogaon

Apprenticeship and skills building

UPPR

Urban Partnerships for Poverty Reduction
2008-2015

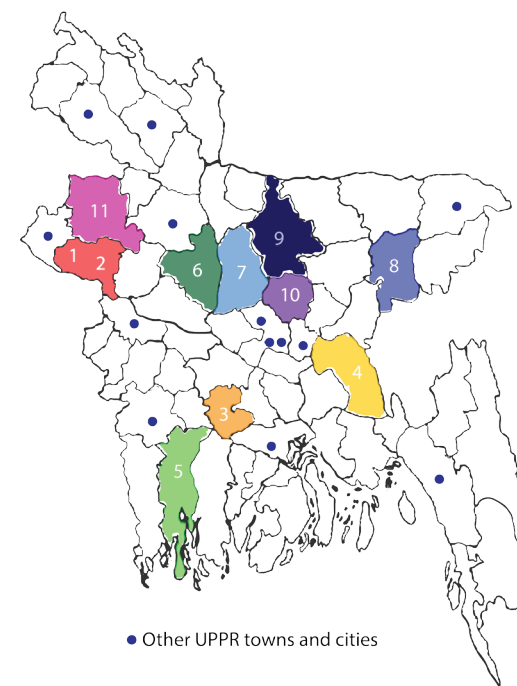


11

About these booklets

This series of booklets are case studies of good practice from the Urban Partnerships for Poverty Reduction (UPPR) Project in Bangladesh and form as part of the documentation of the UPPR Learning and Good Practices study conducted by Spora Synergies. The booklets follow a simple, clear structure reflecting on the practices that are seen as exemplar and selected through a series of community based participatory workshops, focus group discussions and key interviews. Each case explains [1] The extent to which the practices or the processes developed through UPPR are innovative; [2] The extent to which they were and are sustainable [environmentally, socially and financially]; [3] The extent to which they are transferable and/or have been transferred locally or nationally and; [4] The key reasons explaining their sustainability and their transferability.

- 1 Savings and credits, Rajshahi
- 2 Women empowerment, Rajshahi
- 3 Community Housing Development Fund (CHDF), Gopalganj
- 4 Water and sanitation access, Comilla
- 5 Water and sanitation, Khulna
- 6 Creation of a new fund for disaster management, Sirajganj
- 7 Health and apprenticeship, Tangail
- 8 Health awareness and services, Hobiganj
- 9 Improve child security and enabling employment of mothers, Mymensingh
- 10 School attendance improvement, Gazipur



11 Apprenticeship and skill building, Naogaon

Acknowledgements

Thanks to the Community Development Committee members of Naogaon for their input and contributions, and to the UNDP PPDU team for their assistance.

About the Urban Partnerships for Poverty Reduction (UPPR) Project, Bangladesh

By developing the capacity of three million urban poor to plan and manage their own development, the Urban Partnerships for Poverty Reduction (UPPR) project enabled the poorest within the nation's urban slums to break out of the cycle of poverty.

Urban poverty in Bangladesh is commonly understood as a chronic, complex and problematic phenomenon related firstly to a lack of skills and capacity for adaptation among a recently urbanized population and secondly, to the capacity and willingness of towns and cities to provide space for housing as well as public services appropriate to ever expanding number of urban citizens. From a local perspective, poverty is commonly understood as the acute absence of a 'social network' or 'social capital'. The lack of access to 'social network' as well as public goods and services, justifies the idea that communities within the urban slums in Bangladesh should be considered as 'excluded' from the essential components of urban wellbeing: land rights, opportunity for decent work, public goods and services, and formal representation in the government.

UPPR recognized that a single project alone cannot achieve all the institutional and infrastructural reforms that are needed in the cities of Bangladesh. Thus, UPPR supported poor urban communities to establish partnerships with other development actors, government institutions and the private sector. Capitalizing on this collective reach, slum dwellers were better able to access basic services as well as the job market.

UPPR began its work in 2008 in coordination with its institutional partner (and host) the Local Government Engineering Department (LGED) of the Government of Bangladesh. In the towns and cities in which UPPR worked, it did so jointly with the Municipality or City Corporation. The United Nations Development Programme (UNDP) managed the implementation of the project, and UN-Habitat supported the components that work on improving living conditions. Beyond the contributions of these actors, the majority of funding was provided by the UK Government.

Main purpose and outputs of the UPPR Project

Purpose

Livelihoods and living conditions of three million poor and extremely poor, especially women and children, living in urban areas, sustainably improved

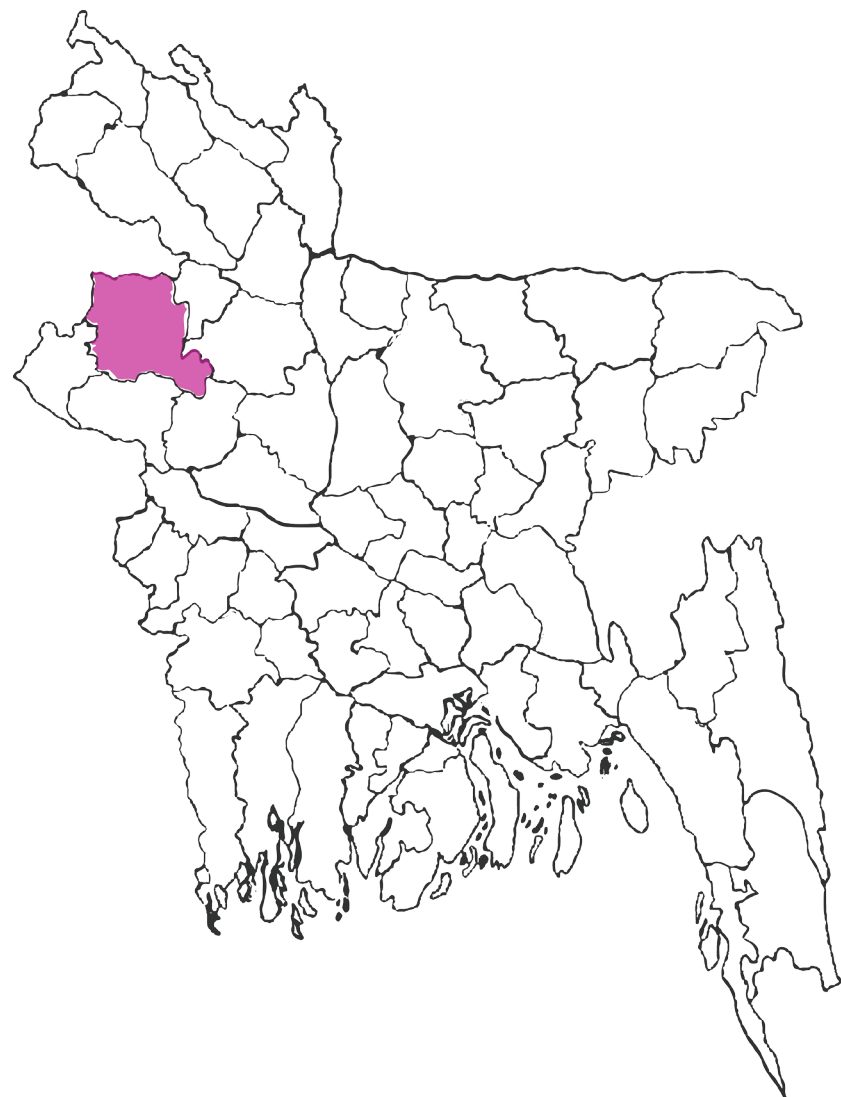
Outputs

1. Mobilisation: Urban poor communities mobilized to form representative and inclusive groups and prepare community action plans
2. Settlement Improvement Fund: Poor urban communities have healthy and secure living environments
3. Socio Economic Fund: Urban poor and extremely poor people acquire the resources, knowledge and skills to increase their income and asset
4. Policy Advocacy: Pro-poor urban policies and partnerships supported at the national and local levels
5. Management: Effective project management systems established and operational

Acronyms

BBS	Bangladesh Bureau of Statistics
BLAST	Bangladesh Legal Services and Trust
CAP	Community Action Plan
CBO	Community-Based Organization
CDC	Community Development Committee
CHDF	Communtiy Housing Development Fund
CRC	Community Resource Centre
CFs	Community Facilitators
Crone	1 crore = 10,000,000 BDT
DFID	Department For International Development, UK
GoB	Government of Bangladesh
JAP	Joint Action Plan
Lakh	1 lakh = 100,000 BDT
LGED	Local Government Engineering Department, Bangladesh
LGI	Local Government Institutions
LGRD	Local Government & Rural Development
LPUPAP	Local Partnerships for Urban Poverty Alleviation Project
MoU	Memorandum of Understanding
NGO	Non Governmental Organisation
PIP	Participatory Identification of the Poor
RECAP	Updating and continuity of CAP
SEF	Socio-Economic Fund
SIF	Settlement Improvement Fund
SLM	Settlement Land Mapping
UNDP	United Nations Development Program
UPPR	Urban Partnership for Poverty Reduction

Reference Map of Naogaon



ABOUT NAOGAON

Naogaon Pourashava is the main town in Naogaon District, in Rajshahi Division. The city has a population (Urban) of 2391355 [source: BBS census 2011], there are 813 poor settlements containing 30927 Households across 9 Wards (source: SLM 2011).

As far as UPPR is concerned, it has organized 54 CDCs that represent 10667 members that are involved in the savings and credit scheme. Main tangible physical achievements are the construction of 167 latrines, over 26.274 kms of roads and ways with footpaths, 4.432 kms of drains, and 727 water facilities. UPPR also dispersed 2221 education grants, 2930 block grants and 819 apprenticeship grants

Apprenticeship and skills building, Naogaon

As part of the UPPR projects multi-dimensional approach, livelihoods and training was emphasised as a practice to help lift urban communities out of poverty. For Naogaon Pourashava, targeting economic self-sufficiency was seen as an important achievement for the communities involved in the Community Development Committees (CDC). They realized that breaking out of poverty is only possible if they develop potential to drive their own positive changes, through individual skills and training. This realization has been fuelled by their involvement in the CDC savings and credits schemes that has been growing within Naogaon. The practice operated through training in technical skills and encouraged entrepreneurship with small loans enabling the beneficiaries to access local jobs and improve their economic conditions.



Naogaon CDC Federation

Submitting organisation: Naogaon CDC Federation

Type of organisation: Community Development Committee

Key elements of the project:

- **Apprenticeships to building technical skills**
The importance of apprenticeship training is much more crucial rather than dependency of grants, as this can potentially enhance one's ability towards self-transformation in terms of their economic and social conditions. This practice has been strongly articulated through the CDCs and the residents are beginning to become skilled in various technical professions like sewing, electrical training, electronics training and computer skills, and motor vehicle servicing training.
- **Knowledge and courage for small business ventures**
Once many training schemes are finished, people are able to invest some of their money to start micro-businesses. Therefore, improving one's skill set is complementary to improving strategic knowledge, planning, financial management and the ability to take risks. This additional training is also provided through a more informal network of support from CDCs. Once these knowledges are properly transferred, the poor, especially women, can initiate small businesses of their own as observed in Naogaon.

Apprenticeship and skills building, Naogaon

Background Information

Organisation that led the process

Naogaon CDC Federation

- | | |
|---|--|
| 1. Type, size, and structure of the organisation | <ul style="list-style-type: none">Naogaon Federation is now responsible to oversee the activities of the CDC and Cluster groups. The CDC groups have been active since starting from 2010; in total there are 53 CDCs with under 9 clusters in all the wards of Naogaon. In total, there are 630 Primary Groups (PG). There are currently 11 community facilitators. Like other UPPR Towns, the Federations' structure includes 9 elected members from the CDC groups. |
| 2. Previous and current activity | <ul style="list-style-type: none">As part of the UPPR project, from 2010 to 2014, it provided training to 1,380 community members of which 980 received skills development training and apprenticeships. The major fields of training, beyond leadership and management training were in handicraft making (mats, carpets, bags), sewing, computer and mobile servicing, electric and welding, carpeting, embroidery, jewellery.Current activities of the beneficiaries include sewing business and other income generating activities with the skills they were trained. They have been training and employing others since then, while CDC leaders are continuing the monitoring. |

Context

- | | |
|---|--|
| 3. Brief description of prevailing neighbourhood conditions and the specific problems that the practice is designed to overcome, | <ul style="list-style-type: none">Naogaon has no notable economic industry, however, alongside the physical and infrastructural problems in Naogaon Pourashava's poor communities, the major problem was unemployment. This has led to poor economic conditions of these households. Apprenticeship and training improved their technical skills to be employed in different sectors of the local economy. Currently many members of the CDCs are employed, as well as employing others, thus improving their socio-economic status. |
|---|--|

Practice or process description & lessons learned

- | | |
|--|--|
| 4. What is the main purpose of the practice or the project? | <ul style="list-style-type: none">The underlying purpose of the practice has been skill building among the extreme poor, especially the unemployed women. Various trainings were conducted to improve their technical skills that would enable their economic self-sufficiency. The set of skills anticipated were generally in mechanical and electrical servicing, sewing, handicraft, jewellery and shop keeping technicalities.Small business loans: Small loans were provided from the community savings to buy accessories, set up shops, sourcing raw materials. |
| 5. Who are the main groups benefiting from the project? | <ul style="list-style-type: none">Poor and extreme poor of the communities.Unemployed community youths, especially girls and women. |

6. What are the main features?	<ul style="list-style-type: none"> Apprenticeship and skill building trainings <ul style="list-style-type: none"> a) mechanical servicing: rickshaw, bicycle, automobile. b) electrical servicing: computer, hand set, watch c) sewing, embroidery d) handicrafts: mats, carpets, bags e) jewellery f) shop keeping: accounting, book keeping Small business loans to access local economy to improve the socio economic status of the individual and the community as a whole.
7. What other groups or organisations, if any, have been involved in the practice /project?	<p>The practice managed to establish linkage and receive assistance from different public departments; notably:</p> <ul style="list-style-type: none"> Youth Department. Women Affairs. Municipality, CDC/Cluster/Federation leaders were mainly engaged and CF monitored the practice. Locally influential businesspersons and companies were necessarily involved as to provide employment opportunities.
8. What were the costs and how were they met?	<ul style="list-style-type: none"> Apprenticeship and training were part of the UPPR strategy. Other expenses were minor and covered by CDC fund for welfare and individual contributions.
9. What is the involvement of the residents in the planning, design and management of the practice?	<p>The practice which operated mainly through communication, training programs and monitoring, has been involving:</p> <ul style="list-style-type: none"> CDC and Primary group leaders for communication and coordination. Federation managed professional trainers to train the participants. Community Facilitators (CF) to facilitate and monitor.
10. When did it start? When was it completed? What is its current status?	<ul style="list-style-type: none"> It started in Naogaon in 2010 and efficiently operated till 2014 and currently the training workshops has stopped as the project is over. Current status: <ul style="list-style-type: none"> a) the beneficiaries are employed and those who got apprenticeship on respective fields are well established in their sectors. b) CFs are operating and monitoring the loan service for small entrepreneurships from continuing community savings fund
11. What were the concrete results achieved?	<ul style="list-style-type: none"> Training for various skills, mostly technical and employment in the relevant fields. Potential entrepreneurships among community youths. Small business loans to engage in income generation. Employment and economic self sufficiency among the women vital to their empowerment and improved household condition.

12. What barriers and challenges were encountered and how have they been overcome?	<p>Primarily people were ignorant about the issue. Frequent PG, CDC and Cluster meetings were held to educate and inspire them. Challenges that existed throughout the initial years of project timeline were:</p> <ul style="list-style-type: none"> • Social barrier in letting the women in engaging to businesses rather than just to handle household chores, which kept them economically dependent on their male family members. • Realizing the importance of skill building and potentiate self-employment. • Limited capacity compared to the overall community demand. This implied challenges in selecting and prioritizing the participants of apprenticeship and covering session by session. • Fewer employment opportunities in the local job market. • Limited capacity of the potential employers to increase staff and sustain businesses.
13. What lessons have been learned from the practice / process?	<ul style="list-style-type: none"> • Various technical skills; notably sewing, electric and electronic servicing, and mechanical services. • Knowledge of entrepreneurship and financial forecasting. • Learning of entire process from identifying to planning to implementation.

Assessment

Innovation and impact

14. What are the key innovative features of the practice?	<ul style="list-style-type: none"> • One notable approach has been training and education for nursing. • Several members were trained and employed as beautician in their communities.
15. What impact have the project and its approach had on the residents and/or the wider community?	<ul style="list-style-type: none"> • Leaders who were trained previously are now training others and continued the practice to a great extent. • Community unemployment has been significantly reduced. • Local councillors become more helpful in employing the potential workforce of the community
16. What worked really well?	<ul style="list-style-type: none"> • Training for sewing really worked well as many women are employed on the skill. • Another noteworthy sector has been electrical servicing with greater scopes for employing themselves in the community.
17. What did not work? Why did it not work?	<ul style="list-style-type: none"> • Trained members are serving for other employers, but they have not been able to start their own business due to lack of capital.
18. Have any local or national policy changes taken place as a result?	<ul style="list-style-type: none"> • No policy changes have taken place in local as well as national level.
19. Is any monitoring or evaluation process being carried out? When?	<ul style="list-style-type: none"> • There always have been scheduled monitoring but no evaluation of the impact that the practice could have on the communities. a) Regular monitoring from CDC leaders. b) Regular communication from cluster and federation over phone and weekly visits to the community.

Economic sustainability

- | | |
|---|--|
| 20. To what extent is this practice/ project reliant on a funding stream that may cease in the future? | <ul style="list-style-type: none">• The training programs entirely depended on project funding. But there has been a continuation as the trained employers are training and employing others to enhance their business capacity. This surely falls short to meet the overall demand. |
| 21. Does the program help people have long-lasting source of income or increase the wealth of their community? | <ul style="list-style-type: none">• Long lasting source of income has increased in terms of skilled staff and employment capacity. But new workstation/ factory did not grow to help increasing community wealth. |

Social sustainability

- | | |
|--|--|
| 22. Does [or did] the practice facilitate greater community cooperation and integration? | <ul style="list-style-type: none">• The residents other than the training participants helped with valuable advices and random cases with finance.• Local government has been informing and supporting to participate in workshops and short-term courses hosted by the different public service departments, notably youth department and women's affairs. |
| 23. Have the skills and abilities of people [primarily women and young girls] increase as a result? | <p>Certain skills gained especially by the women are:</p> <ul style="list-style-type: none">• Communication skill.• Understanding of processes.• Participatory approach in mobilising community for common social issues.• Various technical skills. |
| 24. Are people healthier and safer as a result? | <ul style="list-style-type: none">• Health and environmental education and community meetings improved the sense of hygiene.• Using of sanitary latrines reduced disease outbreak.• Improved sense of care for pregnant mothers.• Organisation that improved social security |
| 25. Has the practice resulted in social inequities being reduced? | <p>Gender inequality reduced in</p> <ul style="list-style-type: none">• Practicing leadership and establishing authority among women leaders.• Their income generating ability.. |
| 26. Are individuals [and which ones?] empowered to take a more active role in society? | <ul style="list-style-type: none">• Appropriate leadership improved public acceptance and popularity.• Poor and extreme poor individuals of the community developed skills and self-autonomy capacities, especially women. |

Environmental sustainability [Give evidence]

- | | |
|--|--|
| 27. Does the practice / project ensures a more appropriate use of energy and water resources? | <ul style="list-style-type: none">• Collective contribution in funding and technical assistance in electric servicing proved helpful in managing electrical issues of the community. |
|--|--|

28. Are there any other environment impacts of the practice [for instance, climate change adaptation]?

- Lowering of ground water level during March-April-May creates havoc. Cooperative and resource sharing mentality that grew up among primary group members have been crucial in such crisis.

Transfer and scaling up

29. To what extent has there been any scaling up of the practice?

- The scaling up of practice resulted in benefitting 630 primary groups.

30. To what extent has the practice / project been transferred?

Locally

- Local transfer has been occurring through primary group meetings that spread to a total of 53 CDCs across the city.

Nationally

- Naogaon visited Gopalganj, Sylhet, Rajshahi.

Internationally

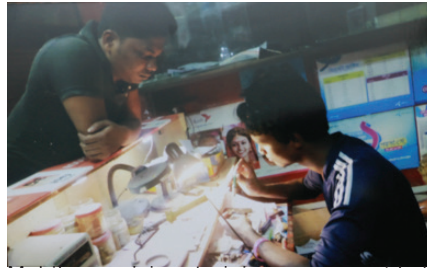
- No international transfer was documented.

31. What were the most important dissemination channels that explain the transfer and / or the scaling up?

- Primary group meetings were crucial for the dissemination.
 - Male counterparts of the skilled and employed women appreciated and were discussing the benefits in social and professional gatherings.
 - Trained employers were training and employing others to enhance their workforce
-



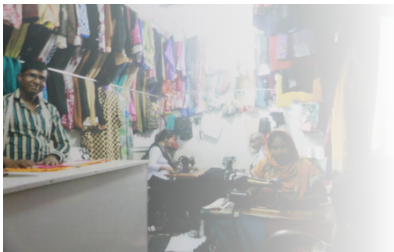
Training was provided for electrical training – they are able to work in a small electrical hardware store



Mobile servicing training was provided, this young man was employed shortly after his apprenticeship scheme



Television servicing training was provided



Sewing and tailoring training, after the completion they are able to work in small tailoring shops.



Artisanal training was provided (to make jewellery), these young men were employed soon after.