Learning From Rajshahi

UPPR

Urban Partnerships for Poverty Reduction
2008-2015

Women Empowerment

2

UK**aid**
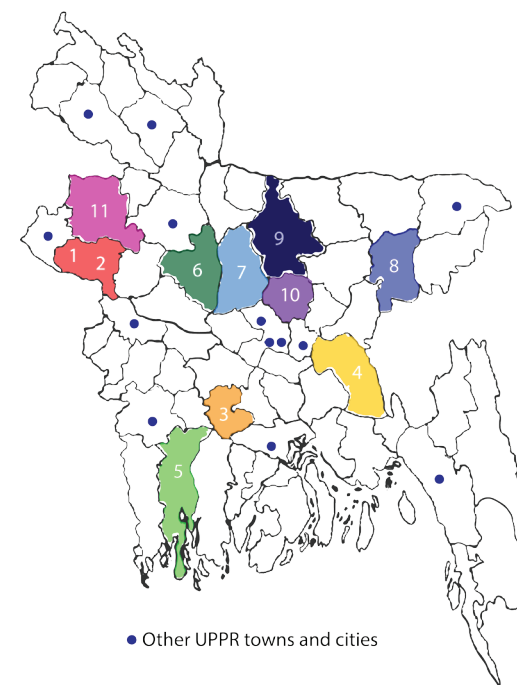from the British people

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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 examplar 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   Community savings and credits, Rajshahi

2   Women empowerment, Rajshahi

3   Community Housing Development Fund (CHDF), Gopalgonj

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

● Other UPPR towns and cities

Acknowledgements

Spora Social Consultancy   paraa

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Urban Partnerships for Poverty Reduction

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
Crore 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
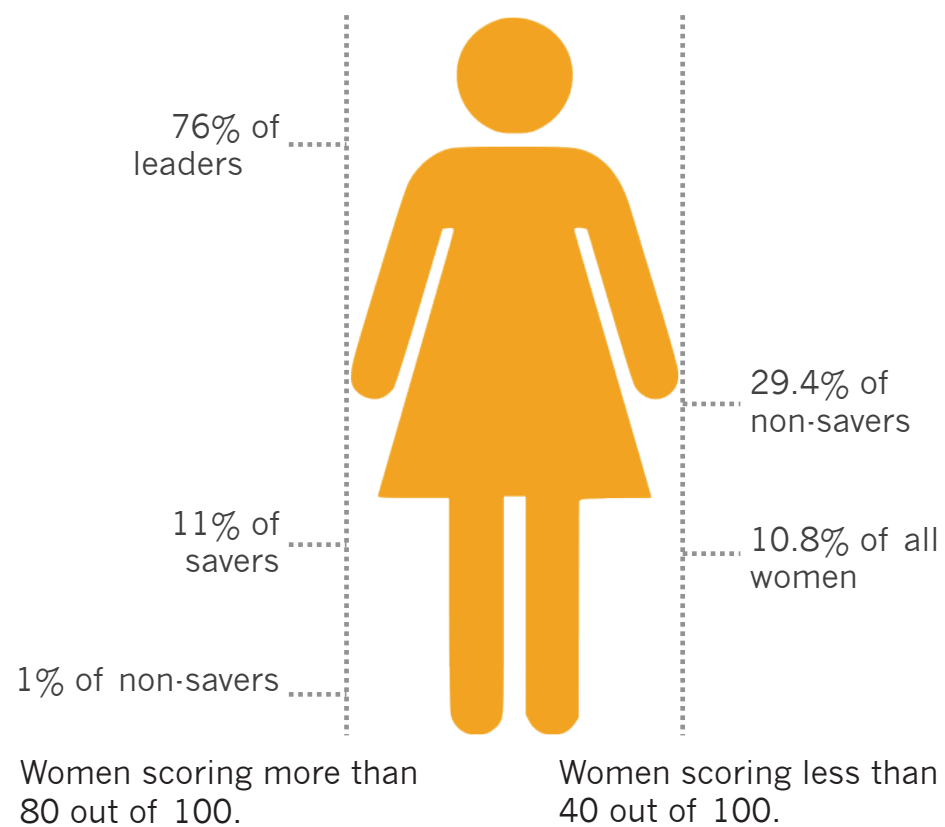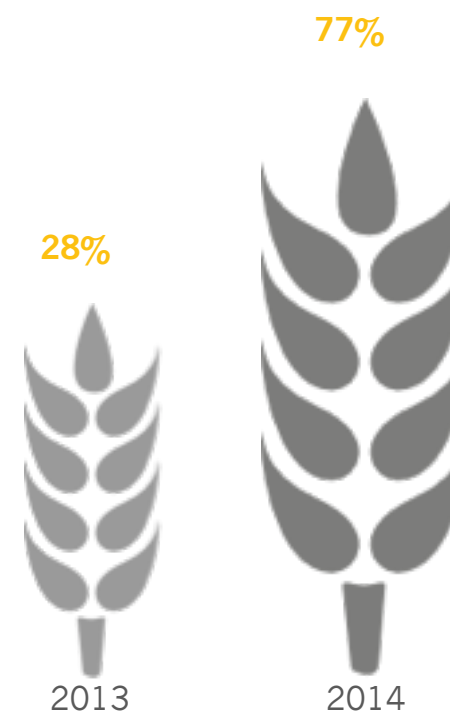
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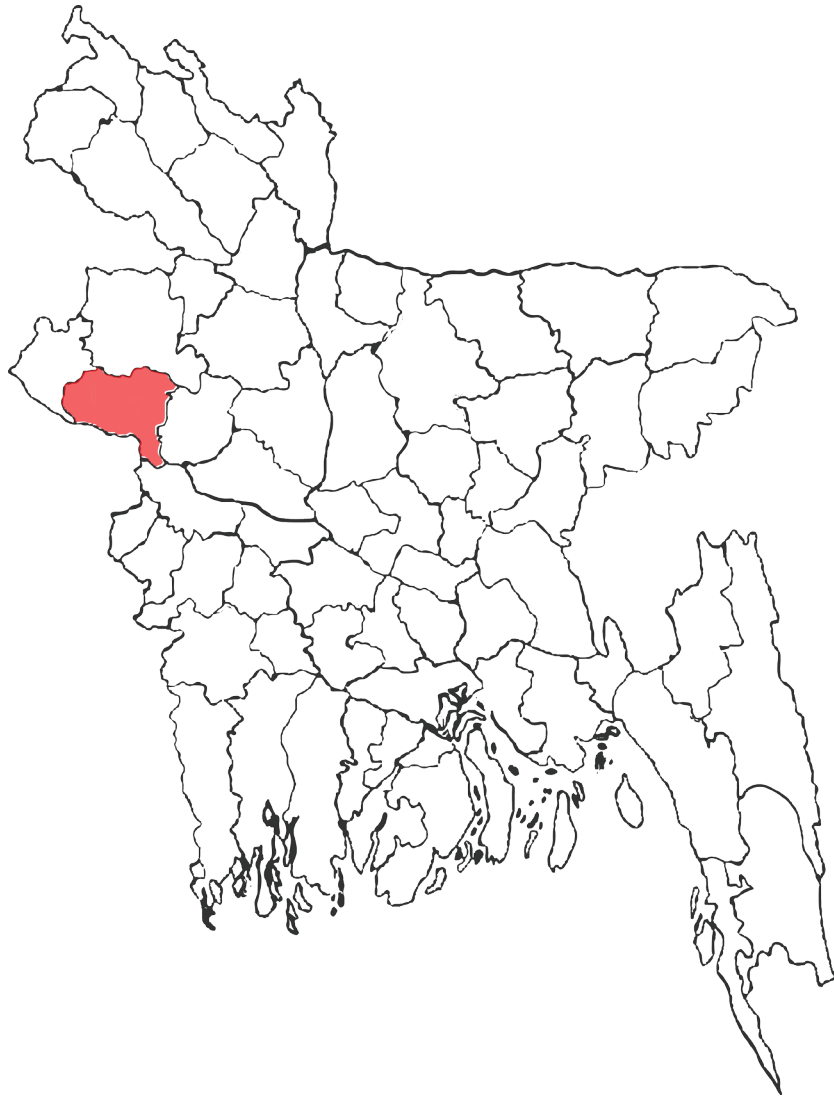
ABOUT RAJSHAHI

Rajshahi City Corporation (formed in 1991) was established in the 18th Century. Rajshahi is a metropolitan city in Bangladesh and a major urban and industrial centre of North Bengal. The city has a population of 448,087 [source: BBS census 2011], there are 1,596 poor settlements containing 43769 Households across 30 Wards (source: SLM 2011).

As far as UPPR is concerned, it has organized 173 CDCs that represent 36,285 members that are involved in the savings and credit scheme. Main tangible physical achievements are the construction of 6979 latrines, close to 28 kms of roads and ways with footpaths, 6 kms of drains, and 2188 water facilities. UPPR also dispersed 12,573 education grants, 11,266 block grants and 6067 apprenticeship grants.

Participatory Women's Empowerment Index

76% of
leaders

29.4% of
non-savers

11% of
savers

10.8% of all
women

1% of non-savers

Women scoring more than
80 out of 100.

Women scoring less than
40 out of 100.

PG women with skills to improve the nutrition
of their family

77%

28%

2013

2014

Source: UPPR 2015

Women empowerment, Rajshahi

Across the UPPR Project in Bangladesh, a focus has been on developing the capacity of women and their leadership skills. Women of Rajshashi have been empowered through an intensive series of activities that has involved –without being limited to– mobilising and saving, mapping and surveying, managing finances (collecting savings and distributing loans), managing community contracts for the settlement improvement fund, selecting and distributing social economic funds, developing community action plans and participating in elections within the Community Development Committee (CDC) system.

Rajshahi CDCs

Submitting organisation: All Structures of the CDCs

[Federation, Cluster, CDC group, Primary Groups]

Type of organisation: Community Development Committee

Key elements of the project:

- **Women leadership**
  The project created opportunities for women to develop and practice leadership skills. Women who were selected by the community as PG or CDC group leaders were responsible for organizing and leading development activities within their communities. They also had the opportunity of voicing the needs of their wider communities within various platforms.

- **Women employment**
  Skills development training was a vital component of the program, enhancing women's ability to engage in income generation activities. As a result of the program, women who were previously unemployed or engaged in the informal sector could engage in small to medium enterprises.

- **Addressing inequality**
  Addressing gender inequality has been a key element of the project, serving to improve social acceptance and the recognition of the importance of women within wider community platforms. Legal assistance have been integral in educating women about their rights, addressing social issues generating from inequality, notably dowry system, polygamy and domestic violence.

Women Empowerment, Rajshahi

Background Information	
Organisation that led the process	**Rajshahi All Structures of the CDCs**
1. Type, size, and structure of the organisation	• Since 2002 –with the implementation of the Local Partnership of Urban Poverty Alleviation Project (LPUPAP)– women have been involved in providing service to urban poor. After the inception of the Urban Partnerships for Poverty Reduction (UPPR) Project in 2009, women were involved in putting in place Community Development Committees (CDCs), and the Federation committee formed in 2014. Currently there are 173 CDCs, 11 Cluster committees and 1 Federation, representing the 30 wards of Rajshahi City Corporation. • There are 4 leaders in every CDC and Cluster, and 9 members in the Federation committee, for management through an election process. Managing committees are compromised of 98% women. There are 33 women community facilitators (CFs) facilitating the savings and credits activities of the project.
2. Previous and current activity	• Involvement of women in the formation of Primary Groups (PG), Community Development Committees (CDC), CDC Clusters and the CDC Federation was a notable component of women's empowerment of Rajshahi city. Participation of women in community contracting of infrastructure development and socio economic services such as block and education grants served to develop women's self-efficacy and empowerment. Currently, those activities that are not dependent on project funds –including regular meetings, attending in social invitations and other awareness raising activities– are continuing.
Context	
3. Brief description of prevailing neighbourhood conditions and the specific problems that the practice is designed to overcome	• Women from urban poor and extreme poor socio-economic groups were reported to previously have few leadership roles or social status within their households and wider communities. Their social status was very low due to lack of awareness and leadership quality. Women's contribution to household income was insignificant and faced various social and domestic injustices including early marriage, intimate-partner violence, dowry and divorce. Women were provided no opportunities to communicate or co-ordinate with local government and other service provider organizations, and had no experience in community planning activities.

Practice or process description & lessons learned

4. What is the main purpose of the practice or the project?

- The main purpose of the practice has been building awareness, capacity and leadership among women to empower and improve their social status and acceptance. They have been provided training to address local government issues, household and community issues. Different levels of the hierarchy address different aspects of the women group empowerment. Women have been facilitated to develop the skills necessary to speak to officials, formally provide loans for both housing and business purposes, distribute grants and engage in other project activities.

5. Who are the main groups benefiting from the project?

- The target beneficiaries of the practice have been women of the communities belonging to poor and extremely poor families.

6. What are the main features?

- Each group has the potential to empower across the various levels of members. Each member starts by participating in activities of the Savings and Primary Groups. The Primary Group provides a good opportunity to be empowered, to learn, to be inspired to lead further groups.
- CDC leaders share knowledge with the Primary groups on every issue that is significant for the community.

Primary Group (PG)
- It provides opportunity for members to be a part of the network. Members are encouraged to participate in group activities and to develop skills to manage their own finances.
- Members are able to save and take credit up to 1 Lakh BDT.
- A PG has two leaders, a leader and secretary. These positions are elected through an informal system and are responsible for the primary groups activities, including the distribution of loans to group members and collecting loan repayments.
- PG groups collect funds and pass them on to the CDC once a month.
- As PG leaders are managing financial accounts, they are required to have at least a class 8 level of education.
- Trust and the ability to manage the finances of the group are key attributes of a successful PG leader.

CDC Group
- A CDC group consists of a flexible number of primary groups (on average 7 PGs) comprised of 2 members from each PG (Leader and Secretary).
- There is an election to nominate 4 members who are responsible for the management of the CDC (Cashier, Chairperson, Secretary, and Vice-Chair).
- The CDC members are responsible for the Savings and Credits scheme.
- CDC leadership is integral to facilitating the success of the group.

- Responsibilities include:
  - Collecting repayments from all the Primary Group leaders and personally bank the cash. (Other cities tend to only distribute cheques e.g. Comilla)
  - Maintain the accounts for the CDC group.
  - Monitoring all activities of the Settlement Investment Fund (SIF) and the Socio-Economic Fund (SEF).
  - Report monthly to the Cluster group.
  - Practice leadership in problem solving and planning through community participation.
  - Training Primary Group members.

Cluster Group
- Their members monitor Savings and Credits schemes and other activities of Primary Groups.
- They guide the Community Facilitators to conduct their activities properly.
- They disseminate the directions and orders of the CDC Federation to the CDCs.
- They conduct regular meetings with the CDC Federation, the CDCs, the CFs, and the CHDF.

Community Housing Development Fund (CHDF) group

- As part of the management committee, the CHDF group is expected to look after all aspects of the housing loan system, providing support to the community members.
- City Corporation meetings in relation to housing and land issues. 116 Housing loans have been provided until February 2016.
- Every 3 years there is an election process for the 9-member committee.
- Criteria include: their members must belong to the local CDCs, have a PIP number, and they must not be loan defaulters.
- 1000 BDT fee is fixed for each CDC to become a member of the CHDF.

Federation Group

- As part of the management committee, the Federation Group is expected to look after all aspects of the needs of the Cluster and CDC system, including resolving problems, or overlooking Cluster Group accounts.
- Engage in communication with the City Corporation or civil and private organisations.
- Oversee the CHDF activities.

7.	**What other groups or organisations, if any, have been involved in the practice /project?**	• BLAST (Provided women's rights training and legal advice) • UNDP • Urban Primary Health Care Project

8. What were the costs and how were they met?	• Expenses included communication, conducting meetings and awareness building programs, which have been managed through personal contribution from the residents
9. What is the involvement of the residents in the planning, design and management of the practice?	There was active involvement of the residents of communities throughout implementation of any UPPR practices, which included: • Identification and prioritizing community needs. • Community action plans and their implementation. • Monitoring and following up at different levels of the tier.
10. When did it start? When was it completed? What is its current status?	• The practice started in 2001 and has continued to the present (2016).
11. What were the concrete results achieved?	• Women have become social aware of their rights, opportunities and contributions within the wider community. • There has been significant development in the relationship and the communication established with the city corporation and the local councillors. • Women are leading social interventions from identification of needs through to planning, implementation and monitoring. • In 2013 elections, 7 community leaders contested and 1 elected as a councillor.
12. What barriers and challenges were encountered and how have they been overcome?	• Initially, community involvement was the major challenge and there was pressure from families as well as communities against the participation of their female members. This was addressed through awareness building campaigns and strengthening the relationships with the local government. Community acceptance of the project developed gradually. • Building trust on the project among the community was a major challenge across the board. This was overcome through extensive conversations and community meetings. • Ward Councillors would not initially accept that women groups can manage the SIF / SEF funds. • Local leaders (beyond political leaders) tried to hassle or force the project to stop in several ways, e.g. demanding payments to continue the work. This was resolved through many conversations and support from Councillors. • Convincing Ward Councillors to support the project was vital to the success of the project

13. What lessons have been learned from the practice / process?	• Learning how to speak to various audiences and platforms, from speaking at a CDC, talking to City Corporation level officials, through to speaking to members of international public has been the biggest lesson learnt by project members. These skills were gained through training, and opportunities were provided within different activities.
	• Other key lessons included:
	• Women develop the awareness of their rights and responsibilities.
	• They develop the confidence and skills necessary to lead social development interventions and contribute equally along with their male counterparts.
	• There is learning on how to organising and working as team.
	• The ability to manage finance in banks and CDCs and groups, provide instructions to contractors and negotiation skills is developed.
	• Learning on how to communicate with different actors, organisations across the boards in city and across cities.
	• Learning on how to monitor activities across the city within their network.
	• They learn to be a good leader (they need to be punctual, driven, patience, honest, a good communicator and be able to work with all groups of the community).
	• To build a good consolidated group, there needs to be open and honest communication and trust.

Assessment

Innovation and impact

14. What are the key innovative features of the practice?	• The key innovation has been prioritizing women leadership skills as an underlying focus of project activities.
	• The network is both structured, but flexible, allowing growth and sharing across its hierarchical structures.
	• The education of CDC leaders by Organization for Legal Aid (OLA) regarding rights and accessing legal assistances enabled the transference of this information to community members.

15. What impact have the project and its approach had on the residents and/ or the wider community?	• Empowered women led improvement to households as well as participated in community development programs, hence mobilized others, especially those who belonged to poor families.
	• Local government was held responsible to their assistance and cooperation commitments.
	• Local Government provided office space for the CDC Federation and CHDF committees within either the municipal or City Council office.

16. What worked really well?	• Community Savings and Credit program: The CDC federation has over 11 Crore Taka currently in its savings account. This has led to women's ability to be able to better liaise with local government and also at the household level. • Employment: Employment of women enhanced their ability to generate income and participate in wider community planning. • Women leaders were able to negotiate and deliver SIF / SEF projects successfully.
17. What did not work? Why did it not work?	• Leaders do not feel properly financially compensated. Leaders are empowered but still they feel underprivileged in terms of income generation.
18. Have any local or national policy changes taken place as a result?	• Although the importance of community demands is recognized and to some extent assisted by local government, no policy changes have taken place to date.
19. Is any monitoring or evaluation process being carried out? When?	• PG and CDC leaders have conducted regular monitoring of project implementation. • Knowledge transfer workshops with CDC members were an important platform to evaluate the status of different practices.

Economic sustainability

20. To what extent is this practice/ project reliant on a funding stream that may cease in the future?	• The project provided the opportunity for women to develop leadership within its different practices. Now that the project is completed, these opportunities for further development are limited.
21. Does the program help people have long-lasting source of income or increase the wealth of their community?	• Savings and credit: this practice led by the women enabled them to distribute profits and run small businesses of their own. Empowered women are more aware and capable of long lasting source of income. • Collective contribution to community welfare led by the PG and CDC leaders enabled them to take initiatives that can improve community infrastructure

Social sustainability

22. Does [or did] the practice facilitate greater community cooperation and integration?	• The practice necessarily facilitated greater community cooperation in terms of collaborating with the local government for infrastructure related developments concerning wider community. • CDCs effectively integrated BLAST legal advice and assistance.
23. Have the skills and abilities of people [primarily women and young girls] increase as a result?	• Training and skill development activities improved the beneficiaries' ability to manage and operate welfare activities by organizing collective contributions. UPPR targeted women and girls, so the training was more clearly directed to this population.
24. Are people healthier and safer as a result?	• Health education and care to mothers improved community health in general. • Awareness and legal assistance were crucial for securing social safety. Eve teasing, early marriage and domestic violence are notable issues that have been addressed through the practice.
25. Has the practice resulted in social inequities being reduced?	One of the major purposes has been to nullify inequality, especially regarding gender. • Leadership: practicing leadership in different phases of project implementation reduced gender inequality and improved women's acceptance and dignity in wider community. • Employment: Skill building and engaging to income generating activities enabled women to secure their rights, decisions and contribution both in their households and in the society.
26. Are individuals [and which ones?] empowered to take a more active role in society?	• Members of different managing committees (Clusters, CDCs, Federation, PG) are mainly empowered to take a more active role in society. Women who were primarily engaged in domestic duties have become highly empowered through participating in various income generating activities such as tailoring, making paper bag and other small business ventures.

Environmental sustainability [Give evidence]

27. Does the practice / project ensures a more appropriate use of energy and water resources?	• Empowerment of the women was practiced in leading infrastructure development works funded by SIF. These developments had a great impact in ensuring appropriate use of energy and water resources of their communities. Strict monitoring and operations by the CDC and PG leaders were crucial for this to be achieved.
28. Are there any other environment impacts of the practice [for instance, climate change adaptation]?	• The CDCs have been conducting health and environmental awareness campaigns through staging street drama and using multimedia.

Transfer and scaling up	
29. To what extent has there been any scaling up of the practice?	• The practice encouraged greater participation and exchange of information and knowledge amongst the primary groups. This was facilitated through several meetings within all CDCs. Since project inception, 2,303 Primary Groups in 173 CDCs have been developed. • Including 1 in Rajshahi, a total of 27 community members have been elected as councillors from the 23 UPPR towns in the Pourashava or City Corporation elections held in 2011, 2013 and 2015. The total number of contestants from UPPR communities in these elections were 83.
30. To what extent has the practice / project been transferred?	**Locally** • CDC leaders share the knowledge and benefits of the project with each other. Project knowledge and learnings have been transferred to the members of 173 CDCs across the city. **Nationally** • UPPR team from Sylhet, Kushtia and Hobiganj have visited Rajshahi to learn about their activities. **Internationally** • This practice has not been transferred internationally
31. What were the most important dissemination channels that explain the transfer and / or the scaling up?	• The most important dissemination channels have been: • Knowledge transfer workshops among the CDC members. • CDC and PG meetings.

2015: CHDF AGM meeting, Roshanara Ruma, asking if city councillors and Mayors are elected for 5 years, why cant CDC leaders have 5 years too?

2015: Community workshop with all the different representatives (CDC Leader, PG leader, CF, Federation Secretary Shumi)

2015: Community facilitators for 3-day Training

A member has taken a 20,000 BDT loan to purchase a sewing machine and additional clothes to start her own tailoring business.