

# UPPR

Urban Partnerships for Poverty Reduction  
2008-2015



## Learning From Gopalganj

### Improvement of Housing & Tenure Security

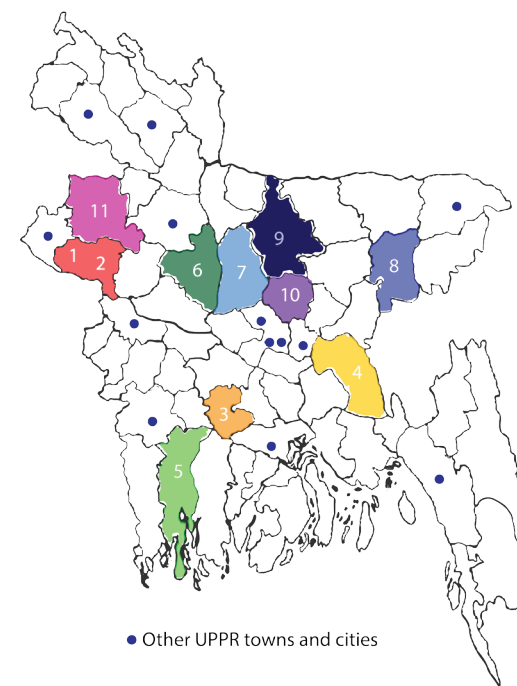
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## About these booklets

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 exemplar and selected through a series of community based participatory workshops, focus group discussions and key interviews. Each case explains 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



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## 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 Gopalganj

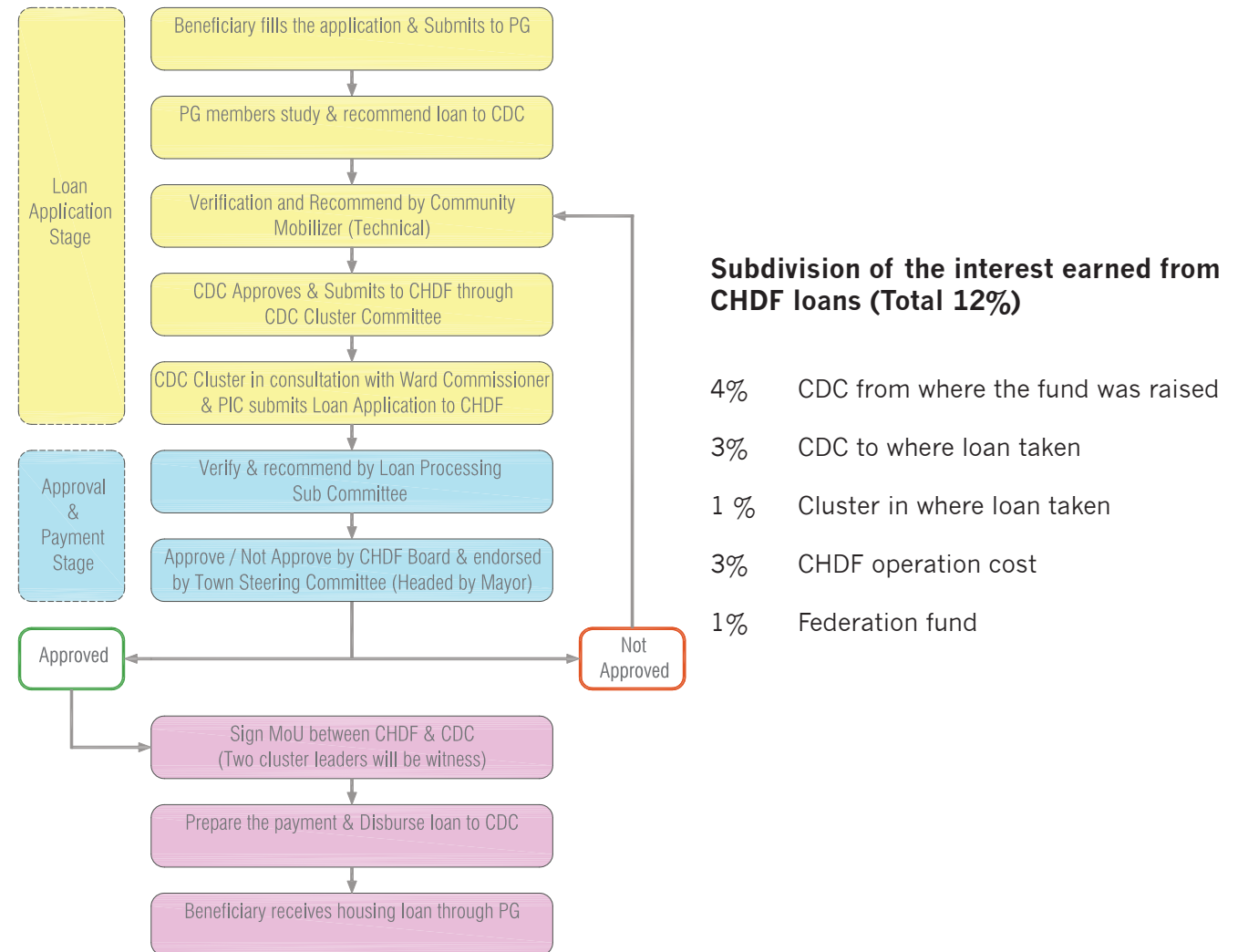


### ABOUT GOPALGANJ

Gopalganj Pourashava is the main town in Gopalganj District, in Khulna Division. The city has a population (Urban) of 128705 [source: BBS census 2011], there are 1020 poor settlements containing 6472 Households (source: SLM 2011).

As far as UPPR is concerned, it has organized 36 CDCs that represent 5234 members that are involved in the savings and credit scheme. Main tangible physical achievements are the construction of 684 latrines, over 14.25 kms of roads and ways with footpaths, 1.256 kms of drains, and 26 water facilities. UPPR also dispersed 1634 education grants, 2282 block grants and 595 apprenticeship grants.

## How does the Community Housing Development Fund model work?



Source: UPPR 2015



## Improvement of Housing & Tenure Security, Gopalganj

*The Community Household Development Fund (CHDF) made a remarkable contribution to land and housing security for the landless urban poor of Gopalganj. Tenure security has been too critical to address by the local government alone. The CDCs understood the importance of a committee and funding dedicated to provide housing loans. The model was inspired by the Women's Bank of Sri Lanka and a visit to Thailand's Baan Mankong Program and became integral part of the UPPR project, scaling to 14 UPPR towns and cities. Through the CHDF, the different communities have been mobilised to drive housing rehabilitation programs. Eventually, they succeeded also in influencing the local government to pursue policy changes essential to sustain the wider community's movement to address eviction and secure tenure for the most vulnerable communities of Gopalganj.*



**Gopalganj CHDF Committee**

**Submitting organisation: Gopalganj CHDF committee**

**Type of organisation: Community Housing Development Fund**

**Key elements of the project:**

- **Community Housing Development Fund**  
The establishment of the CHDF was instrumental in providing financial support to the landless and urban poor of the CDC, in order to build a permanent home. The practice was able to minimize the obstacles of land and approval related impedances by assistance of CHDF committee. Understanding the concept of savings and credits at a larger, urban level has been crucial to move on to develop CHDF in order to provide much needed housing loans
- **Community mobilization to drive local policy intervention negotiating with the Pourashava**  
The CDC communities were able to effectively influence the local government for land policy interventions. Developing tactics to mobilise their political and financial capital to pursue the local government actors in helping to relocate the evicted communities of Mandartala was noteworthy. Although a lengthy process, it proved the potential to achieve results for the community's benefit.

# Improvement of Housing & Tenure security, Gopalganj

## Background Information

### Organisation that led the process

### Gopalganj CHDF Committee

#### 1. Type, size, and structure of the organisation

- The CDCs and Clusters following democratic and consultative processes have established a Community Housing Development Fund (CHDF) with a 9 member Executive Committee (EC) and a 5 member Advisory Committee. The Pourashava Mayor, along with representatives of the DC, LGED, UPPR and a Community Leader, heads the Advisory Committee. The role of the Advisory Committee is to oversee and monitor the activities of the CHDF. Gopalganj CHDF was formed in 16 November 2012 with nine members as a single organization for all wards of Gopalganj Pourashava. It was set up with funds from the Operating and Maintenance Fund (O&M) of the UPPR Project. The CHDF functions now as a revolving fund.
- It is registered under the Department of Social Welfare within the Ministry of Social Welfare as a voluntary social welfare organisation. It was officially registered in mid-2015 and the process of registering took over 3 months to complete.
- It has covered all nine Wards of Gopalganj and total 17 Community Development Committees (CDCs) of UPPR.
- Once the CHDF was registered in 2015, an election was held, in which 156 votes were cast for members to become part of the committee (36 CDCs management team + 3 Cluster management team voted + UPPR and the Pourashava oversaw the election), elections will be held every 3 years.

#### 2. Previous and current activity

- 2015 Jan – Nov they were able to give 36 housing loans over 24 month repayment plan (20,000 – 100,000 BDT.). The total loan disbursed was 49,70,000 BDT. Previous activities of Gopalganj CHDF were giving loan to construct houses, assisting to manage land, building approvals from Pourashava, designing solutions according to a need-based approach, guiding the construction, management of utility services. Currently, they are recovering loans and are not disbursing any new loans.



## Context

### 3. Brief description of prevailing neighbourhood conditions and the specific problems that the practice is designed to overcome

Gopalganj is located in the South West region of Bangladesh and is the birth home of the current Prime Minister, Sheikh Hasina. One of the most acute problems of the urban poor and extreme poor in Gopalganj was eviction. A test case that sparked the birth of the CHDF was the eviction drive in 2009 to build a new stadium in the town. People were evicted without considerations of possible new homes and income generating activities. Many of the evicted were unable either to build their own house or to rent a suitable house.

South Molavi Para Community Development Committee (CDC) was formed in February 2001, and most of the 1,935 people in its 387 households had lived on the site for more than 35 years. On 21st October 2009, the afternoon before eviction, the residents of South Molavi Para CDC learnt by loudspeaker that their houses were to be destroyed and they were to be made homeless the next day. After holding negotiations, the Government through the Ministry of Land allocated 4.16 acres on a 99-year lease to the Gopalganj Pourashava in June 2010 for resettling some of these evicted people to the Mandartola Housing resettlement project

## Practice or process description & lessons learned

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

- CHDF's main purpose is to provide housing loans specifically to existing CDC members in order to secure, develop or improve their house with dignity.
- The main purpose of this practice is to assist extreme poor and poor members of the CHDF by giving housing loans. Usually, the poor people are unable to take large loans from the formal banking sector due to many reasons such as lack of formal registration, or formal employment papers, or large collateral. The CHDF provides the opportunity to some of these people to build.
- The CHDF runs and manages the fund, in a revolving mechanism, where the profit is returned back to the core fund to be re-distributed.
- They can provide support and have been involved in securing tenure for groups or communities that face eviction; e.g. Azam Settlement, Mandartala.
- It builds on the extensive success of the UPPR projects work with community contracting, to encourage the community to be involved in the design, planning and constructing phase of their home.

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

- It is addressed to the CDC members being extremely poor or poor below the poverty line, as developed within the Gopalganj Participatory Identification of the Poor model in the categories of extreme poor and poor.
- Tenure-less or evicted people.
- Pavement dwellers or those groups that have no secure address within Gopalganj.

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**6. What are the main features?**

- Those building a new house receive support from the designated Gopalganj Pourashava planner with the design and development of the house. While the UPPR project was still on-going, architectural support and planning support was provided. However, since UPPR has finished, the CHDF has a partnership with the Pourashava to provide design and planning for free of cost. UPPR helped negotiate this support from the Pourashava.

Using the Pourashava Settlement Land Mapping (SLM), they select the settlements that require support.

1. The CHDF helps identify the community with the most extreme problems.
2. They visit the community and begin holding series of meetings with the community until, advising and guiding them on how to negotiate. E.g. Azam settlement, community was helped to negotiate from the land owner to develop his land with a re-negotiated and long term 20 year lease as a condition for developing the private owners land).
3. Mapping and measuring the land and its new plan (land re-adjustment plan).
4. Participatory design process, working with the community to de-distribute the land if possible.
5. CHDF helps develop the legal paperwork.
6. Construction is done by the community.

So far, using this mechanism they have been able to:

- 1) Support those evicted from private land: Mandartola Resettlement Housing funded 6,000,000 BDT –with land donated by the Ministry of Land– for 260 houses (including school / mosque / temple / bazaar). So far, 138 have been completed (as of February 2016); the rest are under construction.
- 2) Negotiate with landowner: Azam Settlement
- 3) Negotiate with the Pourashava for housing for those evicted from Pourashava land.

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**7. What other groups or organisations, if any, have been involved in the practice /project?**

- Asian Coalition for Housing Rights (ACHR).
  - Comprehensive Disaster Management Programme (CDMP).
  - GoB: department of Social Welfare, Youth Development Department, Department of Women.
  - Gopalganj Pourashava
  - Ministry of Land
  - Civil Society (School teacher, Doctor, Imam of Mosque).
  - Local businesses (Sonali bakery, Balaka store, Mouslem plaza).
  - Public Service providers (Technical school and college, Surjer Hasi, Urban Health Care).
  - Newspaper and electronic media (The daily Janakantha, The daily Bartaman, Boishakhi TV).
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<b>8. What were the costs and how were they met?</b>	<ul style="list-style-type: none"> <li>• Currently the CHDF Committee is voluntary including all expenses.</li> <li>• The costs are generally incurred in travelling, communication and meeting arrangement.</li> <li>• Per month: 8,000 BDT using the CHDF loan interest (and the rest of the interest money goes towards the revolving fund).</li> <li>• For visitors, the expenses are covered from the profit from the CHDF loan 3% for hiring, food and documentation.</li> <li>• They have their own office room shared with Cluster 3 group (Ward 9). It was negotiated and funded by UPPR with the gift of land from Pourashava (deed with the Cluster 3 group) .</li> </ul>
<b>9. What is the involvement of the residents in the planning, design and management of the practice?</b>	<ul style="list-style-type: none"> <li>• Along with the UPPR senior team and external consultants, CDC members were fully involved in developing the CHDF management model. Currently the CHDF is managed by an elected committee and has an additional advisory board of 5 members that includes the Mayor and the DC office, LGED and others.</li> </ul>
<b>10. When did it start? When was it completed? What is its current status?</b>	<ul style="list-style-type: none"> <li>• It started in January 2013 and currently this practice is continuing in every CDC in Gopalganj (working in a total 19 CDCs in February 2016).</li> <li>• Currently there are approved 10 loans waiting to be dispersed (they are waiting for the money to revolve).</li> </ul>
<b>11. What were the concrete results achieved?</b>	<ul style="list-style-type: none"> <li>• A total of 63 households received loans and built their new homes (4 households have repaid their loans).</li> <li>• In the Mandartola Resettlement Housing Project, 260 households were given tenure security via the Ministry of Land and funds from the CDMP.</li> <li>• In the Azam resettlement, 24 households benefited from land re-adjustment with some funds from ACHR ACCA.</li> <li>• 1 household support to secure Pourashava land.</li> <li>• Partnership with the Pourashava Planner for supporting the design and building the house.</li> <li>• Partnership with the Slum Development Officer of Gopalganj Pourashava since August 2015 to oversee the responsibilities of the previous UPPR Town Manager. The main responsibility of the Slum Development Officer is to provide additional layer of accountability for the CHDF and jointly approve loans.</li> </ul>

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**12. What barriers and challenges were encountered and how have they been overcome?**

- The main challenge has been to attempt registering the CHDF as a co-op. All previous attempts at registering as a co-operative have not been fruitful. This was overcome by registering it under the Social Welfare Ministry.
- It took 4 months and several meetings to convince the CDC members to contribute towards the initial financing of the CHDF. CDC members were suspicious of the purpose of CHDF model.
- CHDF committee struggled also with the complex financing mechanism of the CHDF.
- When ACCA wanted to send the funds directly to the poor, the Pourashava challenged this and wanted it to be given to some political authority, trying to convince ACCA that the poor cannot manage the funds. ACCA, UPPR and the community resolved this by setting up the CHDF committee in 2012.
- The main barriers and challenges are taking land clearance and building permits from Pourashava and availing of utility services. But these barriers are overcome by regular meeting with Pourashava and other service providing authorities.
- Lots of barriers were countered during construction of the housing, especially with contractors and the landowners.
- Each tenure security case had its set of complex barriers and challenges that were individually addressed. The CHDF committee adapted case by case, especially in Mandartola and the Azam settlement case.
- Negotiation and communication with the Mayors office and the Pourashava was used as a tactic to resolve many challenges.
- CHDF committee still struggle to building strong working relationships with the CDC Federation team due to power structures developed within the hierarchy of the CDC system.

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**13. What lessons have been learned from the practice / process?**

- Relationships with the local community and making them understand the process was the most important question.
- Improved use of communication tools, especially how to speak with different groups of actors/people –how to negotiate, explain, narrate, instruct, teach– from the Mayor, to the press, to contractors and finally the community.
- To make sure communities are aware of the importance of well-planned infrastructure and housing –for example, in the Azam Settlement case–, to ensure that the drain that was allocated was reconstructed due to the lack of the connection to the main drain system.
- Learning how to get access to use the Pourashava Khas land. First, speaking with the Pourashava, then to the DC office, took 3 months. The DC went to the Prime Ministers office to get approval. After approval from the Prime Ministers office, there was then a big joint trip to Thailand to visit the Baan Mankong Programme, and to see how this system would work. There was lots of media exposure at the national level. There was an international workshop in relation to the Mandartola housing.

## Assessment

### Innovation and impact

<b>14. What are the key innovative features of the practice?</b>	<ul style="list-style-type: none"><li>• The community owned and managed process of the CHDF is innovative in Bangladesh context and its ability to provide loans for housing development to the urban poor and extreme poor CDC members. This creates the potential to develop alternative modes of financial mechanisms that reduce social inequities in urban communities.</li><li>• Tactics and strategies on how to develop and get tenure security through a negotiation and collaborative communication process with local, central government as well as other organisations.</li></ul>
<b>15. What impact have the project and its approach had on the residents and/or the wider community?</b>	<ul style="list-style-type: none"><li>• The major impact has been relocating landless people and evicted settlements; notably in the Mandartola project.</li><li>• Relocation and household construction inspired practicing community architecture that was assisted by the community to be allocated as well as non-member residents of the surrounding communities.</li><li>• The re-adjustment of the Azam settlement provides a great precedent to negotiate with private landlords.</li><li>• Households are able to take loans to directly improve their homes and so far more than 63 loans have been distributed.</li></ul>
<b>16. What worked really well?</b>	<ul style="list-style-type: none"><li>• Establishment of CHDF that provided household support to the landless urban poor to build their houses.</li><li>• Community architecture in establishing four different tenure security models.</li><li>• Azam Settlement was the most impressive case according to the community leaders.</li></ul>
<b>17. What did not work? Why did it not work?</b>	<ul style="list-style-type: none"><li>• In relation to the Mandartola Resettlement project, the rehabilitation program could not cover all the landless families due to limited capacity in land and other resources.</li><li>• There are still settlements threatened by eviction.</li></ul>
<b>18. Have any local or national policy changes taken place as a result?</b>	<ul style="list-style-type: none"><li>• Gopalganj had major achievement in collaborating with local government in pursuing to local policy undertaking.</li><li>• Local Pourashava took policy to collect application from landless people and introduced collaborative project planning.</li><li>• Conversations have taken place, but nothing concrete so far.</li></ul>

<b>19. Is any monitoring or evaluation process being carried out? When?</b>	<ul style="list-style-type: none"> <li>• CHDF leaders and community facilitators have been monitoring the construction phases. During loan collection phases site visits are also made every month.</li> <li>• Slum Development Officer is involved in overseeing the work of the CHDF daily.</li> <li>• Every year the accounts are audited for the Annual General Meeting.</li> </ul>
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## Economic sustainability

<b>20. To what extent is this practice/project reliant on a funding stream that may cease in the future?</b>	<ul style="list-style-type: none"> <li>• The project is now entirely depended upon the CHDF interest return for running of the organisation, and as the UPPR project ceased in August, is self-sustain one paid staff member and 3 voluntary staff.</li> </ul>
<b>21. Does the program help people have long-lasting source of income or increase the wealth of their community?</b>	<ul style="list-style-type: none"> <li>• CHDF focused on securing tenure for communities and households, as well as incorporating proper utility facilities. It has had impact in increasing wealth of the community.</li> <li>• The practice was able to minimize the obstacles of land and approval related impedances by assistance of CHDF committee, which is crucial in the long run for the wealth and development of the community.</li> </ul>
<b>22. Are housing and the neighbourhood more affordable now than before the practice / project started?</b>	<ul style="list-style-type: none"> <li>• As the CHDF loan focuses specifically in providing housing and tenure support, the practice makes it more affordable now.</li> </ul>

## Social sustainability

<b>23. Does [or did] the practice facilitate greater community cooperation and integration?</b>	<ul style="list-style-type: none"> <li>• The CDCs and the landless community mobilised their political and financial capital to pursue the local government in helping to relocate them. The approach integrated municipal engineers and community architects from across the country.</li> </ul>
<b>24. Have the skills and abilities of people [primarily women and young girls] increase as a result?</b>	<ul style="list-style-type: none"> <li>• There has been crucial improvement of skills of social behaviour and potential learning on housing development activities, especially in ways to secure tenure.</li> <li>• Significant achievements within the leadership committees in managing and negotiating.</li> <li>• Improved communication skills across various layers of the social groups.</li> <li>• Tenure security and healthy settlements nourished safe and healthy childhood.</li> </ul>
<b>25. Are people healthier and safer as a result?</b>	<ul style="list-style-type: none"> <li>• Housing with proper access to water and sanitation not only provided social security but also ensured healthier life.</li> </ul>
<b>26. Has the practice resulted in social inequities being reduced?</b>	<ul style="list-style-type: none"> <li>• Residents with household ownership realized the humanitarian need for the landless and deliberately participated with their voluntary services and resources. This has been a remarkable example in reducing social inequality. Proper access to household facilities to the slum dwellers. They are not treated as slum dwellers addressed equally in social condition.</li> </ul>



<b>27. Are individuals [and which ones?] empowered to take a more active role in society?</b>	<ul style="list-style-type: none"> <li>• CDC leaders and CHDF committee mobilised their political and financial capital to initiate rehabilitation programs. This has affected all of those positively affected by the CHDF action, women and men, elderly and young.</li> <li>• The improvement is especially significant for children, who are more active in the housing area because of a better environment and safety.</li> </ul>
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## Environmental sustainability [Give evidence]

<b>28. Does the practice / project ensures a more appropriate use of energy and water resources?</b>	<ul style="list-style-type: none"> <li>• Housing area ensured appropriate use of energy and water resources to the relocated communities. They gained health and environmental knowledge by actively participating in housing projects for themselves.</li> <li>• As there is no gas service line available, 'bondhu chula' (environmentally friendly stove) has been the recommended system all over.</li> </ul>
<b>29. Are there any other environment impacts of the practice [for instance, climate change adaptation]?</b>	<ul style="list-style-type: none"> <li>• Environmental impact was noticed in cleaning the drainage system across the settlements. They took initiative in employing cleaners and sweepers to restore the hygiene of their living environment.</li> </ul>

## Transfer and scaling up

<b>30. To what extent has there been any scaling up of the practice?</b>	<ul style="list-style-type: none"> <li>• The project scaled up horizontally in other 17 CDCs.</li> <li>• Members and leaders of all level throughout the vertical chain from primary groups to the federation.</li> </ul>
<b>31. To what extent has the practice / project been transferred?</b>	<p><b>Locally</b></p> <ul style="list-style-type: none"> <li>• Community participation in the rehabilitation programs attracted and engaged neighbouring residents and the local leaders potentially transferred the practice locally and mobilized the wider community. In total 22 primary groups have visited successful rehabilitation housing in Mandartala and three other housing models.</li> </ul> <p><b>Nationally</b></p> <ul style="list-style-type: none"> <li>• CHDF committee led housing models inspired other cities and offered learning from Gopalganj as a model town. Including Gopalganj, a total of 14 CHDF are established in the 23 UPPR towns, of those, Sirajganj, Rajshahi and Chittagong are doing well.</li> <li>•</li> </ul> <p><b>Internationally</b></p> <p>They have visited other countries including Thailand and Sri Lanka</p>
<b>31. What were the most important dissemination channels that explain the transfer and / or the scaling up?</b>	<ul style="list-style-type: none"> <li>• Local: regular site visit and PG meetings.</li> <li>• National: Cross visits of the cities</li> </ul>



CHDF member distributes a cheque



A CDC meeting discussing the needs of the group.



Community members working out spaces and plots for a new house.



Inaugration ceremony of the housing project attended by the Mayor amongst others



ACCA awards Gopalganj a cheque to start the project in the Azam Settlement,



Husband and wife are working on constructing their new home.