

UPPR

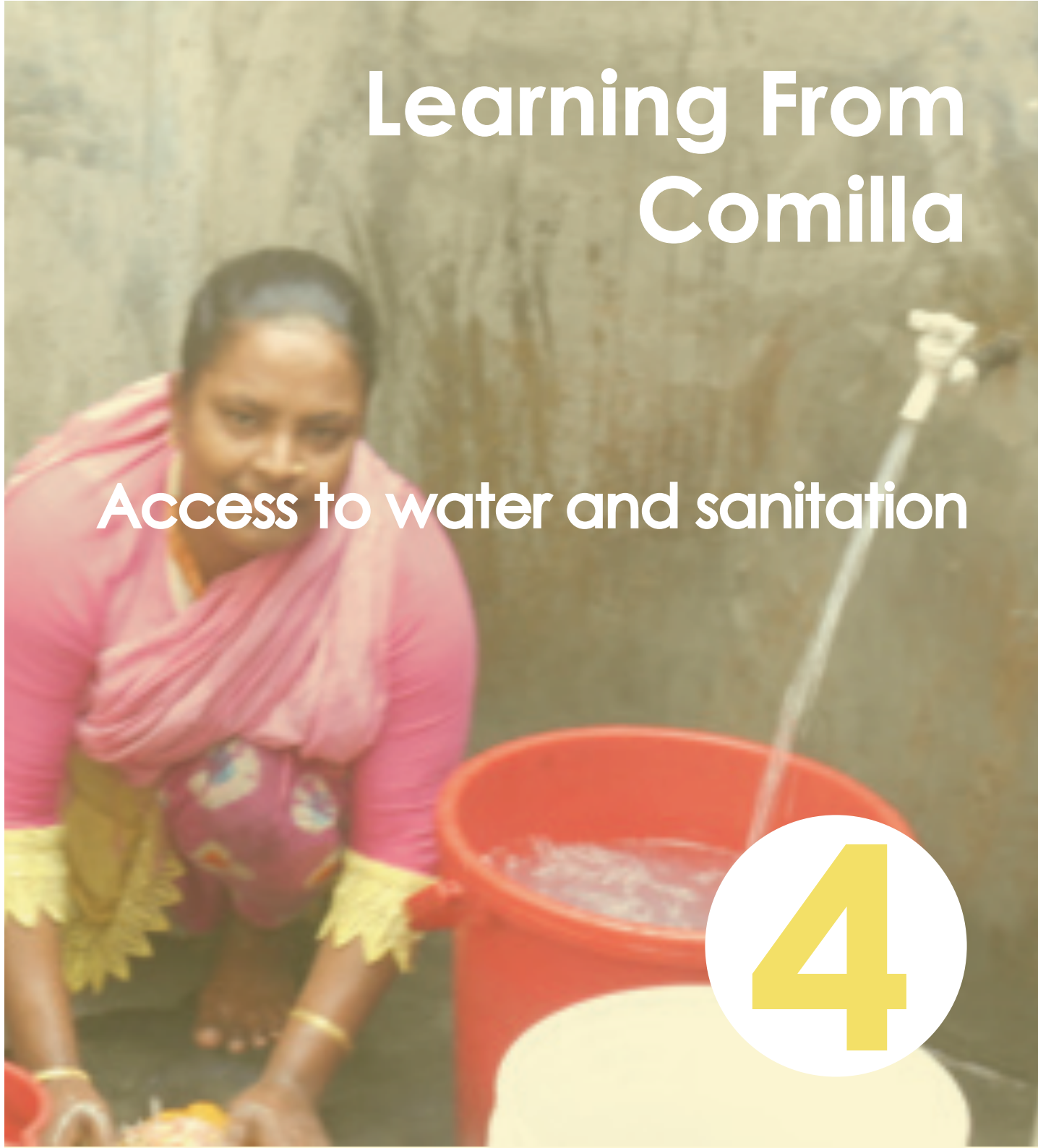
Urban Partnerships for Poverty Reduction
2008-2015



Learning From Comilla

Access to water and sanitation

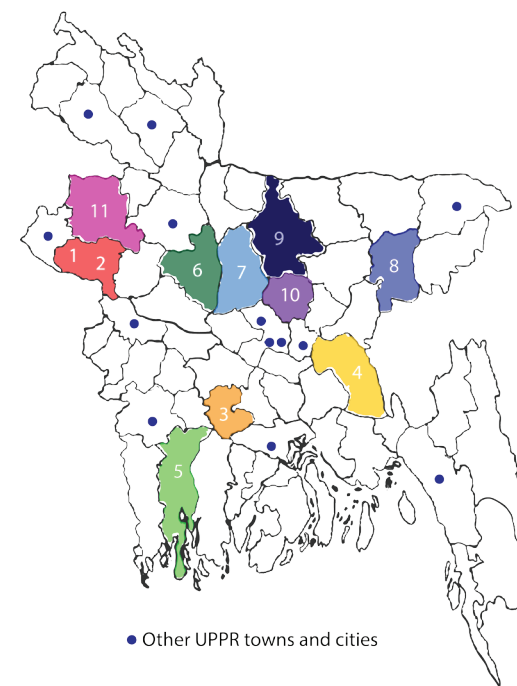
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About these booklets

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 [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



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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

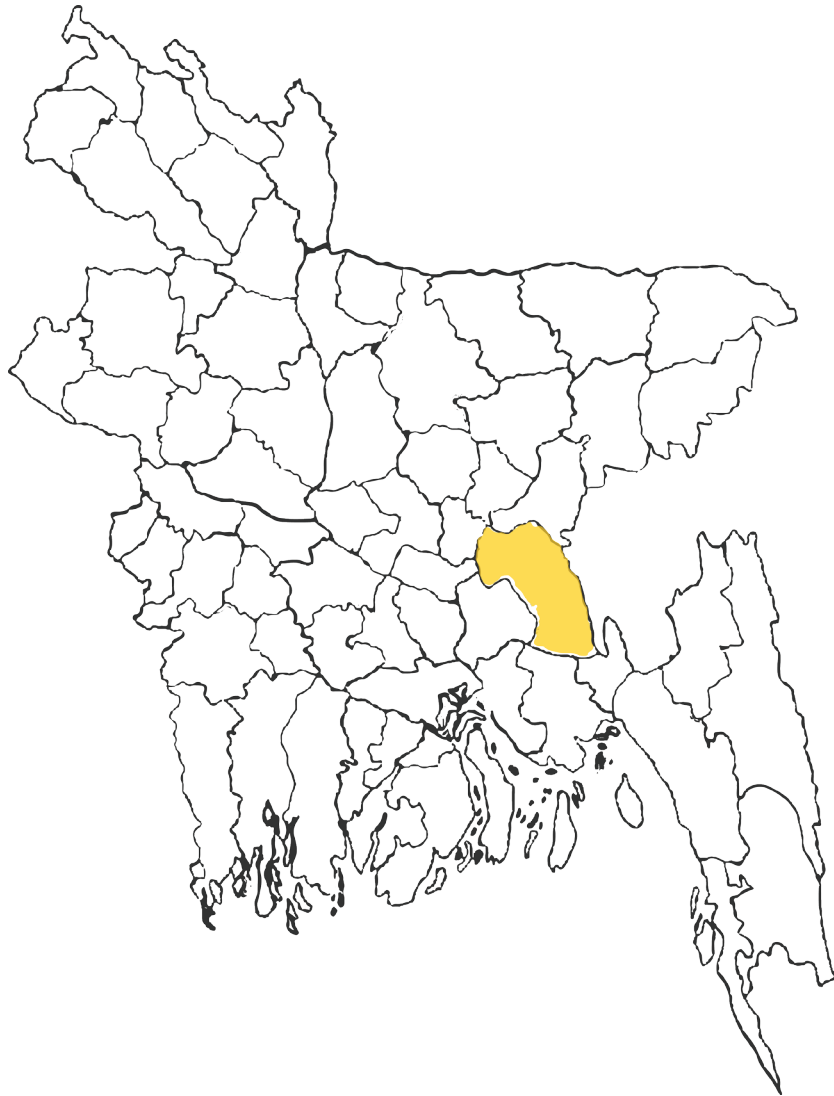
Outputs

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

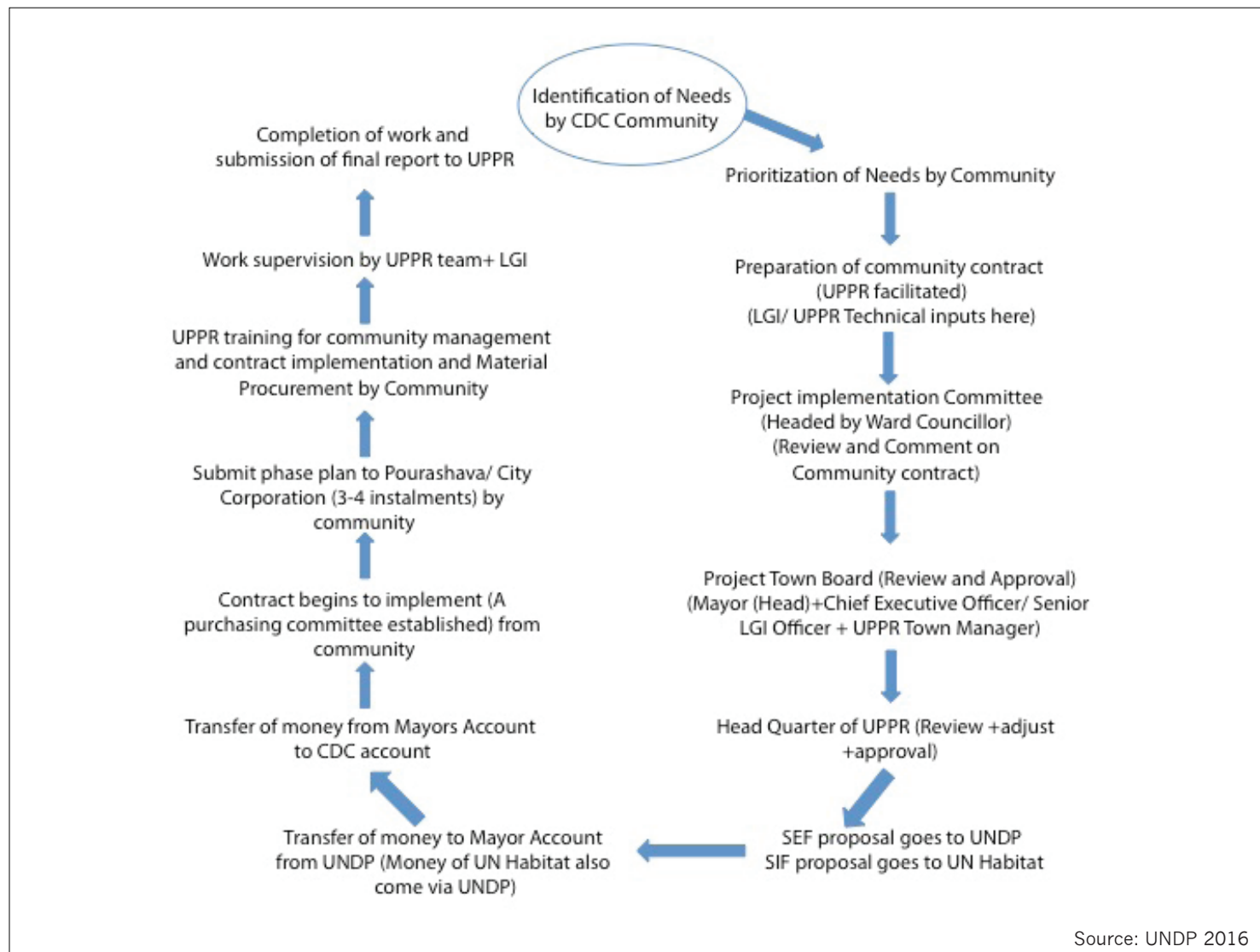
Reference Map of Comilla



ABOUT COMILLA

Comilla City Corporation was formed in 2011, and its current population is 346,238 inhabitants [source: BBS 2011]. There are 849 poor settlements containing 25311 Households across 27 (source: SLM 2011). As far as UPPR is concerned, it worked with 59 CDCs that represent 11 272 households involved in savings and credits. Main tangible physical achievements are the construction of 2058 latrines, close to 14kms kms of roads and ways with footpaths, 2.6 kms of drains, and around 658 water facilities. UPPR also dispersed 2022 education grants, 2422 block grants and 2028 apprenticeship grants.

How does the community contracting process work?



Access to water and sanitation, Comilla City Corporation

Communities from Comilla City Corporation had remarkably improved their access to water and sanitation. The practice was mainly implemented with the help of the UPPR's Settlement Improvement Fund (SIF), which has proved to be one major component for infrastructure development in any given Community Development Committee (CDC). Previously, Comilla faced crisis in providing safe and clean water to extreme poor and poor communities. Along with this, the community were able to utilise the funds to develop small urban farming projects, together with a community driven waste management collection system.



Comilla CDC Federation

Submitting organisation: Comilla CDC Federation

Type of organisation: Community Development Committee

Key elements of the project:

- **Community participation**
Community participation has been ensured through taking collective decisions and planning, assistance from local government members, social communication with local influential persons, regular meetings, regular savings at PG level, well relationship among all PG groups and CDC members. The project helps to cohesion the community through the empowering of women and girls.
- **Small urban farms: School gardening and fisheries in tanks**
They piloted the first farm practice in a school garden, which transferred to several other school authorities. The initiative caught interest and later practiced by the CDC communities. Along with this, they experimented with running a fishery pond.
- **Health and environmental awareness**
A big effort has been put in the extension of two basic rights that the poor population, and more specifically the extreme poor, cannot always access: health and work. The major success has been achieved through health and environmental awareness among the primary groups. Improved access to education and health services played important role to realize the importance of hygiene in personal as well as community environment.

Access to water and sanitation, Comilla City Corporation

Background Information

Organisation that led the process

Comilla CDC Federation

1. Type, size, and structure of the organisation

There is one federation committee, eight Cluster committees, 59 Community Development Committees (CDC) and around 608 primary groups. Implementation of the water and sanitation practice was directly done by the CDCs. Water and Sanitation practices have reached in 16 Wards out of total 18 Wards of previous Local Government Authority (Pourashava). There are four committee members in every CDC. Their designations are Chairperson, Vice Chairperson, Secretary, Cashier. CDC made the Community Action Plan (CAP) to describe their demand of latrines, tube well and associated other relevant information of beneficiaries. They made Community Contracting (CC) describing all estimation of implementation after approval of CAP. The practice was implemented by getting budget after the approval of CDC.

2. Previous and current activity

This practice was initiated in December 2009 after formation of CDC. Communal water services comprise of single water source with more than forty households served with piped water were developed previously under supervision of the federation. Currently they oversee the operation and maintenance of infrastructures and services but no new activities are incepted.

Context

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

One of the main problems in Comilla has been the access to safe drinking and cleaning water. The underground water levels of Comilla City was very low as a result it could not be possible to get water by normal tube well especially in dry seasons. Extreme poor and poor communities usually used polluted river water from clogging areas of river Gomoti for drinking and other purposes. Although fully aware of the problem, the municipality did not help them by providing any safe common water point. Poor and extreme poor people had no ability to avail personal water source and they were not united to construct communal water sources either. Unhygienic open latrines by the river side was also a common scenario in Comilla City, so the water they were using to drink from was the water they would be dumping their human waste into. Water borne diseases were common fact in informal settlements and slum areas. Improper waste management systems also hampered the physical environment. They were not concerned about sanitation practices in both domestic and social life leading.

Practice or process description & lessons learned

4. What is the main purpose of the practice or the project?	<p>The main purposes of the practice include both fund dependent and voluntary welfare strategies:</p> <ul style="list-style-type: none">• Settlement improvement: Especially to improve access to safe drinking water and healthy sanitation.<ul style="list-style-type: none">• They set up 850 arsenic free deep tube wells, one for every 20 families.• 3 submersible pumps, one for 40 families.• 2400 hygienic latrines, one for every 3 households.• Health and environmental awareness: Transfer of health and environmental knowledge across the CDCs was done through regular meetings and training sessions. Great communication among the primary groups was developed to hold frequent community meetings; it has have been key to educate the wider community.• Waste Management system: starting with 2 Wards, UPPR funded project started in 2012. Rickshaw van collection charging 20-30 BDT per month. It now self-sustains.• Liquid waste collection charge 1,500 BDT per trip – 1,000 Litre waste on average 5 years within CDCs.
5. Who are the main groups benefiting from the project?	<ul style="list-style-type: none">• The extreme poor and poor CDC communities in 16 wards across Comilla City Corporation, especially women
6. What are the main features?	<ul style="list-style-type: none">• Voluntary participation: Ensuring community participation for voluntary services in community led operation and management (waste management, gardening, fish farming).• SIF funded infrastructure development: Setting up deep tube wells, hygienic latrines and other settlement improvement constructs.• Community contracting.• Environmental Health education: Health and environmental awareness building meetings and programs.• Community waste management and monitoring.• Urban farming - in schools. Fisheries funded through the SEF scheme.
7. What other groups or organisations, if any, have been involved in the practice /project?	<ul style="list-style-type: none">• The federation and CDC leaders breezed and maintained a common platform to work collaboratively with the local government as well as other NGO's and service providers.• Noteworthy linkages have been: Comilla City Corporation; Ahsania Mission; JICA; UKAID; Coca Cola; BIDD.
8. What were the costs and how were they met?	<ul style="list-style-type: none">• Other than funding from the Settlement Improvement Fund (SIF) of the UPPR Project for refurbishing physical environment, the little expenses were accounted for communication, following up and community education programs. The later has been met from allocated community savings.• Breakdown of costs:<ul style="list-style-type: none">• Initially 17,000 BDT per latrine, in later phases of constructions price hiked to 28,000 BDT for improved ones.• Initially 29,000 BDT per tube well, later price hiked to 35,000 BDT.• Initially 95,000 BDT per pump, later increased to 115,000 BDT.

9. What is the involvement of the residents in the planning, design and management of the practice?	<ul style="list-style-type: none"> • Participation in monthly ‘Yard Meetings’ for awareness building and planning and design assistance to the federation and the local government. It involves the primary groups and CDCs called by the secretary. • Community led operation and management was possible due to the collective role playing of the residents coordinated by the leaders, most especially in: <ul style="list-style-type: none"> a) Waste management b) School gardening c) Community fish farming
10. When did it start? When was it completed? What is its current status?	<ul style="list-style-type: none"> • Starting in 2009 current responsibilities include monitoring, following up and community waste management • Settlement improvement works for water and sanitation, drainage and roads were funded through SIF and ceased with completion of first phase of the project in mid-2015.
11. What were the concrete results achieved?	<ul style="list-style-type: none"> • Improving community assets especially latrines and tube wells. • Adaptation to environment friendly cooking practice with ‘Bondhu Chula’, which reduces risks of lung infection and wastage of wood. • Health and environmental education and improved personal sense of hygiene. • Community waste management system. Distribution of bins and collection of household wastes in vans: <ul style="list-style-type: none"> a) They set up 850 arsenic free deep tube wells, one for 20 families. b) 3 submersible pumps, one for 40 families. c) 2,400 hygienic latrines, one for 3 households. • School Gardening started with 1 Girls’ school (S. Saleha Girls School, 33x24ft space for seasonal gardening) and later inspired other school authorities. In about 2 years, vegetable farming expanded to community. • 6 community gardens have been practicing, with a UPPR agricultural expert providing training.
12. What barriers and challenges were encountered and how have they been overcome?	<ul style="list-style-type: none"> • Initial challenges came from the councillors in selecting and appointing leaders that they wanted to put in charge. • There was a sense of competitiveness and insecurity of authority as the contribution and popularity of the CDC leaders were increasing. • Challenges from influential local contractors.
13. What lessons have been learned from the practice / process?	<ul style="list-style-type: none"> • Leadership at PG, CDC, Cluster and Federation level. • Involvement of community poor and extreme poor in community welfare activities. • Water and sanitation practices in household and community level. • Maintenance of community resources and infrastructures. • Waste management systems in hygiene way. • Community development by negotiation with Comilla City Corporation.

Assessment

Innovation and impact

14. What are the key innovative features of the practice?	<ul style="list-style-type: none">• One of the key innovation has been school gardening, mainly for nutritious vegetation. Students have learnt to use small urban spaces for productive cultivation. The interesting fact to note that is that the students were involved in the entire process of urban farming; from growing to harvesting and marketing of the produce as well.• Another innovative approach has been participatory fisheries practice within primary groups. They integrated the practice with the improvement of water and sanitation funded through SIF. Alongside setting up deep tube wells they shared space to construct 4' by 4' small water reservoir attached with each for group fish farming, mainly for catfishes.
15. What impact have the project and its approach had on the residents and/or the wider community?	<ul style="list-style-type: none">• Community waste management: It was a CDC led community innovation to distribute bins and collect household wastes with pulling vans. The practice influenced and later adopted by the municipal waste management system, to dump in municipal allocated zone. But yet to advance to treatment/ biogas production.• Urban vegetation: School gardening mediated participation of the school goers in turn the school authorities around the wider community and in six CDC communities to the present.• Participatory fish farming: Though it has been a challenge to sustain farming in this scale, the approach mediated participation and resource sharing among the residents of the primary groups. Though the initiative could not be sustained in that scale.
16. What worked really well?	<ul style="list-style-type: none">• Securing access to safe drinking water and hygiene in sanitation truly transformed the CDCs in terms of preventing outbreaks of diarrhoea, cholera and other water borne diseases.• At present, the community-led waste-managing approach is being followed-up actively, and cleanliness of their own community and personal spaces is ensured.
17. What did not work? Why did it not work?	<ul style="list-style-type: none">• There are discrete incidences of dumping waste at drains and open spaces, which causes temporary hazard from water clogging and unpleasantness.• Large-scale settlement refurbishment has depended on project-led funding stream, otherwise cannot be continued.
18. Have any local or national policy changes taken place as a result?	<ul style="list-style-type: none">• The City Corporation cooperated institutionally to facilitate the waste management system.• The City Corporation learned from the community-led practice and later appointed waste collectors and allocated a dedicated dumping zone.• Community police has been monitoring the cleanliness programs.
19. Is any monitoring or evaluation process being carried out? When?	<ul style="list-style-type: none">• At present, the community waste management and the compost lab operation are being monitored on monthly basis mainly by the CDC Cluster leaders.

Economic sustainability

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| 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">• Infrastructure development has always relied on SIF which ceased in August 2015• Urban vegetation and waste management, as carried out to the present, does not necessarily require significant funding, and expected to continue and manage by the communities themselves.• The fish project and the school gardening approach were entirely community initiatives and do not depend on project-led funding. |
| 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">• There has been significant improvement in physical and environmental assets attained during SIF funding which enriched community wealth.• Use of environmental friendly cooking facilities reduces fuel waste.• Cooperative fish farming has not been much helpful economically. |

Social sustainability

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| 22. Does [or did] the practice facilitate greater community cooperation and integration? | <p>Enabling greater community cooperation has proved essential and largely effective for the achievements attained by the CDCs in Comilla, and also to sustain and transfer the innovations. The major evidences have been:</p> <ul style="list-style-type: none">• Community waste management has taught the municipality and attained their cooperation in waste collection.• School gardening was appreciated among the school goers and later practiced in free community spaces. |
| 23. Have the skills and abilities of people [primarily women and young girls] increase as a result? | <ul style="list-style-type: none">• Leadership skills have been remarkable among women. Linkages and communication with Ward Councillors of LGI and other NGOs boosted the capacities of the CDCs, especially of the women leaders.• The communities are educated and enabled for appropriate waste management. Health education and school gardening have been important. |
| 24. Are people healthier and safer as a result? | <p>Social safety and health have been achieved throughout the practice. Three major contributor to this sustainability are:</p> <ul style="list-style-type: none">• Integrating human right forum has been crucial for realizing and securing social rights, especially in women. Leadership and operating skills strikingly reduced inequalities and improved their social safety and dignity.• Accessing safe drinking water and hygienic sanitation significantly reduced health complications and risks.• Gardening helped in adding nutrition to the community consumers. To some extent, fisheries as well. |
| 25. Has the practice resulted in social inequities being reduced? | <ul style="list-style-type: none">• Women leadership and formation of human right forum has been vital to address the social inequalities. The leaders have learned and hugely experienced in operating and monitoring the community development approaches and hence developed their authority in wider context.• Collective contribution and role-playing ensured participation and acceptance among different socio economic subclasses within the communities. |

26. Are individuals [and which ones?] empowered to take a more active role in society?	<ul style="list-style-type: none"> Poor and extremely poor communities especially their women are empowered as they have been actively participating and leading the health and sanitation, gardening and waste management approaches. Collective contribution and responsibilities as well as benefits have been shared within the primary groups, which has improved individual potentials and significantly mobilized all community stakes. Empowerment is noteworthy among the CDC leaders.
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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"> Improved access to water and sanitation and other infrastructures and related services have been achieved during the project. Throughout the period discussions were held in PG meetings to transfer the importance and learning of appropriate use of water and energy to distribute and sustain the benefits. One remarkable achievement is installing 3 submersible pump in groups of forty families and shared the access through individual water lines. The households are able to bear the operational and maintenance cost of electricity.
28. Are there any other environment impacts of the practice [for instance, climate change adaptation]?	<ul style="list-style-type: none"> Tree plantation initiatives at roadside stands out to have a greater impact on environment. Moreover combined use of street light significantly reduced wastage of energy. The gardening project secured urban spaces in productive city greening.

Transfer and scaling up

29. To what extent has there been any scaling up of the practice?	<ul style="list-style-type: none"> The practice and the underlying innovations were scaled up in 18 neighbouring wards. Frequent PG meetings and transfer of knowledge and experiences with other groups has been crucial for scaling up. Peer to peer learning from CDC visits was vital which has been facilitated several times by the federation with assistance from local government. School gardening was much appreciated and later the CDC leaders followed the same in their community spaces and created six community gardens.
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30.To what extent has the practice / project been transferred?	<p>Locally</p> <ul style="list-style-type: none"> Initially starting with 24 CDCs in 2009 the practice scaled up to cover 56 CDCs in 2013. <p>Nationally</p> <ul style="list-style-type: none"> There were several cases of city visits notably to Sirajganj and Rajshahi. Comilla members visited Chittagong, Mymensingh and Kushtia. A total of approximately 247,000 households in 23 UPPR towns have been benefited with the access of the safe water and approximately 187,000 households with access to improved sanitation. <p>Internationally</p> <ul style="list-style-type: none"> CHDF president and cashier visited Sri Lanka and had important learning on women's banking and savings and credit.
31.What were the most important dissemination channels that explain the transfer and / or the scaling up?	<ul style="list-style-type: none"> Regular PG meetings and awareness building initiatives. Wider community participation and cooperation. Linkage to and cooperation from local power holders and influential community leaders. Local level transfer across the primary groups and national level city visits.



Tikka Char: People using the City Corporaton supply water. It was very dirty, but people drank from this water.



Tikka Char: Previous way of accessing water by the community from a closed river. This was their drinking water.



The waste from this toilet goes directly into the above water where the community clean their dishes.



Previous conditions of the paths in the Shubu Pur CDC (ward 6)



Waste disposal truck with Vacuum Tank



The waste from this toilet goes directly into the above water where the community clean their dishes.



The water tank and solar light in the community in Tikka Char



Laying the drain in Ward 6, Shubu Pur CDC