

Learning From Sirajganj

UPPR

Urban Partnerships for Poverty Reduction
2008-2015

Disaster Management reaching the extreme poor

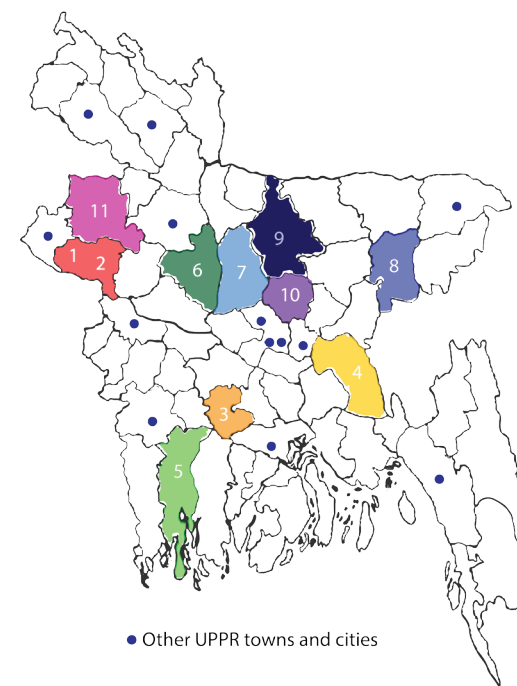


6

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 Development Housing 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 Sirajganj 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

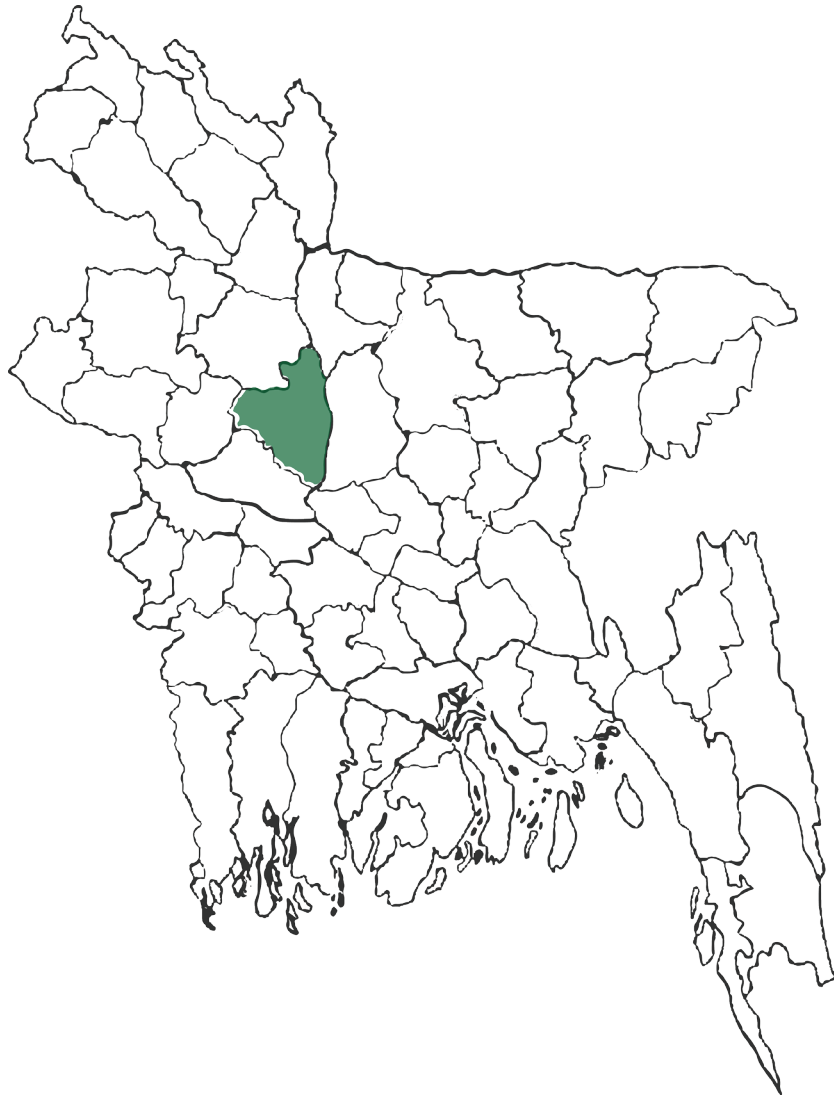
Outputs

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 Sirajganj



ABOUT SIRAJGANJ

Sirajganj Pourashava is the main town in Sirajganj District, in Rajshahi Division. The city has a population of 156,080 [source: BBS census 2011], there are 759 poor settlements containing 30670 Households across 15 Wards (source: SLM 2011). As far as UPPR is concerned, it has organized 83 CDCs that represent 13840 members that are involved in the savings and credit scheme. Main tangible physical achievements are the construction of 1950 latrines, over 19 kms of roads and ways with footpaths, 3.5 kms of drains, and 53 water facilities. UPPR also dispersed 12 573 education grants, 11,266 block grants and 6067 apprenticeship grants.

Disaster Management Fund reaching the extreme poor, Sirajganj

Sirajganj is located on the Jamuna River bank, close to the Jamuna Bridge. Due to this, it is a vulnerable town. The remarkable achievement of the Sirajganj Town Federation has been the integration of Slum Development Unit to support its work. In addition to this, the geographical location has made the communities of Sirajganj susceptible to the effects of climate change and disasters such as water clogging of the drains overflowing, flooding and land erosion along the Jamuna River Bank. The Sirajganj Cluster groups responded to this by setting up a Disaster Management Fund. It was set up to address the issues of river erosion and flooding on the Jamuna River bank by providing emergency loans, relief support, medicines and training and psychosocial support.



Sirajganj Cluster Committee

Submitting organisation: Sirajganj Cluster Committee

Type of organisation: Sub committees under Federation

Key elements of the project:

- **Disaster Management Fund ran by the CDC Cluster groups**
The cluster groups were able to collaborate with local government to operate household development of the slum dwellers. The approach resulted in formation and integration of Slum Development Unit in the municipality thereby sustaining the practice of the CDCs. As part of the response to the continued disasters that occur in Sirajganj, the Cluster allocated a Kallyan fund. The committee included planners and engineers for their assistances in developing settlements of the poorest members of the CDCs. Alongside this, the CDCs participate in relief distribution work across Sirajganj when necessary.
- **Emergency Loan Distribution at 5% interest rate**
CURban poor and extreme poor members of the CDC take loans from the Cluster with comparatively low level of interest (5% per year) to reconstruct their houses and other assets. They overcome the after-effects of disaster in large extent by this loan. Federation managed dry food, medicines, and other supports during flood for urban poor and extreme poor communities. Currently they are continuing their all activities with very low magnitude.

Disaster Management

Background Information

Organisation that led the process

Sirajganj Cluster committee

1. Type, size, and structure of the organisation

Disaster management funds are managed and continued by the seven Clusters of Sirajganj Pourashava. There are four committee members in every Cluster named as Chairperson, Vice Chairperson, Secretary and Cashier. They started this activity before the formation of the federation committee of Sirajganj city. There are seven individual funds in seven clusters. The Disaster management committee consists of 7-9 people comprising of the Cluster committee members and those affected in their area.

2. Previous and current activity

Alongside the management of the emergency fund for disaster, the cluster committee provide training to manage CDC savings and credits schemes. They were responsible in maintaining and scrutinising the CDC groups demands in relation education grants, block grants and loans and beyond during the UPPR. The Cluster monitors and supports the CDCs in their area. A member of Primary Group can take loan from his or her own Cluster fund. They arranged a meeting among seven clusters committee in 2011 to start this innovative fund to give credits with lower interest for those affected by disasters. After that they transformed the saved management cost clusters-wise into these funds. Then they informed PG-members about their ability to apply for this loan. The cluster members are responsible for scrutinizing the application of loan and approval of the loan

Context

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

River erosion and flood attacks occur almost every year with different level of intensities in Sirajganj city. The post-disaster situation of Sirajganj was intolerable especially towards the poor and the extreme poor people. They had no option to borrow money with low level of interest to reconstruct their assets after a disaster. Often, the plinths of houses have to be rebuilt urgently after floods, but they had no source of monetary flow to support this process. Many urban poor lost everything by river erosion and migrated to Dhaka and other cities.

Practice or process description & lessons learned

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

The project has focused on synchronised two major purposes.

- Urban poor and extreme poor members of the CDC take a loan from the Cluster with comparatively low levels of interest (5% per year) to reconstruct their houses and other assets. They overcome the after-effects of a disaster in large extent by this loan.

Disaster management:

- Committee and funding for disaster management
- To respond do the needs of those mostly affected by the flooding.
- To distribute funds and also to train and improve their housing and infrastructure so that the damages do not reappear again.
- To address different types of disasters: a) those that are affected by clogged drains b) Land erosion on the Jamuna River bank and c) floods.
- Training and relief support: Ensure assistance from all stakeholders for fund and service to the extreme poor members.

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

- Extreme poor, especially women, residing in the slums.
- Disaster affected poor communities and migrants.
- Char Mirpur, Char Malsha para, Puthia bari, Bou bazar, Rani Gram, Akanda Para, Notun Vanga Bari, Dhanbandi CDC and other area adjacent to Jamuna River.

6. What are the main features?

- Response to the needs of those CDC members that are able to prove that they have been affected by a disaster.
- Cluster group provides an emergency loan at 5% interest with a 2-year repayment cycle.
- Training, drills to Disaster Management committee.
- Relief (food, medicines, blankets, clothes).
- Psychosocial counselling and support.
- Training of environmental risk and resiliency to climate change.
- Raising fund from CDCs to sustain CHDF in securing tenure.
- Respond to Landslide problems by helping with providing concrete blocks to strengthen the riverbank.
- Rescue and secure assets.
- Developing relation and accountability of the municipality and stakeholders of wider community.
- Ensure active leadership of PG, CDC, Cluster, CHDF committee.
- Using local mic-ing system to spread the news about upcoming disasters.
- Discounted health support x1000 packets of Saline / Medicines

7. What other groups or organisations, if any, have been involved in the practice /project?	<ul style="list-style-type: none"> • Sirajganj Pourashava Mayor (relief food: rice, pulse, salt, oral saline and medicine). • DC office (providing Blankets). • Manob mukti Snagsha (providing Blankets). • City Bank (providing Blankets). • Text Group (providing Bed sheet, baby dress and other adult dress). • Civil Society (Yakub Hazi provided food). • Civil Surgeon. • Care Bangladesh (provided some training in relation to Disaster Management).
8. What were the costs and how were they met?	<ul style="list-style-type: none"> • The Disaster Management Fund committee and its staff all work voluntarily without pay. There is no salaried staff. 3 clusters have their office space (electric and water bill), and the other 4 do not have a space. LPUPAP provided the construction of these offices in 2005-2006.
9. What is the involvement of the residents in the planning, design and management of the practice?	<ul style="list-style-type: none"> • They held meeting for design and management of practice in cluster level. Every cluster has 9 CDCs. Two people from every CDC attend in every meeting who are the resident of that particular area. • The Cluster groups now fully manage the fund and the distribution of relief.
10. When did it start? When was it completed? What is its current status?	<ul style="list-style-type: none"> • The plan of this practice immersed in 2010 and they implemented this practice at the beginning of 2011. This practice is still continuing in every cluster.
11. What were the concrete results achieved?	<ul style="list-style-type: none"> • Loan disbursed so far 30,6000 BDT (starting from 2012) from specific clusters totaling 36 households. • 2014 – 400 persons were provided clothes and 200 persons were packets of food were distributed – gifted by an international organisation. • 83 CDCs – 2 people were provided disaster management training. • 7 clusters – 14,000 BDT towards the 2014 flood. • Mayor contributes – 2 bags of 86kg rice and 5,000 BDT. • Raising of the house plinth is most common activities to avoid rain and flood water. • The replacement of house wall (from temporary materials (Bamboo or Mud) to permanent materials (Tin, Bricks). • Repairing of house aggrieved by fire incidents and local conflicts is another result of taking loan from this fund. • Yakub Hazi – provides 50 packets of food (inc. 20 kg rice, 3kg sugar, 2 litre oil, 2 kg pulse, 1 kg Vermicilli). • City Bank – 50 Blankets worth 500 BDT. • Manu Mukti Shohosta – 20 blankets. • Mobile Toilets x5 after 2014 flood.

12. What barriers and challenges were encountered and how have they been overcome?	<ul style="list-style-type: none"> • The main challenge was raising the initial funds. Fund constraints is only barrier for this practice that can be overcome by increasing donations • Limited resources, demand is beyond their potential • Distributing relief with a small boat was seriously challenging and they have now stopped. People were swimming to the boat. • The issue of blanket distribution is challenging as many want additional blankets for their own people e.g. councillors
13. What lessons have been learned from the practice / process?	<ul style="list-style-type: none"> • The main learning is the growing of ability to tackle post natural and man-made disasters situation by taking loan in such low interest which could not be possible from any other organization or group. • Learning to distribute relief effectively and safely. • Helping those that are extremely vulnerable.

Assessment

Innovation and impact

14. What are the key innovative features of the practice?	<p>There has been exemplary innovative approaches that could be potential learnings for other cities struggling with floods:</p> <ul style="list-style-type: none"> • Formation and raising funds for committee dedicated for disaster management at the Cluster level. • Formation of Slum Development unit collaborating with local municipality for planning and engineering assistance and space allocation.
15. What impact have the project and its approach had on the residents and/or the wider community?	<ul style="list-style-type: none"> • Managing environmental risks of the slums and migrated communities. • Assisting municipality in gaining experience engaging the extreme poor.
16. What worked really well?	<ul style="list-style-type: none"> • Community contracting: the tool truly used in a bottom up approach where community independently identifies its needs, prioritize by voting and approaches further • Joint action plans: the planning involved town federation and three personnel from local Government. Municipal engineers and town planners were included in the team depending on the needs for assistance.
17. What did not work? Why did it not work?	<ul style="list-style-type: none"> • No true master plan has been developed by local Government to support and/or direct infrastructure-developing actions resulting in faulty drainage system polluting local water reservoirs connected. • Risk for eviction and tenure security is yet to be addressed as the crises are progressive (due to climate change and population growth).
18. Have any local or national policy changes taken place as a result?	<ul style="list-style-type: none"> • LGI budget allocation, Steering committee, WLCC, TLCC. • Formation of Slum Development unit in the municipality.

19. Is any monitoring or evaluation process being carried out? When?	<p>Monitoring processes have been two fold as the federation institutionally collaborated with the municipality:</p> <ul style="list-style-type: none"> • Town federation: the CDC and CHDF leaders on a monthly basis monitored the improvement of household security and its conditions through CHDF and SIF. • Local municipality: local government participated in monitoring of slum development activities.
---	---

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 practice is reliant on the welfare fund of the CDCs, so it is sustainable as long as the CDCs continuing running their savings and credits schemes. The CDC leaders continually try to partner and link, and also raise funds and other resources as required during any disaster.
--	--

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"> • Housing with proper utility facilities increased wealth of community mainly infrastructures. • People can access loans for housing development, and as a result resources are more affordable than in the past.
---	--

Social sustainability

22. Does [or did] the practice facilitate greater community cooperation and integration?	<ul style="list-style-type: none"> • Integration of Slum Development unit in the municipal structure has been vital. • Greater community cooperation and participation has been observed in identifying needs and the beneficiaries. • Community participation and collective contribution have been remarkable for raising fund to enable CHDF.
---	---

23. Have the skills and abilities of people [primarily women and young girls] increase as a result?	<ul style="list-style-type: none"> • Active participation in the climate resilient urban planning increased their skills to adapt to climate changes. • Disaster management skills of the residents have been exemplary for the whole nation.
--	---

24. Are people healthier and safer as a result?	<ul style="list-style-type: none"> • Housing improvement especially in accessing to water and sanitation ensured community health and hygiene safe and healthier life. • CHDF operations for tenure security significantly improved social safety of the extreme poor and migrants.
--	---

25. Has the practice resulted in social inequities being reduced?	<ul style="list-style-type: none"> • Development of slums significantly reduced inequalities in social condition. • Active leaderships of PG and CDC leaders could address gender inequality improving social acceptance and authority of the women leaders.
--	--

26. Are individuals [and which ones?] empowered to take a more active role in society?	<ul style="list-style-type: none"> • Women empowerment was observed in leadership practices and contribution to household and economic improvement using their savings because they got the loan and develop their housing condition.
---	--

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"> • Nothing was documented
--	--

28. Are there any other environment impacts of the practice [for instance, climate change adaptation]?	<ul style="list-style-type: none"> • Municipal waste management for habitable and healthy living environment. • Disaster management skills and funds had a great impact on climate change adaptation.
---	---

Transfer and scaling up

29. To what extent has there been any scaling up of the practice?	<ul style="list-style-type: none"> • Across Sirajganj, it is practiced within its Cluste groups now. • It is yet to be scaled beyond Sirajganj.
--	---

30. To what extent has the practice / project been transferred?	<p>Locally</p> <ul style="list-style-type: none"> • CDCs across the city, which increased in number through meetings and experience sharing among the primary groups. • This Practice can be seen in all 7 Clusters of the Sirajganj city.
--	---

Nationally

- Sirajganj received visitors from across the country notably Comilla, Rajshahi, Chittagong.

Internationally

- There is no evidence of any case, which is internationally transferred.

31. What were the most important dissemination channels that explain the transfer and / or the scaling up?	<ul style="list-style-type: none"> • Working at every level (PG, CDC, Cluster, Federation) and cooperation from all. • Primary group meetings • City visits
---	---



After a road flooded, the tin and structure were affected. Rotonganj CDC



Eroding river bank at river side of Jamuna (Amla para CDC)



During the floods every year when the Jamuna River floods, Rani Gram Akhondo Para CDC.



Rescue scenario of water logging at Dhanbandi dobaparaa CDC