

UPPR

Urban Partnerships for Poverty Reduction
2008-2015



Learning From Mymensingh

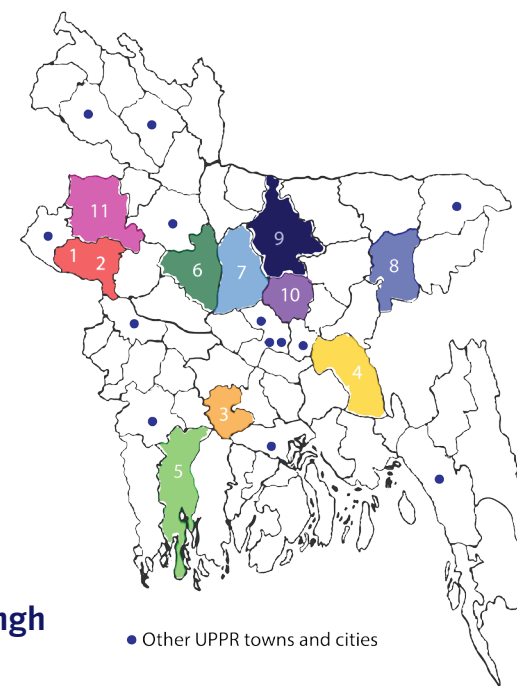
Improving health and security of
the children



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

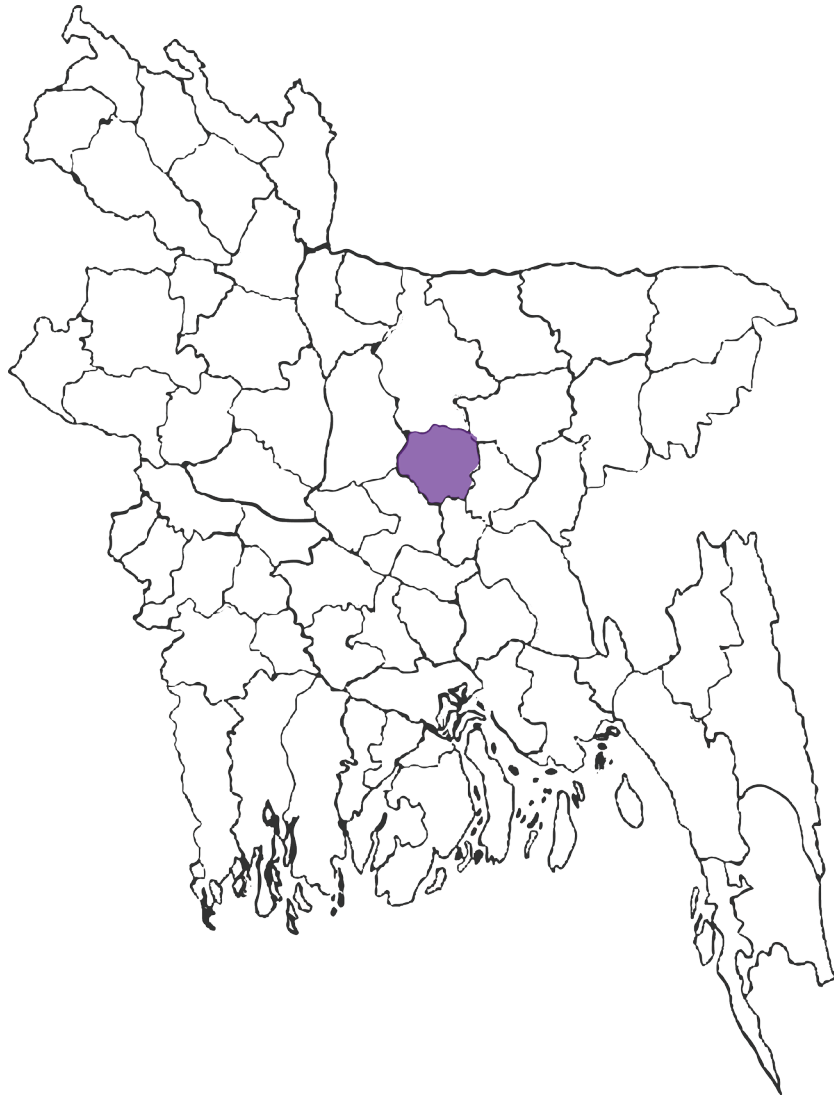
Outputs

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 Mymensingh



ABOUT MYMENSINGH

Mymensingh City Corporation is the main town in Mymensingh District, in Mymensingh Division. The city has a population (Urban) of 389918 [source: BBS census 2011], there are 1135 poor settlements containing 30516 Households (source: SLM 2011).

As far as UPPR is concerned, it has organized 78 CDCs that represent 13971 members that are involved in the savings and credit scheme. Main tangible physical achievements are the construction of 2,177 latrines, over 17.199 kms of roads and ways with footpaths, 6.175 kms of drains, and 917 water facilities. UPPR also dispersed 4012 education grants, 5560 block grants and 3064 apprenticeship grants.

Improving health and security of the children, Mymensingh

The Community Development Committee (CDC) Cluster groups in Mymensingh have operated and funded a day care service. This innovation has been an exemplary practice of the UPPR project, Bangladesh. There are four day care centres in Mymensingh providing childcare services (six days a week) to the CDC members. The day care centres improve the lives of the CDC members in two ways. By ensuring the safety and security of the children and providing them with nutritious meals three times a day. The day care service makes sure the children are able to fulfil their potential. At the same time, the service enhances the opportunity for women with children to work.



Mymensingh CDC Cluster groups

Submitting organisation: Mymensingh CDC Cluster groups

Type of organisation: Community Development Committee

Key elements of the project:

- **Support for urban poor working mothers**
The day care centre provides excellent support for working mothers of Mymensingh, for a nominal fee of 50 BDT per month. This scheme creates opportunities for those struggling to both earn an income and look after their children. These 4 centres are a critical life-line for extreme poor urban communities in Mymensingh.
- **Low cost Day care providing safety and security and nutrition for children**
Equipped with experienced centre managers, a teacher and a cook, another great aspect of the project is the service that is provided to the children for a nominal fee. Children are given 3 meals a day, a chance for pre-primary education and are looked after by a team of professionals. This unique aspect of the project, funded now entirely through the CDCs, provides a holistic approach to enabling poor mothers to earn a living to provide for their family, and at the same time, provide crucial services to their children.

Improving child security and employment of mothers

Background Information

Organisation that led the process

Mymensingh Cluster Committee

1. Type, size, and structure of the organisation

- The CDC Cluster group operates at the Ward Level, overseeing the CDCs in its area. Each cluster comprises of members from the CDCs and a steering committee of 9, which includes a management committee of 4 persons. The Cluster group reports now to the Federation. Each cluster is responsible for providing support to the CDCs to improve their work.
- The day care was established in 2010 under the direct supervision of the Cluster and CDCs and now operates independently with financial support from the income and CDC groups. It functions as an organisation under the Mymensingh CDC Federation.

2. Previous and current activity

- The CDCs main work has been to oversee the Savings and Credits, SIF and SEF activities. As part of the CAP identification of needs in Mymensingh, and initially funded by the UPPR project, four Day care centers were established in four clusters (Karnafuli cluster, Rupsa Cluster, Teesta Cluster, Meghna Cluster). Initially, Primary Groups gave feedback to their CDCs about their necessity for a Day Care Centre. CDC made plan about it and gave feedback to the Cluster. The Cluster then communicated with UPPR Head Office for approval. The day care centre is still fully running its activities with funds from the CDC and payments for services from the members. The main activity is the running of a day care service for a nominal fee of 50 BDT per month and child given by their parents, the day care centre provides facilities for poor and extreme poor working female CDC members to look after their children.

Context

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

- Mymensingh has recently become a City Corporation (2015). Young mothers and their children were one of the most vulnerable groups within the urban poor and extreme poor communities in Mymensingh City due to mothers leaving the children to go to work. Mothers did not get any support or leave during their pregnancy period. Moreover, they also struggled afterwards to continue working, often doing so at the risks they had to look after the children, often leading the young mothers to stop working. Along with this, malnutrition of the children was also prevailing problem in urban poor communities of Mymensingh. Finally, social insecurities of children and adolescent girls were one of the prominent impedances of these communities. The lack of rights within domestic and social life made the situation worse.

Practice or process description & lessons learned

4. What is the main purpose of the practice or the project?	<ul style="list-style-type: none"> For a nominal fee of 50 BDT per month and child given by their parents, the day care centre provides facilities for poor and extreme poor working female CDC members to look after their children. Within the Day Care centre, the child is given education and nutritious meals to ensure proper childhood development. It allows the employment of young mothers and enables them to contribute financially to their family.
5. Who are the main groups benefiting from the project?	<ul style="list-style-type: none"> The target beneficiaries were specifically extremely poor working mothers with children who wanted to continue to contribute to their family income. They prioritize the beneficiaries by taking suggestions and observations from the CDCs Primary Groups. They investigate criteria such as inconvenient working place for mother to keep children, absence of family member to look after the children, or extreme poor who are unable to meet the demands (security, food, entertainment, schooling) of their children.
6. What are the main features?	<ul style="list-style-type: none"> Day care facilities to provide a safe and playful environment while the mothers are at work. Ensure nutrition of food given to children in three times in a Day from Day Care Centre (using knowledge of nutrition gained from training and also consultation with local doctors). Health and nutritional education to the kids and their parents by monthly parents meeting. Provision of pre-primary schooling for the children by a teacher with higher secondary degree in education. Centre managers, cooks and teachers are employed from local community and all are women. Day Care activities run from 8 a.m. to 5 p.m. usually but according to the demand of working mother, sometimes duration varies from 7 a.m. to 7 p.m. The service remains closed in Friday and other Governmental holidays
7. What other groups or organisations, if any, have been involved in the practice /project?	<ul style="list-style-type: none"> Supports from Local Government (LG) are the most essential component to continue the practice. Land, water supply, electricity supply etc. are given by LG. The trust to keep the children in a Day Care Centre is built by the assurance of Councillors. The members of Clusters request the local shopkeepers and other businesses to give some gifts for festivals like Eid or Pohela Boishakh to the Children. They get enough response in this context from local people.
8. What were the costs and how were they met?	<ul style="list-style-type: none"> Running the day care costs around 3,000 BDT per month for each child with its current capacity. So far, the expenses have been borne by the fund of CDCs earmarked for “management costs”. Relation among the primary groups to ensure collective contribution has been vital. There were random cases of larger individual contributions from influential and able community leaders. Monthly salary of centre manager is 4,000 BDT, whereas cook and teacher get monthly 2,500 BDT and 3,000 BDT respectively. Parents give 50 BDT per month for each child which is a nominal value comparing with total cost.

9. What is the involvement of the residents in the planning, design and management of the practice?	<ul style="list-style-type: none"> • The involvement of the residents was important when in participating in the Project implementation Committee (PIC) committee and ensured collective contribution to service providing. Identification essentially required community participation to the fullest as to prioritize the needs according to the limited capacity of the centre. • Planning: Idea and demand came from meeting of Primary Groups (PG). They proposed their idea and demanded the meeting of the Community Development Committees (CDC). CDCs gave their feedback to the Cluster Committees. All these committees are made up of local residents. • Design: Participation of general residents in design phase was low. More input came from the members of Cluster committees, UPPR staff and people from the City Corporation. • Management: Residents were involved in every part of management like giving feedback to the selection procedure, being employed as centre managers, cooks and teachers and other managing aspects.
10. When did it start? When was it completed? What is its current status?	<ul style="list-style-type: none"> • The PIC committee, which took part in the 2011-2012 period under the UPPR project, was facilitated by the project • To the present the practice has been managed, operated and monitored by the CDCs on their own.
11. What were the concrete results achieved?	<ul style="list-style-type: none"> • Children remains in Day Care in all day long (8 a.m. to 5 p.m. usually) as a secure place. • Children have 3 times food in a day with high nutrition value. • They also enjoy entertaining activities (Balls, Cricket bat, Wooden Horses, TV, DVD players, origami and other non-equipped games). • They get pre-primary schooling in Day Care Centre. • Working mothers feel safe and work efficiently to continue to support to their family income generation. Working mother learn about awareness raising activities (sanitation, child rearing, importance of breast feeding, family planning, prohibition of early marriage and children oppression).
12. What barriers and challenges were encountered and how have they been overcome?	<ul style="list-style-type: none"> • Budget and service linkages are the two major components challenged. • The challenges were mainly related to the insufficient budget, which is to some extent countered by funding from Clusters. • Absence of linkages with social service providers and care-giver organizations is a barrier to scale up to meet the demand. • Collaboration so far has been unsuccessful, though the cluster leaders communicated with other care giving organisations. Unfortunately, there has been no supporting response to the isolated practice. • Managing of sites and utility services (water, electricity, drainage systems) of the Day Care Centres was first barriers but they overcame it with assistance from the Mymensing City Corporation (MCC). • Building of trust among the community was another challenge but they overcame that challenge by regular meeting and involvement of local people in planning and management of the centres. • They faced insecurity at initial phase for the harassment of dishonest people but they felt comfort by the assurance from Councilor of MCC.

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

- One of the biggest learning has been to be able to work with a limited resource and budget. and o
- Developing and operating the Day Care Centres has taught the CDC leaders valuable leadership and management skills.
- Another important lesson learnt was dealing with the local political groups and other stakeholders who would challenge the existence of the Day Care Centre (as noted above), they overcame these attacks by effectively developing communication tactics.
- The community has learned the importance of the Day Care Centre, as it has enabled many women to be able to earn a living as well.

Assessment

Innovation and impact

14. What are the key innovative features of the practice?

- The approach itself can be regarded as a key innovation to enable working mothers in poor urban neighbourhoods to be more active in participating in local economy. It has been possible due to the CDCs commitment and group work and is based on a wish by the primary group members themselves.
- This is a crucial service for improving gender equality by enabling women to continue working and earning their own money despite having children.
- UPPR gave them the budget of two years but the centres have continued for five years by the money saved by the CDCs from 2% management cost incurred at Cluster committees.
- The CDCs managed to receive land, water supply, and electricity supply by coordination with Mymensing City Corporation.
- They have integrated pre- primary schooling with Day Care Centre facilities as a key innovative feature.

15. What impact have the project and its approach had on the residents and/ or the wider community?

- Community learns about how a community organization can address its own demands with proper assistance and communication among Donor, Local Government, local influential persons and people from the community. Children and other staff come from the wider community and, as a result, they are directly benefited.
- This practice is a model example for other Non-Government Organizations (NGOs) and these organizations think about to include this practice in their future activities.
- Overall mental and physical growth of children is improved by provisions of entertainments, foods and education facilities of the Day Care Centre.
- Relationships between local residents and Councillors are improved due to collaborative workings for Day Care Centres.

16. What worked really well?

- The working mothers get the scope to work without being tensed about their children's situation.
 - Children have quality food with consideration of nutritional aspects.
 - Pre-primary schooling gives the room of basic learning of children.
 - Children learn many things within their entertaining activities like sense of colour, name of months, seasons and so on. They also get the chance of watching television and animated Cartoon by the facility of Television set, Cable TV connection and DVD player.
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17.What did not work? Why did it not work?	<ul style="list-style-type: none"> • They have an idea to expand the number of Day Care Centre and also increase the capacity of Day Care. However, it is currently impossible due to the budget constraints and the regulation of UPPR as accommodate 25 children in each Day Care Centre.
18.Have any local or national policy changes taken place as a result?	<ul style="list-style-type: none"> • There is no local or national policy changes taken place as a result come from this practice.
19.Is any monitoring or evaluation process being carried out? When?	<ul style="list-style-type: none"> • Community leaders (Federation, Clusters, CDCs) monitor as well as evaluate the operations on a regular • Monthly monitoring has been done by persons from CDCs and Clusters. Councillor visits the Day Care Centre suddenly to check their activities and wellbeing. They have some supports from local doctors to monitor the food nutrition. • They maintain registration and attendance sheet for children and also maintain bookkeeping for foods and education facilities and all other expenses. Members of Federation, Clusters and personnel from MCC check this accounts on a monthly basis.

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 depends entirely on fund, which has been collected by the CDCs. Though the capacity has been limited, the project has the ability to run without any other funding stream as seen so far. • Nonetheless the project needs for scaling up require greater collaboration of service providers, which could significantly substitute the needs for larger budget allocation through other funding streams.
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"> • Working mothers are more efficient in their respective sectors and able to generate healthy income, which accelerates their savings and secure future planning.

Social sustainability

22. Does [or did] the practice facilitate greater community cooperation and integration?	<ul style="list-style-type: none">• The program enables the women to efficiently participate in local economy. But the practice is yet to facilitate cooperation and integration of child service providers and other social organisations.• Since the wish to establish the centres came from the primary groups they were the one pushing for the centres collectively.• In the process, the community had to organize their idea through the PIC and defend it in front of the other CDC's, the LGIs and the UPPR project staff.• Since CDC-members are also staffing the centre, there is a high degree of organization and information sharing within the community.
23. Have the skills and abilities of people [primarily women and young girls] increase as a result?	<ul style="list-style-type: none">• The program ensured skilful and regular performance of workingwomen and enabled them to contribute to their household as well as community needs.• Working mother learned about food nutrition from day care activities and also entertainment needs of children.
24. Are people healthier and safer as a result?	<ul style="list-style-type: none">• Learning about proper sanitation and hygiene practice as well as accessing child nutrition has been vital to transform the community to be healthier and safer.• Especially malnutrition in the children has been significantly reduced providing healthier and secure childhood environment through day care services.
25. Has the practice resulted in social inequities being reduced?	<ul style="list-style-type: none">• As the women are earning alongside their male counterparts, inequalities were significantly reduced in their families as well as in the locality.
26. Are individuals [and which ones?] empowered to take a more active role in society?	<p>Empowerment of women through the program has been two fold:</p> <ul style="list-style-type: none">• CDC leaders operating and managing the program are primarily empowered as to carry out the care services, which have high demand in the community.• Empowerment of working mother of extremely poor groups in terms of their income generating performance in the local market.

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">• There is no evidence to ensure a more appropriate use of energy and water resources by this practice.
28. Are there any other environment impacts of the practice [for instance, climate change adaptation]?	<ul style="list-style-type: none">• No other notable impact on their living environment.

Transfer and scaling up

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

- The practice has been clearly an isolated one. One key feature that demonstrates the isolation is the failure to scale up. Absence of greater cooperation of the community and its caregiving organizations has been a challenge in improving capacity and quality of the service.

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

Locally

- No local level transfer has achieved yet. They started this practice as four day Care Centres in four Clusters at a time.

Nationally

- No national level transfer has been achieved yet.

Internationally

- No international transfer has been achieved yet.

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

- There were no effective dissemination channels that could potentially transfer the practice throughout city scale. This also partially explains the failure to scale up.



Children slept at Day Care Centre of Mymensingh



Playing scenario of children at Day Care Centre of Mymensingh



Children slept at Day Care Centre of Mymensingh



Learning to take care about themselves at Day Care Centre of Mymensingh



Children taking food as their lunch at Day Care Centre of Mymensingh



Pre-primary schooling at Day Care Centre of Mymensingh