

## Sharing experiences towards community empowerment

Exchange visit programmes are aimed at capacity building among the community leaders through sharing experiences in terms of community mobilization, community action planning, setting priorities, understanding the basic needs of improving environmental sanitation and economic conditions, gender equalities and community empowerment. The programme included, discussion meetings, visits to CDCs by visiting CDC members, on site visits to different activities and sharing experiences between towns, between project staff and between community members.

As a core element of the community empowerment strategy, the community exchange programmes have been successfully implemented having a powerful effect on individuals, especially women, of exposure to travel and different environments. Undoubtedly, witnessing strong community leaders elsewhere in the region has assisted their confidence and ability to negotiate with government officials and gave them new ideas. The town-to-town exchanges have also enabled the development of mutual support exemplified during the floods of 2004 by the visits of community leaders to towns with donations of food and equipment.



Study tour, Community people visiting Cambodia

## Capacity Building in Action

The original design of the project has been shown to be effective notably in group formation, community action planning and mobilizing through community networking. The use of community-generated savings and credit, externally provided grant funds and the assistance of town-based project teams has been an effective means to build community capacity. The design concept and strategy of the project have been shown to be relevant in the context of continuing urbanization of poverty and paucity of national or local government policy or programmes to respond to the needs of the urban poor.

Working directly with communities to increase their capacity for self-development and mutual support combined with the promotion of partnership building with local governments represent an appropriate strategy for transformation. Given the apparent soundness of management systems, the demand for project assistance and cost effectiveness the project model is capable of replication to other settlements within the existing 11 towns and also to other towns and cities.

The project has and impressive coverage representing a significant proportion of the urban population; the project has impacted on the lives of over 600,000 people improving their living conditions and social organization. Women, especially have found the capacity and confidence to engage beyond their families and communities and have demonstrated skills and abilities not previously thought possible. The project has thus developed a management capacity and demonstrated a set of interventions that can empower communities to organize, to build capacity and to improve their living conditions.

## Anticipated Project Impact

- Better off individuals**
  - higher and more stable incomes
  - increased valuable assets
  - marketable skills and higher level of education
  - reduced insecurities such as insecurity of tenure and personal insecurity
- Healthier communities**
  - reduced expenditure on health care
  - fewer days off work
  - better access to emergency services
  - reduced mother, infant and child mortality
- More integrated**
  - an increase in families having employment or businesses outside urban poor areas
  - increase use of town level health and education facilities
  - extension of town level services such as water supply, electricity, drainage and solid waste management into the urban poor communities
- Pro-poor policies**
  - preparation of development plans with urban poor community participation
  - granting of security of tenure to urban poor areas
  - implementation of pro-poor rules and regulations
- Sustainable**
  - development of the human resource and financial capacities of the local governments to implement poverty alleviation programmes
- Policy impact**
  - urban poverty alleviation programmes included in the PRSP and implemented at local level
  - national level urban pro-poor policy changes recognition of, and planning for rapid urban growth



"We did not know each other before coming here...thanks to the CDC, now our blood is connected"

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## FAST FACTS

People's Republic of Bangladesh

- Population: 144,319,628 (July 2005)

- 50% of urban population are characterized as poor and 30% as hard core poor

- The most visible characteristic of urban poverty is reflected in the physical environment of the slums. Water supply, waste disposal, electricity or gas are either non-existent or non functioning. Environment sanitation is grossly deficient

Source: Report of Evaluation Mission (GHK)

## BANGLADESH

# Building Community Capacity

## Local Partnership for Urban Poverty Alleviation Project



It is estimated that there are 37 million people living in urban areas of Bangladesh and it is growing at a rate of 4.7% per annum. Of this population, an estimated of 47% live below the poverty line. The growth of the urban population is largely in the poorer communities due to the migration of the rural poor to urban areas because of landlessness and absence of economic opportunities. Over the last decade Bangladesh has experienced a rapid urbanization of poverty manifested by the proliferation of slums in the urban areas. About one third of the urban population are now living in what are called slum settlements with no rights to the land and with limited access to basic services. It is now recognized that the urban poor make a substantial contribution to the economy of Bangladesh, especially in the sectors of garments, transport, construction and services and therefore their needs to become full citizens of the city have to be catered for. The need to mobilize the potential of women living in the low-income settlements for their own development as well as to the nations development have to be given very high priority.

The Local Partnership for Urban Poverty Alleviation Project aims to eradicate urban poverty amongst poor communities in selected cities and towns. The basic premise is that poverty alleviation is the responsibility of empowered urban poor communities, backed up by Government supportive efforts and policies at local and national levels. UNDP is financing the Project and the Ministry of Local Government, Rural Development and Cooperatives is executing it through the Local Government Engineering Department (LGED). UN-Habitat is the UN implementing partner, formulated the project and provides management and advisory services.

The strategy adopted aims to initiate or strengthen group formation within the urban poor communities to facilitate community level development planning and the implementation of community projects. At the same time, while the community is being mobilized, project staff work with Government and non-Government representatives to create an enabling environment for the urban poor, through provision of training, technical support, and capital investment in the form of a community development fund and a poverty alleviation fund.



Living over water, Khulna

"Improvements in water and sanitation facilities in the slums have led to overall improvements in health and well-being. Better roads have also helped. Each family has 5 to 6 children - a key factor that keeps us poor, however, we women are confident that if we can earn a living we can overcome everything else".

Apprentice Shammi's Employer, Khulna

## Developing Skills, Improving Life

Chanda has a 5 year old son. Her husband was a mini-truck driver and she was working with KATALYST as a teacher, where she was paid Tk. 400 per month. She was quite happy with her life until she and her husband simultaneously lost their jobs after which she went to live with her mother. Two years ago she started getting involved with the savings group and she started some income generating activities. The CDC chairperson and other members of the CDC selected her as apprentice. She went to talk to a doctor about her interest, at a clinic that conducted six month trainings for people. In March 2005 she had completed the six months with a remuneration of Tk. 2,000 per month. Now she is an employee of the clinic and gets Tk. 1,000 per month and makes at least Tk. 500 as tips. She knows about ward management, and how to check blood pressure, administer injections and so on. Six months ago her husband got a job as well and earns Tk. 3,000 per month. Her ambition is to become a good midwife and help poor pregnant women during delivery.

Halima Akter Chanda, Age 26  
Greenland, Khulna