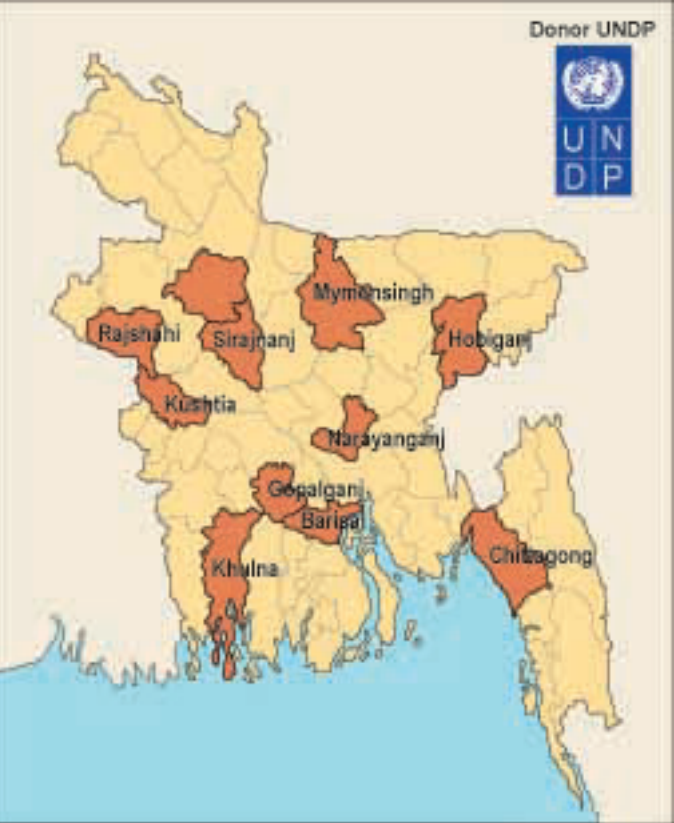


Empower poor urban communities

The project is based on the fundamental premise that the urban poor especially the women, can break away from the vicious cycle of poverty if they are empowered and actively supported by Government, Local Governments and non governmental organizations. It is intended to benefit about 100,000 families living in 500 communities in 11 project towns but the project has now covered over 600 communities and 143,334 families. The project is being implemented in the four City Corporations of Chittagong, Khulna, Rajshahi and Barisal and the seven Pourashavas (Municipalities) of Mymensingh, Bogra, Sirajganj, Gopalganj, Gopalganj, Narayanganj, Hobiganj and Kushtia.

Project Working Area



The development objective of the LPUPAP is to alleviate poverty in the selected urban areas through the empowerment of poor urban communities and capacity building of local governments. Promotion of local partnerships, community participation in all aspects of the development process and increasing responsiveness of local government to the needs of the urban poor are key approaches in achieving the development objective. The program support objectives are:

- Identification and organization of community groups
- Capacity building of community groups to prepare and implement community development plans including management and disbursement of funds
- Capacity building of local government institutes, people's representatives and NGOs to respond to the needs of the urban poor
- Participatory preparation of community development plans with the emphasis on poverty alleviation, community empowerment, and socio-physical services and facilities
- Implementation and monitoring through local partnerships
- Establishment of grant schemes for community contracts for physical improvements and for the implementation of socio-economic development plans
- Experience sharing between communities and policy level advocacy

The project has three main components: a) a Community Development Fund for construction of physical improvements in poor communities through community contract system, b) a Poverty Alleviation Fund with micro grants for apprenticeships (vocational training) and grants for small businesses and c) Community Empowerment and strengthening the capacity of local government through training and facilitation to become more responsive to the needs of the urban poor.

Community Development Activities

Community Mobilization

In order to mobilize the communities a number of activities were carried out within the community such as mass meetings, exchange visits, participatory urban appraisal surveys, family surveys and informal group meetings. The key outputs were the formation of Primary Groups (PGs), Community Development Committees (CDCs), Project Implementation Committees (PICs), and Project Coordination Committees in each town.

During the first two years of the project a total of 412 mass meetings were organized to make people aware about community participation and building partnerships for the poverty reduction. Community capacity building has been done through interventions such as regular meetings of the groups and committees, training and counseling, formal and informal communications and participation in planning and decision making at different levels.

Primary Groups

Participatory urban appraisal surveys were undertaken to organize the communities in primary groups. The community people organized themselves into primary groups having about 20 families, with one representative from each family as the member. The primary groups formed the Community Development Committees. The size of the CDC depends on the size of the community, but ranged from about 100 to 400 families. In 600 communities across the 11 towns there are over 5,400 PGs covering over 100,000 households of which 4,400 are saving groups.



Community Development Committee

The CDC is the central focal point for implementing the project activities and is composed of all leaders and secretaries of PGs. The CDC members elect four office bearers to manage the CDC. The office bearers are the Chairperson, Vice Chairperson, Secretary and Cashier. There are over 600 CDCs, most of these communities were identified after conducting participatory urban appraisal. All the CDCs are accredited by the respective City Corporation or Pourashava to recognize the CDC as an entity and give it formal status at the local level.



Primary Group Members in meeting



Sharing views with the community

Project Implementation Committee

The Project Implementation Committee is the Ward level project organization in the town. The Ward Commissioner is the Chairman of the PIC. The project's Community Development Worker is the member secretary of the PIC. All decisions or recommendations from the CDC regarding community contracts or socio-economic development plans are discussed in the PIC meeting. PIC coordinates the equitable distribution of resources and is the first step in the links between the CDC and the local government. It allows integration of the project interventions with local level planning and participation of the public representatives in the poverty reduction strategy.

At the local government level, the Project Coordination Committee is the final authority to approve proposals for the implementation project activities. The Mayor of the City Corporation or the Chairman of the Pourashava is the Chairperson of PCC. A senior engineer from the City Corporation/Pourashava is the Member Secretary except in Barisal, where a senior health officer is the Member Secretary. The committee was set up for overall coordination of project activities in the town.

Community Development Fund

Community Action Plan

The Community Development Fund (CDF) is for construction of basic facilities according to community needs reflected in the Community Action Plan (CAP). The preparation of a CAP is the first step for a community contract. The CAP includes a priority list of facilities and improvements in environmental conditions needed by the community. The CDF has been successful in meeting basic needs of the majority of the poor in the project communities, comprising more than 140,000 households. Water supplies and sanitation are much improved through additional 31,380 latrines and 2,914 tubewells and quality of life, health status and income earning potential are reported to have improved. Women and children have especially benefited.

Community Contracts

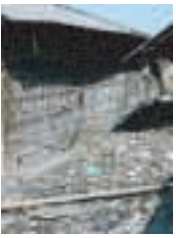
The community action plans form the basis for the development of the community contracts that are all managed by the communities and led by women. The contracts are not providing only twin pit latrines and tube wells but together with footpaths and drains, these appear to take the overwhelming majority of the funding. Investment remains and is circulated within the community and community-based management also helps to ensure quality control and overall cost-effectiveness. About 600 CDCs have been awarded community contracts that were prepared in accordance with the project implementation guidelines.

"It is difficult to bring women out of their houses in a Muslim country...the LPUPAP project has not only helped women to come out but inspired them to lead, save and improve the life of the whole community..."

Nur-E-Alam Helal, Chairman, Shirjaganj



New project latrine



Project footpath within the slums



Large platforms around the pumps

Poverty Alleviation Fund

Savings and Credits

The formation of savings and credit groups was considered as one of the key interventions for poverty alleviation. The primary groups were motivated to form savings and credit groups. The project had prepared guidelines, books of accounts and passbooks for each PG. The total amount of savings in all towns stands at Tk. 51.0 million (US\$ 825,000 approx.).

Most of the primary groups started savings and were designated as Savings and Credit Groups (SCGs). The primary groups meet weekly for managing the different needs of the groups, including collection of savings and disbursement of loans. The SCGs are also provided with books of accounts and have been trained in their maintenance. The project regularly monitors the books of account at CDC as well as at SCG level. The communities have had the opportunity to build their management skills, particularly financial management, through savings and credit management and this has been a very useful preparation for the management of the community contracts.

The saving and credit activities have enabled families to accumulate financial assets which have provided some security against shocks of illness and unemployment and, through loans, to acquire productive assets for income generation. The project has also provided a family file to the SCG members, as an encouragement for their keeping documents and papers. This was also aimed at empowering women members to have responsibility, self-confidence in their individual identity.

Life skills enhancement

The scheme provides 6 months' apprenticeship to young people selected by the community from the poorer households. The project has already funded 183 CDCs contracts for 3,836 apprentices. The first batch has completed their 6 months and over 80% are reported to be in full-time employment.

Apprentice learning

Besides "women oriented professions" like handicrafts, tailoring, embroidery and sewing, girls and young women are taking up a cross section of professions like computer operations, beauty parlour work, assistant nurses, jewellerly making and leather work as well as non-traditional professions like carpentry and furniture making, mechanical repairs (including mobile phones), banner and poster making, photography and studio work.

Findings from "Stable Income Analysis" Apprenticeship Programme

Project Management Structure

