

## **IFSP SHAHAR COMPONENT**

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### **SHAHAR Project History:**

**Learning from experience in  
urban programming**

**CARE - Bangladesh  
in collaboration  
International Food Policy Research Institute**

**December 2001**

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**SHAHAR Project, House 61A, Road 8A, Dhanmondi  
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## ACKNOWLEDGEMENTS

The completion of this project history report spanned only two months. It was a very tight schedule for such an exercise. However, the collective efforts and commitment of the team members has resulted in its successful completion.

Many contributed to this study by providing their valuable insights, advice and comments. Special appreciation goes to Mr. Ekramul Kabir, Mr. Zubaidur Rahman, and Ms. Khaleda Yesmin of SHAHAR for providing their support.

The principal actors in eliciting information for the preparation of this project history report were the staff members of the SHAHAR field offices who shared from time to time their reflections on the progress of this project, including the provision of necessary documents and information.

We are very thankful to other SHAHAR CBHQ staff for their patience, understanding and willingness to undertake extra responsibilities during the completion of this report.

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## I. INTRODUCTION

SHAHAR (Supporting Households Activities for Hygiene, Assets and Revenue), a component of the Integrated Food Security Program (IFSP) of CARE-Bangladesh, was launched in mid-1999 with recruitment of staff being the first activity following the inception of the project. Since then, two-and-a-half years have elapsed, and various lessons have been learned in the process of implementing such an integrated and innovative program. This program was based on the Household Livelihood Security (HLS) framework and was intended to improve the plight of the urban poor in selected secondary cities of Bangladesh.

From the early phase of SHAHAR, major emphasis was placed on learning from project experience. This approach was directed to the wider dissemination of information to CARE missions worldwide, including other agencies interested in undertaking urban programming. To facilitate and bring into operation the concept of documenting lessons learned and “best practices” in urban programming, including the dynamics of urban livelihoods, from SHAHAR, an institutional collaboration was made between International Food Policy Research Institute (IFPRI) and CARE-Bangladesh from mid-2000 for a period of 3.5 years. In addition to various activities accomplished under this collaboration, both CARE and IFPRI envisioned the production of a history of the SHAHAR project from its inception till today. This report, therefore, provides a vivid description of the various stages that SHAHAR has passed through as well as highlighting the lessons that have been learned throughout its 2.5 years of project operation.

### 1.1 Sources of data

The preparation of this project history is primarily based on information gathered by the author while working as a member of the SHAHAR team under the CARE – IFPRI action research collaboration since mid-2000. Active participation in various meetings, workshops, and training sessions provided a picture of the changes that the SHAHAR project underwent over time. Also, various project documents provided valuable support in building up the contents of this report, including the evidence of those changes.

### 1.2 Organization of the Report

This report is organized into 5 sections. Section I introduces the rationale for this study. Section II provides the history of the conceptualization and design phase of the project. Section III describes the implementation phase undertaken in two municipalities: Jessore and Tongi. Section IV describes the stages and activities during the expansion phase into another two municipalities, Mymensingh and Dinajpur, in the second year of implementation. Section V highlights the key features that must be ensured for the successful operation of a project based on the findings emerging from this project review.



## II. CONCEPTUALIZATION AND DESIGN PHASE

### 2.1 Background of the birth of SHAHAR

CARE has been operating in Bangladesh for nearly 50 years, initially in relief provision and then moving toward rural income generation and primary health care since the 1970s (Sutter and Perine, 1998). During the mid-1990s, CARE entered into the urban sector through two-urban based programs: INCOME<sup>1</sup> and SHAKTI<sup>2</sup>. Being in a position to expand involvement in urban programming owing to its years of experience in rural regions and the ability to transfer lessons learned from those interventions, CARE planned to increase its presence in the urban sector, particularly in slums and low-income settlements.

#### 2.1.1 The Urban Livelihood Security Assessment study

As the first step in entering urban programming, CARE undertook a livelihood security assessment of urban slum households in the cities of Tongi, Khulna and Bogra in 1997. The assessment<sup>3</sup> conducted with technical assistance from IFPRI identified five key inter-related problems facing poor and marginal households in urban areas (Sutter and Perine, 1998):

##### 1. *Household income is unstable and insufficient to meet basic needs.*

Households commonly have inappropriate skills and weak networks. Only 14% work in the formal sector; the rest are forced into the informal economy where income is unstable and insufficient for basic needs. Households are caught in a cycle of poverty, unable to save sufficiently to escape absolute poverty. Up to 65% of the household income is spent on food; housing takes up the bulk of the rest. The average monthly household income is Tk 2,264. Low levels of literacy and education compound this problem. Only 23% of household heads have more than a primary level education. About 40% of school age children are not attending school.

##### 2. *People feel disenfranchised, resulting in virtually no community initiatives to solve their problems.*

Essentially these poor households are pushed into the city and have a very weak sense of identity and belonging. Rates of participation in community activities are very low, with 94% of households not associated with any society or organization. Urban slums are often outside the main stream of governance and long-term strategic development planning. This creates the operational space for exploitation. At best households can expect an ad hoc response to their development needs, but more commonly they can expect to face violent eviction due to insecure land tenure. Influential people often force these households to pay rent in cash or kind for access to tube wells and latrines. This occurs on both private and government land. If these residents are unable to pay cash, they are often caught in a criminal net involving the sex or drug trades. Poor households living under such conditions have little incentive to make improvements in their living conditions and the surrounding environment.

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<sup>1</sup> INCOME (Increasing the Capability of Organizations in Micro Enterprise) assists urban-based non-governmental organization (NGOs) to improve their financial sustainability and the quality and scale of income generation, savings and credit programs.

<sup>2</sup> SHAKTI (Stopping HIV/AIDS through Knowledge and Training Initiatives) promotes behavioral change through an awareness building campaign among such urban groups as truck and bus drivers and commercial sex workers.

<sup>3</sup> The assessment included: (a) a quantitative survey of 725 households in nine bustees (slums) of Khulna, Tongi and Bogra, (b) a nutrition assessment of mothers and children in the 725 households; (c) key informant interviews of community leaders, community-based organizations; and other community elites; (d) large-group interviews of men and women in each community; and (d) focus group discussions with men and women with similar livelihood strategies and occupations.

### ***3. Poor families live in extremely unhygienic environmental conditions.***

Most often the poor are forced to occupy the worst land from a geographical and technical point of view. Typically they occupy low land prone to water logging and flooding. Up to 75% of households experience water logging at some point during the year. Alternatively they settle on land that is not strongly protected, typically adjacent to polluting industries or dangerously busy highways and railway lines. New households continue to settle in the area, exacerbating land shortages with an ever-increasing population density and creating the potential for natural disaster. In addition, the level of services is inadequate to ensure environmental health. Some 81% of households live in a single room made from flimsy building materials. Some 90% of households share a non-hygienic latrine with other households. In general there is little separation of sewage from wastewater, resulting in the contamination of water sources. Clearly this creates an unhealthy living environment. Some 57% of households had at least one member who fell sick during the month preceding the survey. The most common illnesses are the common cold (54%) and diarrhea (15%).

### ***4. Poor maternal health: Woman at risk during pre- and postnatal period.***

Over 60% of women do not have access to additional food during pregnancy. In Khulna approximately 30% of women reported eating less food than usual during pregnancy. Unsafe delivery practices, including dependence on untrained traditional birth attendants, contribute to high death rates during delivery. Almost 90% of all births continue to take place at home. Limited access to proper health services, including hospitals and clinics, as well as an extremely high prevalence of diarrhea, combined with limited knowledge of good hygiene practices and disease prevention, contribute to high child mortality rates. Less than 10% of people in the communities included in the study wash their hands with soap before eating or after defecating.

### ***5. Maternal and child malnutrition rates are significantly higher than for the rest of Bangladesh.***

Some 38% of boys and 41% of girls are stunted, an indicator of chronic malnutrition. Acute food insecurity increases during the monsoons, when houses and roads become waterlogged, income-earners relying on rickshaw pulling or construction find fewer income-earning opportunities, and rates of infectious diseases increase due to the increased prevalence of stagnant water. Focus and large-group discussions with women indicate that the allocation of food within the household gives women last priority.

Findings of the livelihood security assessment point out four basic constraints governing the livelihood stress of these urban poor. These are:

- income constraint,
- health constraint,
- environmental constraint; and
- lack of social cohesion and the individual capability to cope with crisis.

Based on the findings of the assessment as well as review of other secondary information, CARE designed an integrated food security and nutrition project called SHAHAR (meaning “city” in Bangla) for the urban poor living in the slums and low income settlements. The project design utilized the Household Livelihood Security (HLS) framework that CARE is seeking to institutionalize in all of its program areas worldwide.

### **2.1.2 SHAHAR component within overall IFSP**

The Development Activity Proposal (DAP) for the IFSP (Integrated Food Security Program) for the period 1999 – 2004 identified four distinct components:

- BUILD (Building Union Infrastructure for Local Development),
- FPP (Flood Proofing Project),
- DMP (Disaster Management Project); and
- SHAHAR (Supporting Household Activities for Hygiene, Assets and Revenue).

The overall goal of the IFSP is to (CARE, 1998: p9)

*Promote and protect the food and livelihood security of vulnerable groups in underdeveloped high-risk rural and urban areas of Bangladesh.*

BUILD deals with reconstruction of high quality R-1 roads and will work closely with local governments to ensure their sustained responsibility for managing road maintenance.

FPP targets the most food insecure population in the char and haor regions of the country, alleviating the burdens of women who manage the household resources needed for family survival.

DMP encompasses partnering with NGOs, local governments, and the Government of Bangladesh (GOB) to effectively prepare for and respond to national disasters.

The DAP envisaged that “SHAHAR will address the technical areas of health and nutrition through hygiene education and home gardens, micro-credit and income through IGAs and savings clubs, and water and sanitation infrastructure through improved sanitation facilities (CARE, 1998: p14).

SHAHAR is designed to improve unhygienic environmental and sanitation conditions in poor communities, including slums, in major secondary cities. The distinguishing feature of SHAHAR is that it is an urban project while the remaining of IFSP components are projects targeting rural areas.

Since the rest of these IFSP components are either extensions of their previous pilot phases or carry-overs of previous projects with some modifications, the challenges in bringing into operation the projects were not as formidable as in the case of SHAHAR, which is a new project.

After reviewing the DAP, the then-project coordinator of SHAHAR planned to undertake additional qualitative studies in selected secondary cities to understand the dynamics of the urban slum and low-income settlements. The idea was to generate and identify the type of interventions that can be undertaken to address the five key interrelated problems identified in the ULSA and also highlighted in the DAP.

### **2.1.3 Community Level Process Planning**

Community Level Process Planning (CLPP) using participatory learning and action (PLA) techniques was conducted in the slums of Khulna and Tongi in December 1999 and Jessore in February 2000. The primary objective was to identify problems perceived by the community and possible areas of intervention identified by them. The PLA exercise was a three-day program undertaken in a number of slums in Jessore, Kulna and Tongi. Whereas in Tongi and Khulna the findings were complementary to the

Urban Livelihood Security Assessment study (ULSA) of 1997, in Jessore they were the primary source of information.<sup>4</sup> PLA sessions were held in 21 slums in Jessore and two each in Tongi and Khulna. Various PLA techniques were used, including rapid appraisal, open question-and-answer sessions, focus-group discussions, social and resource mapping and Venn diagrams.

The PLA exercise also identified the same interrelated problems described above in Section 2.1.1. In addition, the PLA sessions identified a list of interventions for the SHAHAR project recommended by the community members (for details see Appendix I: Community profile report, Jessore and Appendix II: Community profile report, Tongi and Khulna).

## 2.2 The SHAHAR project

Based on the aforementioned discussion, it becomes clear that the conceptualization of the SHAHAR project was based on the findings of ULSA, CLPP as well as the strategic directions set out in the DAP. As SHAHAR is one of the components of IFSP, its goal needs to be set in such a way that it complements the overall IFSP goal mentioned in Section 2.1.2.

As such, the goal of the SHAHAR project is defined as:

*Sustainable promotion and protection of the food and livelihood security of vulnerable households in underdeveloped high-risk urban areas of selected secondary cities in Bangladesh by year 2004.*

pursued with three strategic objectives (SO):

- *SO 01: to protect and promote household income and community resources and assets*
- *SO 02: to improve hygiene and maternal childcare practices of vulnerable groups*
- *SO 03: to create effective and sustainable institutional support mechanisms*

In attaining this goal and in keeping with the strategic objectives, the SHAHAR project is designed to increase incomes and improve unhygienic environments and sanitation conditions in poor urban communities, including slums, in major secondary cities. The four major components of SHAHAR project are:

- Infrastructure improvements, such as community toilets, drains, footpaths and water points in the project sites (Infrastructure);
- Health, hygiene and nutrition education (HHN);
- Income-generating activities including vocational and skills training (IGA); and
- Community mobilization and institutional strengthening (CM&IS).

These four project components should assist households in:

- Practicing safer personal hygiene and improved health, thus releasing the health constraint;

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<sup>4</sup> The original planning for the SHAHAR project was premised on the project's being active in the two cities of Tongi and Khulna during the first year of operation. Thereafter, in year two, the project was programmed to spread into two additional cities. The stakeholder consultation stage of the project indicated that a number of unresolved issues remained in Khulna, issues that unless resolved would hinder the effectiveness of the project and result in possible duplication of resources and effort. A time lag of several months was identified as necessary to resolve the issues. As such it was decided to move project resources to Jessore and bring forward by a year the proposed activities in that city.

- Protecting their property and resources from water logging, thus releasing the environmental constraint to some extent;
- Increasing their income through income-generating activities, thus releasing the income constraint;
- Maintaining and sustaining healthier community environments through expanded participation in community resource management committees, thus improving social cohesion and individual capability.

Local urban government bodies (Pourashavas) are to implement the project through partner NGOs working in urban areas with CARE. The Local Government and Engineering Department of the national government (LGED) are responsible for technical, financial and operational monitoring and institutional capacity-building.

The project activities are to be undertaken for a period of four years in urban slum communities or poor neighborhoods. In the first year the project was implemented in the cities of Tongi and Jessore. In the second year the project initiated activities in Mymensingh and Dinajpur. The overall project duration is five years.

### 2.3 SHAHAR Logframe

SHAHAR developed a Logical Framework (LogFrame) where goals, effects, outputs and activities were described (for details see Appendix III: SHAHAR Logframe, OLD). At the initial stage of the project design, a large number of activities were set, which are reflected in the logframe. However, during its one year of implementation in Jessore and Tongi, a series of problems appeared as SHAHAR tried to bring into operation the diversified set of activities without proper guidelines and strategic directives in place. Over time, the logframe was substantially revised. These details will be discussed in relevant sections.

### 2.4 SHAHAR project activities

The DAP outlined a list of 18 activities to address the project components based on its analysis of the ULSA findings (Box 2.1).

#### Box 2.1 Activities in DAP

<b>Component 1</b>	<b>Urban households protect their property and resources from waterlogging and increase their incomes</b>
Activity 1	Improve drainage to reduce water logging
Activity 2	Construct/repair canals, footpaths, culverts, bridges
Activity 3	Raise plinth levels of households
Activity 4	Install garbage bins
Activity 5	Access to credit for IGAs
Activity 6	Formation of credit and savings groups
Activity 7	Training in specific IGA skills, including financial management
<b>Component 2</b>	<b>Vulnerable urban households are practicing safer personal hygiene</b>
Activity 8	Formation of mother and child groups for hygiene education
Activity 9	Health education sessions on personal hygiene and sanitation practices
Activity 10	Establishment of homestead and rooftop gardens
Activity 11	Provision of sturdy latrines and public toilets
<b>Component 3</b>	<b>Strengthened community, NGO, pourashava, and GOB partners' capacity to maintain sustainable urban programs</b>

Activity 12	Facilitate PLA sessions to identify problems and solutions
Activity 13	Form Community Resource Management committees to coordinate and maintain activities
Activity 14	Train and strengthen NGOs and community organizations
Activity 15	Engage local municipalities to address land tenure security and maintenance issues
Activity 16	Strengthen institutions of pourashavas, municipal governments, and GOB counterparts
Activity 17	Promote greater representation by vulnerable urban households in the municipality and pourashava planning process
Activity 18	CARE – IFPRI action research to support and improve urban programming in Bangladesh

Source: DAP, p: 41 – 46 (CARE, 1998)

However, at the project level, based on the key findings of the ULSA, CLPP studies and the DAP itself, SHAHAR set its activities in such a way that they collectively establish a degree of household livelihood security for urban vulnerable households. This led to an expansion of activities beyond those outlined in the DAP. The following are the activities that correspond to individual major problems identified in the ULSA and/or CLPP studies (CARE/IFPRI, 2001a: Baseline Survey). The similarity and/or direct inclusion of core DAP activities in the planned activities of SHAHAR is indicated in parentheses.

***Problem 1: Household income is unstable and insufficient to meet basic needs***

*SHAHAR will endeavor to improve access to basic needs through the following income-generating activities*

- The formation and capacity building of savings and IGA groups. (DAP activity 6)
- The training of members in business and IGA skills. (DAP activity 7)
- The granting of credit to group members for business creation and development. (DAP activity 5)
- The dispersion of vocational training grants.

*SHAHAR will endeavor to reduce the impact of household shocks and stresses through the following activities*

- The formation of a savings scheme. (DAP activity 6)
- The formation of a micro-insurance scheme.

***Problem 2: People feel disenfranchised, resulting in virtually no community initiative to solve their problems***

*SHAHAR will endeavor to increase the sense of belonging and promote community development initiatives through the following activities*

- The formation and training of Community Resource Management Committees. (DAP activity 13)
- The observance and celebration of national and international days.
- The establishment and maintenance of a Community Resource Center.

*SHAHAR will endeavor to increase the organizational capacity of the urban poor to effectively engage with the Pourashava regarding urban development initiatives through the following activities*

- The formation of a sustainable Community Resource Management apex / federation.
- The organization of in-country visits to other urban development projects by the CRMC.

*SHAHAR will endeavor to empower and reduce exploitation of individual households through the following activities*

- Training of households in gender and development through large-group activities.
- Training of households in human, women's and children's rights.

*SHAHAR will endeavor to improve the capacity of local NGOs to engage in sustainable urban development processes through the following activities*

- Project staff receives basic training. (DAP activity 14)
- Project staff, through Training of Trainers (TOT) courses, acquire relevant development practitioner skills and education.
- Institutional governance training.
- In-country visits by project staff and/or Board members to other urban development projects.

***Problem 3: Poor families live in extremely unhygienic environmental conditions***

*SHAHAR will endeavor to improve unhygienic environmental conditions through the following institutional measures and activities*

- The development of a participatory planning approach within the pourashava that includes the poor in short-, medium-, and long-term urban planning. (DAP activity 16)
- The promotion of a development partnership between the pourashava and local communities to ensure maintenance of infrastructure. (DAP activity 15)

*SHAHAR will endeavor to improve the unhygienic environmental conditions through the following activities*

- The planning and construction of urban infrastructure including drains, washing points and toilets. (DAP activity 1, 2, and 11)

***Problem 4: Poor maternal health: Woman at risk during pre- and postnatal period***

*SHAHAR will endeavor to improve maternal and family health and hygiene through the following activities*

- Popular participation in national health / hygiene campaigns.
- Popular training in personal hygiene practices. (DAP activity 9)
- Formation of adolescent health care groups.
- Formation of pre- and postnatal groups. (DAP activity 8)
- On-going health and hygiene education programs attached to small development groups.

***Problem 5: Maternal and child malnutrition rates are significantly higher than for the rest of Bangladesh***

*SHAHAR will endeavor to reduce maternal and child malnutrition rates through the following activities*

- Popular participation in national nutrition campaigns.
- On-going nutrition education program attached to small development groups.

- At-risk and/or severely malnourished mothers and children brought under a demonstration nutritional education process.
- Promotion of homestead and rooftop gardening. (DAP activity 10)

## **2.5 Selection of SHAHAR sites**

DAP envisaged SHAHAR operating in 13 cities with limited coverage during different phases of the project with these 18 activities (CARE, 1998: p46). In the first year, SHAHAR was supposed to pilot activities in first 4 secondary cities, covering only three urban slums or poor neighborhoods in each city. During the last three years of the project, SHAHAR was to expand to three additional secondary cities each year, thereby, arriving at a total of 13 cities with 39 communities at the end of 5 years.

However, after a reconnaissance visit by the then-project coordinator and the expatriate Urban Program Advisor, Jessore and Tongi municipalities were selected for intervention during the first year of implementation instead of 4 cities as planned in the DAP. And later it was decided that SHAHAR would expand to only two more cities in its second year of implementation. The choice of these two new cities, Dinajpur and Mymensingh, was finalized during late 2000 after conducting a similar reconnaissance visit to various locations throughout Bangladesh by the new project coordinator and the Urban Program Advisor. The expansion to 3 new cities each year from the 3<sup>rd</sup> year of the project as planned in the DAP was deemed infeasible and therefore eliminated after reaching a consensus for this action with USAID.

In selecting the sites, a detailed score sheet with several criteria and arbitrary weights was used. (Appendix IV: Selection criteria of sites).

## **2.6 Coverage of beneficiaries**

The plan for the coverage of beneficiaries in the DAP is as follows:

“Homestead gardening and SAFER hygiene education activities will target the participation of approximately 25 percent of households in 39 urban communities by the end of year 5. The population of urban communities ranges from approximately 5000 – 25000; the number of households range from approximately 1000 – 4000. Taking 2400 households per community as an average, hygiene education activities are expected to directly benefit approximately 600 households (3300 people) per community or 1800 households and 9900 people per city (386,000 people or 70,000 households in 39 communities over 5 years). Infrastructure activities will indirectly benefit approximately half of the population – 1200 households or 6600 people per community; a total of 46,800 households or 257,400 people in 39 communities over five years. Savings, credit and IGA activities are expected to directly benefit 150 households per city or 5850 households over 5 years” (CARE, 1998: p46).

Instead of selecting only 3 slums per site in each city, SHAHAR envisioned covering all of the households identified during the census survey of the slum and low-income settlements in Jessore and Tongi. The idea is to bring these households into at least one of its four program components. This resulted in a total coverage of 11,228 households in Jessore and 13,664 households in Tongi (CARE/IFPRI 2001b: Census survey report (J+T)).

Although no clear guideline was set on how to ensure this coverage, an arbitrary estimate of 60 percent of all census households was planned to be covered under the IGA component of the program. SHAHAR also expected that the infrastructure activities would directly benefit all households identified in the census, perhaps even more. There were no targeting criteria for HHN activities, so coverage could not be



estimated. A detailed guideline for HHN activities was not put into place for a long time. Also, guidelines on how to bring the CM&IS components into operation were not in place.

## **2.7 Targeting criteria of beneficiaries**

Consistent targeting criteria of beneficiaries in each of the SHAHAR components was not outlined in the DAP. Only an indication of the coverage in each of its basic components was outlined as explained in Section 2.6.

SHAHAR, in its early period of implementation, placed major emphasis on forming IGA groups, preferring mostly women (CARE, 2000a: IGA Guideline, June 2000 version). Each group was expected to comprise 20 – 25 members (Box 2.2). It was expected that only one woman from each household would be in the group, although this provision did not appear in the guideline. Also, it was assumed arbitrarily that a total of 60 percent of all households would potentially join the IGA groups. Accordingly the target was given to PNGOs to arrive this total number of groups (depending on population with each PNGO's assigned area) with an average of 20 members in each group.

### **Box 2.2 Eligibility criteria for IGA group members**

#### **Formation of credit and savings groups and the selection of borrowers:**

In order to implement the credit facility, the PNGO will facilitate the formation of credit and savings groups or alternatively the PNGO will work with their existing savings group. The following points should be followed:

1. The savings groups are targeted at the poor.
2. Women will be given selection preference in the formation of savings and credit groups.
3. Anyone involved in illegal activity should not be included in a group.
4. A savings and credit group will typically be between 20 to 25 members in size.
5. In any one group the members should be from the same geographical location.
6. The groups will meet regularly and will maintain accurate savings and credit registers for each member of the group.
7. Each group should have a democratically elected group leader, cashier and secretary.
8. The groups members supported by the PNGO shall actively help each other in developing appropriate small and micro business proposals.
9. Group members will chose their own trade / business as per their skill and resources. No group will force a person to undertake a business opportunity that they do not wish or prefer.
10. There should be a resolution for borrower selection and it should be signed by two thirds of the group members. A member shall be eligible to apply for a loan if she;
  - a. Demonstrates commitment to the group through attendance and participation
  - b. Has developed a viable business proposal
  - c. Demonstrates commitment to making the income-generating activity work.
  - d. Has the support of the group

Source: CARE, 2000a (IGA Guideline: June 2000 version).

As evident in Box 2.2, the targeting criteria for selecting beneficiaries in the IGA component are ambiguous. Later, major emphasis was placed on refining the IGA guideline. The refined IGA guideline was finalized in mid-2001. In this guideline, the key eligibility criteria for joining the IGA group for women are (CARE, 2001a: IGA Guideline, March 2001 version):

- Must live in a place where SHAHAR project operates
- Must belong to poorer household identified by SHAHAR Project
- Must have obtained Project registration card
- Lives on money earned from physical labor
- Must not be below 18 years of age
- Physically able to work
- Must not belong to any other similar organization
- Must belong to group organized by a Partner NGO

Targeting criteria for the health, hygiene and nutrition component were not made explicit in its guideline, which was prepared at a later stage during mid-2001 (CARE 2001b: HHN Guideline, New). It is expected that the community at-large will receive the benefits of health messages and also hygienic behavior. Mothers having malnourished children 36-months old will be brought into the program under the nutrition component.

For the infrastructure component, the entire community residing in those locations is the target beneficiary. No specific targeting criteria of beneficiaries appear in the guideline (CARE 2000b: Infrastructure guideline). The guideline mainly focuses on the identification of interventions needed and the various screening and prioritization processes used to implement the activities.

No specific targeting criteria exist for the CM&IS component either (CARE 2001c: CM guideline, New). The principal idea is to form area-based CRMCs (Community Resource Management Committees) with members selected from among the beneficiaries of the IGA, HHN, and infrastructure components.

## **2.8 Selection of partner NGOs**

As mentioned earlier, partnering NGOs (hence called PNGOs) are the principal implementers of the project activities, particularly the “soft components,” namely IGA, HHN, and CM&IS, while pourashavas are the principal implementers of infrastructure, the “hard component”.

Selection of PNGOs for project implementation was done following detailed selection criteria (Appendix V: PNGO selection criteria, 2000 version). First, NGO Information Sheets were used for the primary screening of NGO applicants. Next, appraisal of NGOs was made using the NGO Scoring Sheet. Later, SHAHAR staff physically visited the short listed PNGOs for more detailed information. These 3 principal steps were utilized in selecting 14 PNGOs (9 in Tongi and 5 in Jessore) for project implementation in Jessore and Tongi municipalities.

Subsequently, based on the findings of a year of implementation, a revised set of selection criteria of PNGOs was prepared before entering two new cities, Mymensingh and Dinajpur (Appendix VI: PNGO selection criteria, 2001 version). Also, a detailed 16-step PNGO Selection Process was outlined by SHAHAR and was strictly followed in selecting partners for Mymensingh and Dinajpur (Appendix VII: PNGO Selection process). Essentially, the PNGO selection criteria of two procedures contain similar elements, but the weights were revised and the process was made more rigorous, resulting in a long delay in selecting new partners for the two new cities.

### III. IMPLEMENTATION PHASE (JESSORE AND TONGI)

#### 3.1 Startup and general activities

The first activity of the project was primarily staff recruitment. This began in July 1999. The then-project coordinator recruited a streamlined set of staff, which was substantially lower than the originally planned in the DAP (Table 3.1). The logic behind reducing the staff number was the reduction in the number of cities to be covered. During the initial period of implementation in late 1999, SHAHAR planned to reduce the number of cities from 13 (as planned in DAP) to 6 in three phases. It was subsequently downsized to only 4 cities in late 2000.

**Table 3.1 Staffing plan of SHAHAR**

	Year 1	Year 2	Year 3	Year 4	Year 5
	July 1999 – June 2000	July 2000 – June 2001	July 2001 – June 2002	July 2002 – June 2003	July 2003 – June 2004
<b>Plan in DAP</b>					
CBHQ staff	10	12	12	12	12
Field staff	58	108	180	240	228
<b>Actual staffing</b>					
CBHQ staff	11	11	11	11	11
Field staff	28	57	57	57	57

Note: Actual staffing for Year 4 and 5 are the planned ones.

Source: DAP, Appendix D (CARE, 1998) and SHAHAR Basic Information File, No. 1721.

The next activity was the conduction of “foundation training” on urban programming for all SHAHAR staff. The first foundation training took place in late 1999 and was quite rigorous. A 3-week long residential training was conducted which carried equal weight in providing conceptual and theoretical frameworks of urban development and participatory learning methodologies (CARE 2000c: Foundation training report). The second foundation training, for SHAHAR staff recruited to work in the two new cities, was conducted in two phases: the first phase was of one-week duration in late November 2000, and the second phase was of two-weeks duration in mid-January 2001.

The next major activity was the selection of project sites. This basically involved getting a list from the pourashava of slums and low-income settlements in the municipalities and then making reconnaissance visits to each location with participants from the poursahava. After having a clear idea of the locations, screening of rich and poor households in the sites. Staff prepared maps of sites with roads as the principal boundary delineating the individual sites. SHAHAR field staff also “eye-balled” an estimate of the approximate number of households in those areas to facilitate the census survey of those slums.

After this, community inception sessions were conducted to introduce SHAHAR to the stakeholders (Pourashava, PNGOs, LGED, USAID, and the communities).

Next, participatory learning and action (PLA) sessions were conducted in the project sites for rapport building, social mapping, and identification of problems and needs of the community.

The next major activity was the selection of partner NGOs following a detailed procedure outlined in Section 2.9.

A census survey was conducted in all of the sites (CARE/IFPRI, 2001b: Census survey: J+T). The principal objective of the census was to:

- collect some basic household information for determining the sampling frame of Baseline Survey.
- count the actual numbers of households and individuals in the intervention area.
- assign each household a unique number and Geocode for future surveys and follow-up.

Although, plans to involve IFPRI in SHAHAR were made explicit in the DAP as the 18<sup>th</sup> principal activity, the formalities of materializing the collaboration delayed the arrival of IFPRI by almost a year. The formal IFPRI – SHAHAR collaboration began from mid-May 2000 for a period of 3.5 years.

The next major activity was the signing of the Memorandum of Understanding (MOU) between SHAHAR, PNGOs and the Pourashava, including the allocation of resources and specific project sites together with the number of households to be covered by each PNGO. A detailed process was followed in developing the MOUs (Appendix VIII: MOU development process). The MOUs were first shared with the PNGOs in mid-August 2000 and then upon agreement each PNGO signed their respective MOUs. (Appendix IX: Sample MOU).

Having completed this series of activities, the SHAHAR project was ready to implement its four key components in its project locations. The time period elapsing from the recruitment of staff to the signing of the MOUs was approximately 14 months.

The next major activity in SHAHAR was the conduction of a Baseline Survey with lead input by IFPRI in Jessore and Tongi municipalities during September 2000. The enumerators for the survey were recruited from the SHAHAR field offices as well as all of the PNGOs. The principal logic behind involving the field implementation staff as enumerators was to familiarize them with the depth and intensity of the plight of these slum residents and also to build rapport with the community people with whom they would be working during the next few years.

### **3.2 Activities in IGA component**

The modus operandi of the IGA component was provided in the IGA guideline (CARE, 2000a: IGA Guideline, June 2000 version). A detailed process was followed in developing the IGA guideline, which took months (Appendix X: IGA guideline development process, OLD). During the development of the IGA guideline, comments from selected resource persons were sought which were then accommodated (wherever applicable) to arrive at the final version for distribution to PNGOs (Appendix XI: IGA guideline comments).

The first and foremost activity in the IGA component was to form savings and credit groups involving women. As mentioned in Section 2.7, each group was to comprise 20 – 25 adult women, with only one from each household eligible for inclusion in the group.

After the formation of groups, the plan was to allow a 3-month gestation period to develop savings habits in the group members. Also, in this process, each individual was to generate a requisite amount of savings, which the PNGOs were to collect on a weekly basis at a fixed rate of a minimum of Tk. 5 and insurance premium of Tk. 1 per member.

In these weekly meetings, the time was to be divided between the collection of savings and the conduction of continuous education session on topics related to health, hygiene, and nutrition as well as human rights and other key socio-economic issues. These meetings were to be led by the PNGO staff.

Following the fourth month of the group's formation, participants become eligible to apply for credit, subject to the group's approval. Accordingly, the interested group members submitted business/activity proposals to prove the viability of the use of the loan, which was then scrutinized by the PNGO staff and the credit disbursed to the members (Appendix XII: Credit application forms).

The weekly meetings include the collection of loan installments, savings, and insurance premiums from each individual as well as giving continuing education messages to the members. An estimated 80 percent of the time is spent in loan, savings and insurance collection, and the remaining 20 percent of the time is used for imparting continuing education messages. However, once a month, the order of time allocation is reversed between the IGA activity and the continuing education activity.

As CARE is sensitive to the issue of environmental degradation, a provision for environmental assessment was made mandatory for business/activity proposals that have potential impact on the environment. For instance, if a group member seeks a loan for starting a dyeing industry, then the proposal must undergo environmental assessment following a detailed environmental assessment guideline prepared by SHAHAR (Appendix XIII: Environmental Assessment Guideline).

SHAHAR staff monitor the operation of IGA components implemented by PNGOs in a systematic manner and the details are delegated to the relevant section.

### **3.3 Activities in HHN component**

The launching of a completely designed health, hygiene and nutrition intervention could not be made due to ambiguity on what specific activities needed to be implemented and how. Rather, in year 1 of the project implementation, the HHN component remained confined largely to imparting HHN messages through continuing education sessions held weekly in the IGA loan collection and savings deposit meetings mentioned in Section 3.2. However, at the same time, the process of developing the HHN guideline continued to pass through several stages (Appendix XIV: HHN guideline development process). During the development process comments were sought from selected resource persons and were then incorporated (wherever applicable) to finalize the guideline (Appendix XV: HHN guideline comments).

Additional activities included raising awareness of mainly IGA group members of rooftop gardening. At the community level, National Immunization Day was observed, and the project played a facilitative role in ensuring that community members, particularly IGA group members, immunized their children.

Also, PNGOs were further assigned to list malnourished mothers and children who would potentially be brought into the nutrition component of HHN program once its full activities were in place. The activities also included the selection of pregnant mothers and the listing of TBAs (traditional birth attendants) in the locality.

The SHAHAR field office in Tongi developed a mechanism to link community people with a health clinic, called Marie Stopes Clinic, where SHAHAR project participants received easy access and health treatment at a subsidized rate.

By the end of November 2001, a printed version of the HHN Curriculum (in Bangla) was developed to facilitate the dissemination of the HHN education component to beneficiaries (CARE ,2001d).

### 3.4 Activities in CM&IS component

Although the root of community mobilization lies in the formation of grassroots level committees with active involvement of the participants, SHAHAR planned to defer such group formation for one year while implementing the other three components. The logic posed by the then-project coordinator was that people should become mobilized first on sets of community level activities and only then the leaders from the community would emerge and a committee consisting of those emerging leaders could be formed later.

Therefore, the thrust focused on engaging the community to observe special days outlined in the MOU (Table 3.2), which also proved to be highly rewarding in raising the enthusiasm of the participants.

However, during the latter end of year 1, the lengthy process of preparing a CM&IS guideline started (Appendix XVI: CM guideline development process), and a draft guideline was made available in September 2001.

**Table 3.2 Special Days to Observe**

<b>Name of the special day</b>
Begum Rokeya Day
Universal Human Rights Day
International Women's Day
International Child's Rights Day
Habitat Day
Independence Day
Victory Day
International Mother and Language Day

Source: MOU

One of the major thrusts of community mobilization since the beginning of project implementation is the establishment of a community resource center (CRC), which became a center for providing education to dropout children and those who never attended school in the community. Each PNGO set up one CRC at a suitable project location. These CRCs indeed became important places for taking visitors to SHAHAR as well as a common meeting place in the community for many occasions.

### 3.5 Activities in the Infrastructure component

Aside from the IGA component, the next major component and also the most resource intensive component was infrastructure development of the SHAHAR sites. The principal implementer of this component was the pourashava, with the active involvement of the SHAHAR field office engineering staff in identifying, prioritizing, designing, budgeting and monitoring activities (Appendix XVII: Infrastructure implementation process). The key infrastructure improvements were the construction and/or repair of drains, footpaths, community toilets, and the installation of water points (hand tube-wells).

Due to the frequent occurrence of arsenic in groundwater throughout Bangladesh, SHAHAR undertook a plan to detect arsenic-contaminated tubewells in all of its project locations during September – December 2001. The activity was implemented by a consulting firm on behalf of SHAHAR. Arsenic-contaminated tubewells were marked with red color and declared unsuitable for drinking and cooking purposes.

### 3.6 Implementation strategy

As mentioned earlier, the principal implementers of the SHAHAR project were the PNGOs and Pourashavas while SHAHAR staff were to play a facilitative role. SHAHAR was to be the custodian of all resources utilized in the project, which were to be channeled through the pourashava for its own use as well as provided to PNGOs. The responsibility of SHAHAR was to provide directives on bringing the project into operation with the necessary documentation in the form of guidelines, implementation plan, memos, etc.. They played a key role in developing the capacity of the implementers, and conducting intensive monitoring and evaluation on the progress of the project.

The implementation strategy was based on the premise that each of the PNGOs would implement all of the soft components (IGA, HHN and CM) with a uniform set of directives and guidelines and the pourashava would do the same with its hard component (Infrastructure). The logic behind this premise is that, in this strategy, deviations from uniformity could be easily detected and, therefore, corrected in time. Also, it permitted SHAHAR to operate in its facilitative role more effectively since everyone would receive the same message concerning the same set of problems for remedial measures.

### 3.7 Plan for capacity building

The MOU indicated a specified amount of training for the stakeholders of this project as a part of its capacity-building strategy (Table 3.3).

**Table 3.3 List of training in MOU**

<b>Executive members of CRMC should receive the following training within 3 years of the project:</b>
Food and livelihood security
CBO management and democratic governance
Leadership and networking
Finance management and accounting
Project planning and management
Environmental management
Participatory development
Gender and development
Advocacy and lobbying
Paralegal activities
<b>Project staff should receive Basic training and TOT (Training of trainers) in:</b>
Participatory development and PLA skills
Health, hygiene and nutrition
Business/IGA skill
Institution building, CBO management and democratic governance
Leadership and networking
Finance management and accounting
Project planning and management
Gender and development
Advocacy and lobbying
Paralegal activities
Human/women/children rights
Environmental management and hygiene

Source: MOU

SHAHAR placed major emphasis on building the capacity of its own staff, the staff of PNGOs and the Pourashavas as well as the beneficiaries. The principal mode for capacity building in SHAHAR was training. Other modes included cross-visits between project sites, participation in national and international workshops and conferences on urban programs, and overseas visits to other urban projects. SHAHAR is mainly responsible for building the capacity of its own staff, PNGO staff and the pourashava officials while the PNGOs in turn are responsible for capacity building among the project beneficiaries.

Records of training from July 1999 – June 2000 are not available. During that period, it is thought that the only training that took place was foundation training for SHAHAR staff for 3 weeks during November 1999. Also, an orientation session on census survey at Jessore and Tongi was given to approximately 50 persons comprised of SHAHAR staff plus other CARE staff during May 2000.

Most of the training activity took place from July 2000 to September 2001 where a total of 131 training sessions were conducted (Appendix XVIII: Training list). The total number of participants from various stakeholders was estimated at 2,026 persons. Among these participants, 812 persons were CARE staff and 1214 persons were from PNGOs, Pourashavas and construction firms engaged in infrastructure implementation. A total of 1295 males and 731 females were trained during this period.

### **3.8 Monitoring and Evaluation (M&E) plan**

The DAP provided an overall M&E framework for the IFSP. The DAP envisaged the designing of an M&E system that would use three levels of indicators (**output, effect and impact** indicators) to provide valid and reliable information on the success or failure of the direct **outputs** of project delivery; the intermediate **effects** of activities on knowledge, attitude or practices; and the more long-term **impacts** or fundamental changes in the food and livelihood security of participating households (CARE, 1998: p59). The principal M&E tools to be employed as outlined in the DAP are (CARE, 1998: p 59 – 64):

- **Participatory assessments** using PLA techniques focussing on community and vulnerable household livelihood strategies, constraints, and priorities and discover potential leverage points for participation with pourshavas in activities.
- **Baselines** targeted to measure impact against quantitative data collected prior to the implementation of activities.
- **Time-series surveys** to track changes in household livelihood systems, food consumption patterns, coping strategies, daily income levels, nutrition and health status of children and mothers, damage from water logging, housing conditions, homestead gardening, incidence of diarrheal disease and hygiene practices.
- **Participatory monitoring and evaluation (PM&E)** focussing on behavior change related to hygiene and sanitation activities, drawing on the SAFER model. The PM&E will track:
  - Observations of behavior change, such as latrine or soap use
  - Demonstrations indicating that behavior is changing
  - Behavior change (use of garbage bins or child defecation practices) through focus groups and mapping exercises, and
  - Perception of change brought about by Community Management Resource Committees and NGOs, through quarterly focus groups



- **Progress monitoring** of physical implementation.
- **Mid-term and final evaluations.** Mid-term evaluation to be scheduled at approximately the 3-year mark to assess program progress and the mid-term effects of interventions. Final evaluations will be undertaken to assess project success or failures, particularly related to the impact of project activities on the livelihood security of the target population.
- **Joint SHAHAR-IFPRI collaboration in urban M&E systems.** This action research collaboration seeks to enhance project designs and implementation by documenting the best urban programming practices and facilitating development of the M&E system.
- **Environmental review and compliance – environmental management plan.** All of the infrastructure interventions should integrate environmental management into the planning, implementation, and monitoring phases of activities in order to ensure environmental sustainability. This will include:
  - Environmental review and mitigation
  - Environmental monitoring
  - Environmental training to stakeholders.

SHAHAR’s review of the DAP M&E framework and discussion with USAID revealed the following apparent requirements with respect to M&E:

### **Progress monitoring**

- monitoring and supervision of program / PNGOs
1. **USAID quarterly / annual progress reports**, including expenditures
  2. **IFSP requirements**
    - Evaluations
      - baseline “for impact”
      - mid-term and final
    - Time Series Surveys
      - seasonal livelihood monitoring, 3 times / year
    - Participatory Monitoring and Evaluation
      - participant participation in the monitoring of behavior change

During the initial phase of project operation, the major thrust of SHAHAR was in implementing the projects and the preparation of necessary documents, such as guidelines for each of the key components, financial statements and so forth. The thrust to develop a comprehensive M&E plan intensified only during late 2000.

As part of the M&E plan, the Baseline survey in Jessore and Tongi was the opening activity conducted during September 2000. Next, steps were taken to set up progress monitoring, particularly the compliance and financial monitoring. Compliance monitoring refers to checking whether PNGOs and Pourashava are

actually following the SHAHAR implementation directives and operational guidelines. Financial monitoring refers to the monitoring of resources allocated to PNGOs and Pourashavas.

In order to set up the M&E plan, a detailed and lengthy procedure was adopted. SHAHAR field office staffs of Jessore and Tongi were actively involved in the process of developing the M&E plan. Through intensive brainstorming sessions they drafted and finalized the relevant reporting forms and formats, including the monitoring schedule. Also, a progress monitoring strategy was developed and adopted during March 2001 (Figure 3.1: For details please see Appendix XIX: Progress monitoring systemization strategy).

In this strategy, PNGOs are to prepare quarterly and annual action plans following the format provided to them by SHAHAR (Appendix XX: PNGO Reporting Formats). PNGOs are then to submit monthly MIS reports as well as quarterly and annual progress reports to the SHAHAR field offices. SHAHAR, upon review of those reports, provides feedback in its monthly or quarterly review meetings with PNGOs. SHAHAR field staff is responsible for field supervision and monitoring with a primary focus on validating the NGO reports with actual findings from the field. A set of monitoring formats for this was also prepared (Appendix XXI: Progress monitoring formats). Then the SHAHAR field office is to compile the information coming from the field as well as PNGOs and deliver an aggregate picture to CBHQ for the monthly MIS and quarterly progress report. CBHQ, upon review of this compiled information, will in turn inform the field offices through its regular PCMs (project coordination meetings), various directives and memos whenever necessary. Furthermore, SHAHAR, in partnership with the PNGOs, will also be responsible for its PM&E activities.

The idea was to pilot this strategy for 3 months and then arrange a series of review workshops based on the feedback from the SHAHAR field office staff as well as PNGOs. In these workshops, SHAHAR would refine the monitoring strategy and formats.

PM&E was also initiated during late September 2001 in selected SHAHAR sites with the active involvement of Health Volunteers (HVs) from PNGOs as the key players, with technical support from SHAHAR HQ and field offices. PM&E was designed for only the HHN component of SHAHAR. The PM&E tools were developed through rigorous participatory exercises in selected sites of Jessore and Tongi. Training of HVs was then conducted in phases. As a first step towards the implementation of PM&E activities, a baseline survey on existing health behavior was conducted.

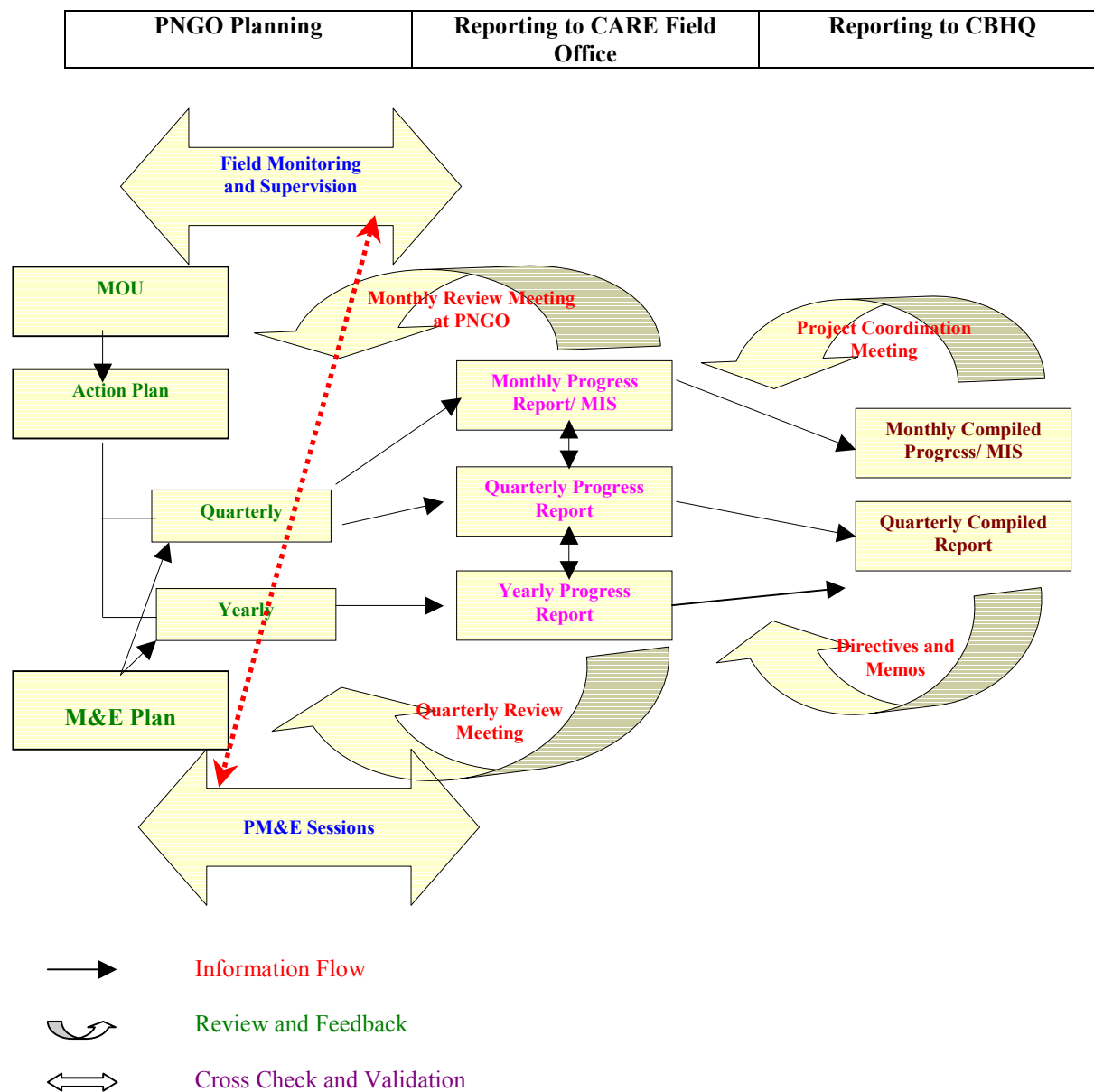
The objectives of the PM&E are:

- Ensure an interactive learning process at the field level, especially among beneficiaries and front-line workers
- Integrate the monitoring system with extension activities
- Complement and supplement the logframe both quantitatively and qualitatively.

The PM&E activity was launched during August 2001 with a detailed action plan (Appendix XXII: PM&E action plan) with primary input from the program coordinator of the IL (Institutional Learning) Team of CARE-Bangladesh. As a part of the plan, a core group of PM&E trainers was formed consisting of SHAHAR HQ and field office staff, IL team members and SAFER representatives. This group was responsible for developing the PM&E tools emerging from the participatory meetings held with the beneficiaries at the field level. Later, this core group served as principal trainers in developing the capacity of the frontline workers, the HVs of PNGOs. The necessary formats for data collection were

prepared by this core group and then disseminated to all relevant members (Appendix XXIII: PM&E formats, in Bangla).

**Figure 3.1 Flow chart of the Progress Monitoring Systemization Strategy**



### 3.9 Problems encountered

In order to synthesize the various problems encountered over one year of implementation, brainstorming sessions on reflections of the project operations were organized in SHAHAR field offices of Jessore and Tongi in June 2001 and at CBHQ in September 2001. Participants were asked to reflect on the accomplishments, key difficulties encountered and steps taken to resolve the problems. Outcome of the

workshop revealed that several problems were encountered ranging from the conceptual and design level to the operations and management level. These are discussed in detail below.

### **3.9.1 Problems at the conceptual and design level**

Management of SHAHAR feels that the design of the project is largely Pourashava-based. Therefore, if the Pourashava does not cooperate or act according to expectations, the total intervention will disintegrate. Management stressed the need to focus on governance, which is also the most difficult task to achieve. Currently, this aspect constrains the project. Also the focus of the project is only on slum sites. The broader issue of general urbanization or managing urban areas is not covered by the project.

Conventionally, slum people were treated as “illegal” and “unwanted” people and so often neglected. This conceptual frame has not changed. Therefore, trying to promote urban service delivery mechanisms for this neglected population can be hampered at any point in time. An example of this is the threat of eviction and the actual evictions of selected slums in Jessore and Tongi. No strategy exists to tackle the threat of eviction in slum communities. SHAHAR did not play any role in the recent eviction that occurred in selected communities in Jessore, whereas, in Tongi, the pourashava chairman played an active role in communicating with the relevant government authorities. He also stimulated the PNGOs to organize the slum dwellers. This led to big processions held by these slum dwellers against the eviction threat. As a result, the threat of eviction in many sites in Tongi during the short reign of the caretaker government (mid-July – mid-October 2001) was reduced. However, recently in late November 2001, the ruling government again evicted some of the SHAHAR sites in Tongi.

Also, the localized focus on slum sites shows a lack of coordination in examining the broader picture of managing urbanization in general. The SHAHAR staff felt that there was a general lack of a civic sense of cleanliness by all of the citizens. Accordingly, a decision was taken to observe “cleaning day” in September 2001 in the communities as a way to develop a civic sense of cleanliness.

The level and stages of involvement by various government agencies are not clear. For example, the link between the IFSP and LGED is undefined. Also, the link between SHAHAR and LGED is not clear. The link between SHAHAR and the Pourashava seems clear to the management, but how and where to fit LGED in then is not known. For instance, in ensuring a participatory process in finalizing guidelines, the first question arises: with whom should the guidelines be shared? Is it the PNGOs, the Pourashavas, the LGED, or all of them?

The approach undertaken by SHAHAR sometimes contradicts the approaches of other agencies engaged in similar interventions. For example, UNICEF proposes individual latrine projects whereas SHAHAR is promoting community latrines for the same category of beneficiaries.

The idea of establishing uniformity in project implementation by all PNGOs in all sites is itself a constraint. SHAHAR is keen on implementing a uniform set of interventions across the board, which inherently prevents the utilization of PNGOs’ own experience in program operations.

Tensions in the community arose around the utility of the Geocode Card handed to beneficiary households during the census. The basic idea of this Geocode card is to assist in identifying the household for future surveys and contacts. But some of the card recipients presumed that it was an instrument for getting huge benefits from CARE (mostly as relief) and traded it with other households. At a later stage, SHAHAR also decided to use this Geocode card as an instrument in investigating the migration of households (potential beneficiaries who move into the area after the census do not have a card, for instance) and the irregular provision of IGA coverage to non-card members by some PNGOs (non-cardholders are not eligible for IGA loans).

### **3.9.2 Problems in operations**

A key problem that emerged at the operational level was that the SHAHAR field offices as well as the PNGOs were too absorbed in the IGA component of the project. Fourteen months had already elapsed from project start-up to commencement of IGA activities. Therefore, PNGOs were rushed to form groups within the first 3 months of implementation. This led to a haphazard selection of women from among the project locations without putting much effort into identifying the truly needy and judging the willingness to contribute of the participants in the group. Also, since the targeting criteria were quite ambiguous the groups contained a mix of incomes among the participants. Therefore, group solidarity, which forms the foundation of such a venture, seemed to be very weak. The frequent dropouts of members from the group demonstrated this weakness over time and put PNGOs under severe pressure to maintain the group's size. Also, rushing to form groups prevented the PNGOs from properly screening the participants and identifying those women already involved in other NGO credit groups. In other words, some of the key eligibility criteria were violated in the formation of savings and credit groups.

Also, during the initial phase of IGA implementation, the operational guideline had not yet been finalized. This led to confusion and a lack of compliance in strict screening of the proposed IGA business plans and the resulting IGA activity. Also, the major interest of the PNGOs was to provide loans to earn interest income for themselves, which bypassed the needed emphasis on the vocational and skills training component of IGA. The strong integration of the vocational and skills training component with credit is the basic concept of IGA, as opposed to popular micro-credit schemes. The current strategy followed by PNGOs is merely a replication of micro-credit function in a different name where the basic idea is to provide loans and earn interest (for the PNGO) while leaving the beneficiary to ponder about its utility and repayment issues.

The migration of some beneficiaries after they received a loan was a factor deterring some PNGOs from providing further loans. In some cases, the beneficiaries in turn stopped making deposits. Also, eviction of some beneficiaries from their homes meant that the group itself disappeared, affecting performance in selected sites of Jessore and Tongi.

Lack of a conceptual framework in the Health, Hygiene and Nutrition components at the initial phase of the project was also identified as a major problem. Since the full-blown HHN component including its operational guidelines was not in place during the initial phase of implementation in Jessore and Tongi, the PNGOs resisted implementing the current HHN component, which seems bulkier than their expectations. The current HHN component is not clear and looks too vast for effective implementation with a limited budget. The quality and effort level in implementing this component currently looks much higher than originally anticipated by the PNGOs.

The continuing education sessions at the IGA weekly loan collection and group savings meeting were the sole avenue for HHN education. Although these sessions adopted a two-way participatory approach in disseminating messages, field visits to such meetings revealed that the practice was only a one-way recitation of messages to the group members. Also, much of the time in the meeting was spent on loan collection and savings activities, which left little time for educational sessions.

Also, the frequent revision of directives and memos regarding the operation of HHN component demoralized staff.

The establishment of community resource centers (CRCs) was applauded by most of the beneficiaries as their children attend "any time" schools located on CRC premises. These centers also serve as a venue for community meetings. However, inclusion of schooling in the CM&IS component demanded too much time of the staff, and there was no clear guideline as to what the activity was seeking to achieve. The

unavailability of an overall strategic guideline for CM&IS is largely due to diversification into too many activities whose return was not thought out in the beginning. The substantial effort put into the many “days of observance” also added a serious burden to the staff, although it was highly applauded by the communities. Again, although such activities are useful in generating community initiative surrounding a common activity, its utility in the overall achievement of household livelihood security has not been thought out. No performance indicators of these activities were developed, and there is no indication of these requirements (that is, these activities) in the DAP.

### **3.9.3 Managerial problems**

The team in charge of designing the SHAHAR project did not fully analyze its operational difficulties. Staff planning seemed inadequate given the diverse and voluminous nature of project activities. In addition, there was weakness in management. Change of senior management also affected the project. For example, the then-project coordinator who single-handedly designed the operational plan of the project left in November 1999 after 16 months. Furthermore, most of the staff recruited in SHAHAR were staff promoted from other projects of CARE as well as other agencies, and they themselves were in the learning phase and new to working in an urban environment.

In addition, the management approach undertaken in SHAHAR was “inward” rather than “opening up” to all staff. Sharing mechanisms of experiences and pitfalls were not developed. There were problems in the flow of information: with PNGOs, with Pourashavas, between field offices and SHAHAR HQ.

### **3.9.4 Problems related to M&E activities**

Staff shortage was identified as the key problem hindering effective monitoring of the progress of SHAHAR activities. Also, as mentioned in Section 3.8, during the initial phase of implementation, no specific plan for monitoring was in place. Therefore, as monitoring activities were slowly getting into plan, the staff faced difficulty in internalizing the importance of monitoring. Weakness still exists in streamlining performance indicators and in devising a concrete strategy to feed these indicators from progress monitoring into project evaluation.

Another problem was that monitoring was not a priority of SHAHAR in its early phase. In addition, the quality and effort level of the project counterpart, i.e., PNGOs and Pourashava, was very low. Consequently, training and involving them in monitoring took a lot of time. Strengthening the capacity of Pourashavas and PNGOs prior to implementing such a complex and intertwined set of interventions in an urban area is an essential step that was not taken here. Finally, the key position of PDO-MIS (Project Development Officer–Management Information Systems) at headquarters has remained vacant since the inception of the project. This has proved to be a major drawback in the organization and synthesis of whatever information is available at hand.

The emphasis placed by the DAP as well as by the overall CARE mission to meet “environmental sustainability” increased the workload of all staff both at SHAHAR and the PNGOs more than originally anticipated. The environmental assessment of infrastructure and selected IGA activities led to the huge involvement of human resources in these activities.

By the start of year 3 of SHAHAR, a major change occurred in M&E design. Previously, each project of IFSP was responsible for its own M&E activities and therefore staffed with relevant personnel in the individual project. However, CARE mission management decided to centralize the M&E system. All M&E staff of individual projects were transferred to a central Technical Support Unit for IFSP. The role of the currently centralized M&E system of IFSP and its link with SHAHAR is not clear. The integration of IFSP took place after two years of implementation by each programs of its own M&E system. Trying

to join these systems together, from very different types of projects, added to complication and confusion. The external impacts of such restructuring have not been examined yet.

### **3.9.5 Problems related to partnering with PNGOs**

The concept of “true participation” has not yet been put into practice. The present strategy shows “partnership of activities” but does not show partnership between organizations. A common partnership policy is needed. PNGOs are basically working as “sub-contractors”. SHAHAR is dictating the ideas and activity plans while PNGOs are abiding by the instructions. The overall mechanism is affected by a lack of capacity in the partners as well as the lack of a unified approach to partnership. The key issue of “whether we want uniform implementation by all partners in all cities” also needs to be addressed.

The sharing of ideas between PNGOs and SHAHAR has been a failure. Traditional practice in micro-credit operation by PNGOs was affected the project. All PNGOs showed a tendency towards taking more interest in financial gain than on improving the plight of the urban poor.

There is a time and manpower constraint, both in terms of quality and quantity. This problem is true for both SHAHAR and the PNGOs. PNGO field staffing needs to be reorganized. High turnover and an unskilled staff also affect the quality of implementation by the PNGOs.

Some staff felt that the selection process of PNGOs was flawed, leading to the inclusion of non-capable NGOs as partners. For example, one of the PNGOs in Tongi was terminated, as it did not pass the internal audit conducted by SHAHAR on its operations.

### **3.9.6 Problems related to partnering with Pourashavas**

Bureaucracy inherent in government employees also plagues the pourashava officials. Pourashavas suffer from personnel shortage as well. The capacity of Pourashavas is very low. There should be a major thrust to strengthen the Pourashava’s capacity to manage urban affairs, particularly slum development.

Pourashavas were more focussed on large visible activities. For example, they were most interested in undertaking interventions on “big drain networks”, “big footpath construction”, etc.

The coverage of the project is also huge. There are 62 sites in Jessore and 21 sites in Tongi. This raises the question of the manageability of links between SHAHAR, PNGOs and Pourashavas who are all equipped with a limited number of staff.

### **3.9.7 Problems at the beneficiary level**

Activities of the SHAHAR project in these neglected urban slum and low-income settlements inevitably raised the expectations of the communities. Some project staff felt that the community people did not provide correct information during census surveys. Also, past, bitter experiences with NGOs by the community affected their interest in the project. Serious misunderstandings arose between beneficiaries and contractors (for the infrastructure component). Due to such misunderstandings, even good works done by contractors were not recognized.

The proportion of time spent with beneficiaries by staff was minimal. For the most part, staff engaged in accomplishing the defined activities while interaction with the community was neglected.

Lack of group cohesiveness, as identified in the ULSA study, also seems to be a major problem in bringing SHAHAR activities into operation. Some beneficiaries fled after receiving loans, ultimately affecting the entire group.

Vested interest groups also existed among the beneficiaries. For example, the infrastructure maintenance committees seemed to be dominated by these vested interest groups.

Beneficiaries hide their multiple involvements with other NGOs, which is a major violation of eligibility criteria set forth in the SHAHAR IGA guideline.

Staff felt that group cohesiveness could have been achieved if the important component, the community mobilization and institutional strengthening, had been in place from the start.

### **3.9.8 Problems related to infrastructure component**

In addition to IGA, the second major thrust of SHAHAR in its initial period was the infrastructure component. Although the project claimed one hundred percent achievement of its first year target, a few problems remained. The issue of the maintenance of infrastructure was not thought out during the construction phase. Later, after a series of discussions, maintenance committees were formed, but the staff felt that the vested interest groups dominated these committees (mentioned also in Section 3.9.7). The level of community involvement in SHAHAR activities increased sharply after the completion of the infrastructure in the sites.

The issue of land tenure added to the problem of locating community toilets and drainage networks. Also, the influence of the pourashava and a lack of previous experience in dealing with vested interest groups in the urban context led to the choice of infrastructure interventions located on the periphery of the sites. Many beneficiaries including SHAHAR staff felt that the drainage network basically covered the periphery of the project locations while the internal disruption of drainage systems remained unattended. This problem was cited most often in Jessore while sites in Tongi seemed to be fairing well.

### **3.9.9 External influence**

Various tensions in project operation by external interference and influences. Diverse comments such as “the project is going too slow”, “you are going fast, and should be careful”, and “interference by other CARE-Projects” during the past one year of implementation somewhat demoralized the SHAHAR members. All suggestions, though meant with good intentions, came to SHAHAR at different points in time. Also, no one recognized the complexities associated with putting four large and complex components into a new setting, i.e., in urban slum communities, before making comments and/or advising. Everyone wanted to offer their own advice without understanding the needs and requirements of the project. The SHAHAR members, on the other hand, being handicapped and confused with such a diversity of suggestions, became frustrated during the initial period of implementation.

Also, the major change in the IFSP M&E system in its initial stage created a vacuum in M&E activities. Confusion arose as to who would take care of monitoring activities and how they would be linked to evaluations and other research activities. However, with the passage of time such confusion was cleared up, and the new issue of devising an effective coordination mechanism between SHAHAR, the Technilca Support Unit, and IFPRI became a concern.



### 3.10 Lessons learned

Important lessons were learned during the 2.5 years since the beginning of the SHAHAR project in July 1999.

The first lesson that was learned was that each of the components of SHAHAR could have been an individual project itself. Therefore, unless clear demarcation concerning the activity for each of these components is drawn up, staff will stray from the original goal of the project and become burdened with multifaceted unforeseen problems. This realization calls for an understanding of the importance of having component guidelines in place. The initial idea of the then-project coordinator was to start the project to keep up with the hypothetical schedule set in the DAP and then to develop the program activities at leisure as the activities progressed. This later proved to be a flawed idea. Such an approach could have been successful only if all of the staff had the level of knowledge and expertise required to undertake the complex venture involving continuously updating design changes during the project implementation.

The purpose of a guideline is to delineate and draw the limits defining which activities should be focused on to achieve project objectives. Also, since multiple staff members of varying capacities will implement the project activities, a clearly defined operational guideline meets the need of achieving a standardized implementation strategy common to all. After realizing the importance of having component guidelines in place, SHAHAR spent several months developing and finalizing these guidelines. Even, now, the CM&IS guideline may be subject to more fine-tuning.

After a year of the implementation of the IGA component (including memos, directives and the initial draft guidelines), SHAHAR felt a need to revise the IGA guideline during late October 2001. Again, the consultant responsible for finalizing the previous IGA guideline was contacted and issues to resolve were discussed. The principal concern was the security of the huge amount of savings collected by the PNGOs from their group members. The IGA guideline currently on hand could not provide any direction on how to ensure the protection of these savings so that the beneficiaries were not cheated in the end when CARE phased out in 2004. Also, the collection of insurance from the group members was reaching a substantial amount. The utilization of these monies to benefit the poor is not ensured or mentioned in the guideline. Experiences show that the amount that goes back to the beneficiary as payment for the death of the member is roughly 5 – 8 percent of the total collection, thereby, leaving 90 percent of the amount for the PNGOs. Therefore, a mechanism needs to be developed to make this insurance package more beneficiary oriented in terms of bonus payments and so forth instead of limiting it to repayment only in case of the death of the member. Also, another tripartite arrangement between the Pourashava, PNGOs and the beneficiary representatives (CRMCs for example) is needed to ensure the protection of savings and insurance and the continuation of IGA support phasing out SHAHAR in 2004.

The second lesson learned was the importance of understanding the link between the components in achieving project objectives. This calls for a thorough understanding of the logic and mechanism by which each activity contributes to overall project goals and objectives. The infrastructure component, for example, is implemented through the pourashava. The most concerned persons for the operation of this component are the engineers from SHAHAR and the pourashava. Although implementation of the infrastructure component was done in the same sites, interaction of these personnel with the PNGO staff implementing the other three soft components of the project initially seemed to be minimal. However, the situation later improved when infrastructure maintenance committees from among the project beneficiaries were formed after completion of the first phase of infrastructure improvement in Jessore and Tongi.

The third lesson learned concerned the coverage of sites and beneficiaries. SHAHAR is being implemented in Jessore in 63 sites of varying sizes with an estimated 11,228 households as beneficiaries.

The coverage in Tongi is 21 sites with 13,664 households. The total number of household members is estimated at 51,832 persons in Jessore and 56,689 members in Tongi. This is a huge number of people for a limited staff to cover, especially when they have minimal knowledge of how to implement various components of the project. Addressing the diverse needs in the project sites itself posed problems of manageability for monitoring and keeping track of activities in all locations.

The fourth lesson learned concerned the number of partners to be selected. Due to the huge coverage of beneficiaries, the number of partners was also high. A total of 14 PNGOs were selected (9 in Tongi and 5 in Jessore), who in turn varied drastically in size, experience and competence in urban programming. The total number of PNGOs, posed an additional problem in ensuring continuous dialogue and interaction.

The fifth lesson learned concerned the preparation of the MOU. As mentioned earlier, the startup activities of the project took about 14 months, which delayed the schedule of the project substantially. As a result, and for many other unforeseen reasons, the MOU for partnering specified too many items whose consequences and justifications were not well thought-out during the document's preparation. Since this is the first legal document in which SHAHAR went into partnership with the PNGOs as well as the Pourashava, making amendments to this MOU has not been easy. The partners usually tended to utilize the benefits specified in the MOU instead of focussing on their own contribution and commitment towards the betterment of the poor for whom all of these resources were targeted.

The sixth lesson learned concerned the sequencing of components in the field. There was a rush to start the activities to stay on schedule. Therefore, IGA was implemented first at full throttle through PNGOs. Infrastructure improvement with the Pourashava followed, but leaving the rest of the components behind. The community mobilization and institutional strengthening component was deferred for a year and the HHN component could not be fully implemented due to an apparent lack of direction and guidelines concerning what needed to be accomplished and how. This resulted in the complete absorption of all of the activities, including human resources, by two components, which essentially cover only one of the three strategic objectives of the project. In order to achieve the other two strategic objectives, equal and perhaps more emphasis needs to be placed on implementing the HHN and CM&IS components. The latter component is the most important requirement for achieving the sustainability of the intervention.

The seventh lesson learned was the importance of M&E activities to success in project implementation. Since the coverage of sites and beneficiaries was extensive, including 14 PNGOs and 2 pourashavas, a well-designed M&E plan is vital for tracking the progress of the project in its pursuit of its goals. The initial LogFrame tended to be all-inclusive, resulting in a plethora of diverse activities under each of the components. After a few months of implementation in Jessore and Tongi, it was felt that streamlining the LogFrame was vital to keeping the project on track and producing valid indicators of performance. At the same time, the overall IFSP program also felt the need to streamline all of its projects to work within a unified LogFrame wherein each of the projects would contribute indicators relevant to its activities and all of the projects collectively will achieve the goal set in the DAP for IFSP. Accordingly, an expatriate M&E expert was assigned the task during July 2001 (2 years after IFSP started) to begin this unifying work. This resulted in streamlining IFSP project goals, strategic objectives and intermediate results and producing a draft overall M&E plan. This streamlining was also passed down to SHAHAR. As a result, SHAHAR was finally able to reduce its own initial LogFrame (Appendix XXIV: SHAHAR Logframe, Sept. 2001). Output and activity level indicators are still not finalized. It is clear, however, that output indicators, which can feed into intermediate results and strategic objectives, will be sufficient to guide the streamlining of activities.

#### IV. EXPANSION PHASE (MYMENSINGH AND DINAJPUR)

SHAHAR in its second year of implementation expanded to two new secondary cities, Dinajpur<sup>5</sup> and Mymensingh.

##### 4.1 Entering the community

During the first year of the implementation of SHAHAR activities in Jessore and Tongi pourashavas, important lessons were learned with respect to issues such as strategies in understanding the community, effective targeting of beneficiaries, streamlining the volume and nature of activities, and strategies for selecting faithful and capable partners for implementation.

Consequently, SHAHAR decided to initiate a rigorous process of activities aimed at understanding diverse community needs and priorities before project implementation in these two new cities.

The overall strategy consists of five stages in the following sequence: (a) conducting widespread inception sessions in the community in order to introduce SHAHAR, its goals and strategic objectives, (b) a complete census of households in the project sites, (c) the preparation of community profiles based on information collected from each site, (d) the conduct of intensive participatory learning and action (PLA) exercises for each component of the intervention package, and (e) the conduct of a baseline survey of the project sites using representative sampling.

It is worth noting that SHAHAR, in its first year of implementation in Jessore and Tongi pourashavas, also went through similar stages but with limited focus and unplanned sequencing of activities. In Jessore and Tongi, SHAHAR conducted: (a) community level process planning exercises in selected sites, (b) a complete census of project sites, (c) community inception sessions, and (d) a baseline survey using a representative sample. However, since the overall design of the project and its implementation guidelines were not in place, results of the participatory community exercises were unable to capture the complex dynamics and needs of the communities and focussed only on identifying possible areas of intervention without properly prioritizing them. The census also focussed mainly on information related to household characteristics. The baseline survey, however, was conducted explicitly utilizing the household livelihood security (HLS) framework and contained information that could be effectively used to streamline project design.

In its current strategy for understanding the community, SHAHAR started with community inception sessions, including pourashava and other government officials. This was followed by a complete census of the project sites conducted with a revised Census questionnaire. The revised version of the census questionnaire added a few questions useful for understanding the needs and priorities of the community (CARE/IFPRI, 2001c). Next, participatory exercises in each community were conducted to prepare a comprehensive profile of each community (CARE/IFPRI, 2001d).

The objective of this community profile was to understand the context and roles of the interventions, which aspects of the interventions to emphasize, and how to adapt the interventions to suit the needs of the urban slum communities. The idea was to generate information on: (a) levels and threats to livelihood security, (b) household and community resources, opportunities and strategies to deal with shocks and insecurity, and (c) community context. The findings of the exercise were presented to the stakeholders (SHAHAR, PNGO and Pourashava staff), providing the partners a detailed picture of the sites.

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<sup>5</sup> The decision to select Dinajpur as the 4<sup>th</sup> city of SHAHAR was taken at the PCM dated December 11 – 12, 2000.

## **4.2 Downsizing the coverage of beneficiaries**

Based on the knowledge that extensive coverage itself posed a problem in monitoring and keeping track of progress, it was decided that the number of households would be limited to 4000 in each city. Therefore, the SHAHAR field offices of Dinajpur and Mymensingh initiated their site selection with this upper limit in mind.

Some 59 basti communities in Dinajpur and 83 bastis in Mymensingh were identified in the initial phase. In a couple of cases a single basti was identified that in reality was comprised of a collection of smaller slums in close proximity to each other. After careful scrutiny, SHAHAR decided to undertake for intervention 13 sites in Dinajpur and 17 sites in Mymensingh deemed to be the most vulnerable in terms of overall livelihood security. In defining each site, the existing road network was used as a geographic boundary. The total number of households stands at 3,744 in Dinajpur and 4,413 in Mymensingh. The total number of household members is estimated at 15,866 persons in Dinajpur and 20,091 persons in Mymensingh. This is much lower than the beneficiary statistics provided for Jessore and Tongi earlier.

## **4.3 Selecting the partners**

Since SHAHAR utilizes a strategy to allocate approximately 2000 households for each partner NGO, the number of partners in Dinajpur and Mymensingh consequently was reduced substantially. Only three PNGOs in each city were selected<sup>6</sup>. The selection criteria for partners was also revised substantially in Dinajpur and Mymensingh (Appendix VI and VII).

## **4.4 Sequencing of activities**

Since the sequencing of activities posed a problem in Jessore and Tongi, a decision was taken to change the order of implementation of the components. First, preliminary work on assessing the need of infrastructure improvement would start. Once the PNGOs got on board, the primary thrust would be to form groups for IGA and to deliver the HHN component. Also, the CM&IS component would be introduced simultaneously. However, the dissemination of loans under the IGA would be initiated at a much slower pace, beginning after 5 – 6 months. Also, concerning the infrastructure component, maintenance committees were to be formed prior to the implementation of schemes. The idea was to ensure the proper utilization of the resources and to enable the beneficiaries to actively participate in the whole process and develop a sense of ownership, which did not seem to be a very prominent feature in Jessore and Tongi.

## **4.5 Project preparation prior to implementation**

SHAHAR, based on its discoveries, placed high importance on having all of the operational guidelines in place prior to the start of activities in Dinajpur and Mymensingh. Also, the SHAHAR field staff of Dinajpur and Mymensingh enjoyed the privilege of attending all of the important meetings; the bimonthly project coordination meetings of field offices and the quarterly review meetings with PNGOs and pourashavas. This acquainted them with all the pros and cons of project implementation in Jessore and Tongi. Also, results of the census surveys and the community profile exercises of these two cities were disseminated to the stakeholders, making the PNGOs and pourashavas well aware of the situation of the sites.

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<sup>6</sup> The decision to cut down the number of PNGOs in Mymensingh and Dinajpur was taken in the PCM dated May 2001. The logic placed the reduction in the number of PNGOs is to ease and minimize the effort of monitoring and communication.

Therefore, being equipped with most of the necessary requirements prior to the implementation of the activities, it is expected that the performance in Dinajpur and Mymensingh will provide better results.

#### **4.6 M&E Design**

The M&E plan in Dinajpur and Mymensingh will follow the streamlined unified LogFrame of IFSP that was initially developed during September 2001 (Appendix XXIV). Also, various case studies and livelihood studies are planned to be conducted in Dinajpur sites as a part of the SHAHAR – IFPRI collaboration.

#### **4.7 Learning strategy**

Project activities and action plans in Dinajpur and Mymensingh are progressing according to a carefully prepared schedule and close coordination among HQ and field offices. Also, the pace of the project activities was optimized after realizing the difficulties that arise when implementation plans are rushed to meet hectic schedules.

High importance was attached to learning from experience during implementation. Therefore, a learning strategy is being developed that will equip the implementers to quickly detect problems and devise solutions to overcome them.

## V. SUMMARY AND CONCLUSION

The SHAHAR project, conceived as a large-scale pilot project in urban programming to generate learning and best practices, underwent a wide range of variations right from the start. Although the birth of the SHAHAR project is based on a sound premise backed by the 1997 ULSA and a review of secondary literature on urban programming experience by NGOs in Bangladesh, the design of the project itself posed a major challenge of integration and consolidation.

The four components –IGA, HHN, Infrastructure and CM&IS– are capable of functioning as individual projects although in such a case the achievement of overall livelihood security might be ruined. Also, the experience of CARE – Bangladesh with rural programming could not shed much light on the complexities faced in urban slums and low-income settlements, leaving the staff frustrated and confused about how to address these diverse needs with four pre-set components.

Another challenge that SHAHAR faced was its implementation strategy. The PNGOs and the pourashavas were the principal implementers, and they lacked the capacity and experience to deal with such complex programs. Delivery of resources to partner NGOs at the outset without carefully scrutinizing the commitment and capacity of those partners led to many unforeseen problems that led the management to redirect the sequence of the components in its two new cities. Still, the issue whether each PNGO will implement all the activities within a unified framework, which inherently denies the utilization of their own experiences, is not resolved. Currently, PNGOs are acting as sub-contractors and are highly dependent on receiving directives and decisions on every single matter from the SHAHAR management, which overburdens their own and CARE's staff.

The rush to implement the activities, particularly the IGA, without prior preparation also led to SHAHAR's suffering from backlogs in its first two cities: Jessore and Tongi. Much of the energy was spent in keeping the status quo of activities in Jessore and Tongi while attempting to fine-tune the interventions. This led to frequent change and revision in decisions, leaving the implementers frustrated and confused. In Jessore and Tongi, SHAHAR focussed on only two components, IGA and infrastructure, that effectively addressed only one of the three strategic objectives of the project.

The startup and general activities used up the first 14 months of project life, resulting in the half-hearted preparation of necessary operational guidelines and an M&E plan, which included strategies for reflective learning. However, with the passage of time, during its 3<sup>rd</sup> year of project life, SHAHAR realized the need to be fully prepared with all of its operational guidelines in hand as well as the strategies for implementation before entering two new cities: Dinajpur and Mymensingh.

Various lessons learned throughout the 2.5 years of project operation were incorporated in streamlining activities and strategies for implementation in Dinajpur and Mymensingh. Therefore, it is expected that the learning from these two new cities will be able to generate knowledge for a wider audience interested in urban programming.

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