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REVISED VERSION

**Learning from Experience in Urban Programming: The Case of SHAHAR Project in
Bangladesh**

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ABSTRACT

The paper provides a reflective analysis of the various problems encountered and lessons learned in the process of implementing a highly integrated programme designed to improve the livelihood security of the urban poor living in slums and low income settlements in secondary cities of Bangladesh. The study is based on the author's day-to-day involvement with the project as an external action-research partner including review of relevant secondary literature. A number of key messages can be derived from this analysis which are essential to ensuring the success of project operations. These are: (i) a clear understanding of the links between project activities and project objectives by all staff, (ii) build capacity for all staff tailored to meet their needs, (iii) a clear specification of the targeting criteria and programme coverage, (iv) be fully equipped with necessary operational guidelines, work plans and M&E design before implementation, (v) ensure 'partnership of organizations' not 'partnership of activities', (vi) ensure real involvement of beneficiaries in all aspects of the project, (vii) 'empowerment' of the staff and a 'flexible approach' to operations is more rewarding, (viii) conduct routine reflection exercise on project progress, and finally (ix) be ready to undertake bold steps and make necessary strategic changes even if it requires significant deviations from pre-set activities and hypothetical schedules appearing in the project proposals.

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1. Introduction

Learning from doing is often regarded as the best form of knowledge creation and experience, and the SHAHAR (1) project is not an exception. The present paper provides a reflective

analysis of the various problems encountered and lessons learned while implementing a highly integrated programme designed to improve livelihood security of the urban poor living in slums and low income settlements in selected secondary cities of Bangladesh. The project addressed four major components – community mobilisation and institutional strengthening; income generation activities; health, hygiene and nutrition education; and infrastructure development. The project was delivered via partnering local non-governmental organisations (PNGOs) and the local municipal authorities (Pourashavas). The project was implemented in four municipalities across Bangladesh – Tongi, Jessore, Dinajpur and Mymensingh, and reached approximately 35,000 households. The project was one of the largest pilot urban projects in the world with an annual budget of approximately USD 3 million, over a five year period, and was considered as one of the highly innovative programmes in the CARE mission concerned with dealing with emerging and changing scenarios related to rights, governance and mobilisation (CARE, 2005; Khan, 2004).

Conventionally, urban development projects tend to concentrate either on water, sanitation and infrastructure (e.g. Hanchett et al., 2003) or on institutional strengthening and/or improving governance (e.g., Miranda, 2004; Cavill and Sohail, 2004; Cohen, 2001) with little or no integration among these aspects. The innovation in this project was its attempt to integrate three key aspects affecting the livelihoods of the urban poor – promoting human rights and social justice (i.e., rights of the slum dwellers); building local capacity (i.e., to be able to mobilise resources by the poorer segment of community themselves); and improving and ensuring delivery of the basic goods and services by the responsible agencies (i.e., the Pourashavas). Also, the focus was to link physical improvements (e.g., infrastructure) to community processes and participation (e.g., community mobilization) which are important concerns in sustaining

development (Cohen, 2001). CARE-Bangladesh undertook this programme with action-research support from International Food Policy Research Institute (IFPRI) to identify and develop best practices in urban programming (2). The study is based on information gathered by the author through his active involvement in the day-to-day operation of the programme, as well as from participation in several meetings, workshops, training sessions and examination of various project documents produced by the CARE-mission in connection with the operations of the project.

The paper is organized into nine sections. Section 2 provides the background to, and the conceptualization and design of the project. Section 3 describes the first phase of implementation in two municipalities: Jessore and Tongi. Section 4 highlights the key problems that emerged in Jessore and Tongi and section 5 summarizes the lessons learned from this. Section 6 then describes the second phase of implementation in Mymensingh and Dinajpur, which took into account lessons learned from the first phase. Section 7 then provides a brief on further strategic changes undertaken in the SHAHAR project, whilst section 8 highlights some of the successes of the project. The final section concludes and highlights key features that are essential to ensure success of programme operations.

2. The Birth of SHAHAR: Conceptualization and Design Phase

CARE has been operating in Bangladesh for nearly 60 years, initially focusing on relief provision, then moving towards rural income generation and primary health care from 1970s (Sutter and Perin, 1998) and entered into the urban sector from the mid-1990s. CARE-Bangladesh is relatively less experienced in urban programming, and as a result, the SHAHAR project was formed to better understand this environment (Khan, 2004).

Preceding the launch of SHAHAR, CARE-Bangladesh conducted a livelihood security

assessment of urban slum households in the cities of Tongi, Khulna and Bogra in 1997, with technical assistance from IFPRI. The study identified five key inter-related problems facing the urban poor: (i) household income is unstable and insufficient to meet basic needs; (ii) people feel disenfranchised with no community initiatives to solve their problems; (iii) poor families live in extremely unhygienic environmental conditions; (iv) poor maternal health – women at risk during pre- and postnatal period; and (v) significantly higher maternal and child malnutrition rates (Sutter and Perin, 1998). The study also highlighted four basic constraints – income, health, and the environment, as well as lack of individual capacity/social cohesion to cope with the crisis – affecting livelihoods of the urban poor (Sutter and Perin, 1998). Consequently, the SHAHAR project was developed to address these constraints. The project design utilized the ‘Household Livelihood Security’ framework which CARE is still seeking to institutionalize in all of its programme areas worldwide.

SHAHAR set its project goal 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*. Its four major components were: (a) infrastructure improvements (e.g., community toilets, drains, footpaths, water points) in the project sites (‘Infrastructure’); (b) Health, hygiene and nutrition education (‘Health’); (c) Income generating activities including vocational and skills training (‘Income’); and (d) Community mobilization and institutional strengthening (‘Community Mobilization’).

SHAHAR project activities, beneficiary coverage, site selection and implementation plans

The Development Activity Proposal of the Integrated Food Security Programme (IFSP) (3) outlined a list of 18 activities for SHAHAR, to be implemented in phases to reach 13 cities, involving 39 communities by the end of five years (detailed in CARE, 1998, p: 41-46). However,

SHAHAR ambitiously expanded its list of activities to 30 so that they would collectively establish a degree of ‘household livelihood security’ for urban vulnerable households. Also, the then SHAHAR project co-ordinator decided to select only four municipalities – Jessore and Tongi, in the first year, and Dinajpur and Mymensingh in the second year.

The proposal envisaged that SHAHAR would benefit approximately 70,000 households (386,000 people) from its ‘Health’ component, 35,000 households from ‘Infrastructure’ component, and only 5,850 households from the ‘Income’ component, over the life of the project (CARE, 1998: p46). However, SHAHAR decided to cover all slums and low income settlements identified during the census survey, resulting in a total coverage of 11,228 households from 63 sites in Jessore and 13,664 households from 21 sites in Tongi. Approximately, 60 percent of these households were expected to benefit from the ‘Income’ component of the project, whilst all households would benefit from the remaining components.

PNGOs were the principal implementers of the ‘soft components’ (Income, Health and Community Mobilization) of the project, whilst the Pourashavas were responsible for delivery of the ‘hard component’ (Infrastructure). The selection of PNGOs followed a detailed selection process involving primary screening, appraisal and physical visit by SHAHAR staff. A total of 14 PNGOs (9 in Tongi and 5 in Jessore) were selected as partners.

3. Implementation Phase 1: Jessore and Tongi

Start-up and general activities

The start-up activities sequentially involved: (i) staff recruitment, (ii) a three-week “foundation training” course on urban programming delivered to all SHAHAR staff, (iii) selection of project sites, with assistance from the Pourashavas, (iv) a census survey of all sites, to count the actual number of beneficiaries, (v) the signing of a Memorandum of Understanding between the

partners (i.e., PNGOs and Pourashavas), and (vi) baseline surveys in Jessore and Tongi, with lead input from IFPRI. Starting from staff recruitment in July 1999 to completion of the baseline survey in September 2000, 14 months were elapsed to accomplish these start-up activities.

Activities in the 'Income' component

Planned activities in the 'Income' component involved: (i) formation of savings and credit groups with one adult woman from each household, (ii) a three-month gestation period to develop a savings habit, and (iii) the offer of credit from the fourth month by submitting a business proposal for scrutiny. Also, an 'environmental assessment' was made mandatory for business/activity proposals that might have a potential impact on the environment (e.g., dyeing industry).

Activities in the 'Health' component

Activities in the 'Health' component involved: (i) imparting health, hygiene and nutrition messages and raising awareness of roof-top gardening in weekly 'Income' meetings; (ii) compilation of a list of malnourished mothers and children for its nutrition programme; and (iii) listing of pregnant mothers and Traditional Birth Attendants in the locality.

Activities in the 'Community Mobilization' component

Activities in this component involved: (i) observing special days outlined in the Memorandum of Understanding; and (ii) the establishment of a Community Resource Centre, which became a centre for providing education to dropout children who never attended school in the community. Each PNGO set up one centre at a suitable project location.

Activities in the 'Infrastructure' component

The 'infrastructure' component was the most resource intensive component of the SHAHAR project, and was implemented by the Pourashavas. Here, the SHAHAR engineering staff were

involved in identifying, prioritizing, designing, budgeting and monitoring of the activities. The activities involved: (i) construction and/or repair of drains, footpaths, and community toilets; (ii), installation of water points (hand tube-wells); and (iii) detection and marking of arsenic-contaminated tube-wells in project sites.

Plan for capacity building

SHAHAR emphasized the need for capacity building for all stakeholders and implemented it rigorously, mainly through training, cross-visits between project sites, participation in other urban programmes, as well as overseas visits to other urban projects. By September 2001, a total of 131 training sessions had been conducted, benefiting approximately 2,026 staff members from all partners.

Monitoring and Evaluation (M&E) process

The proposal envisaged the design of an M&E system using three levels of indicators (output, effect and impact indicators) that would provide valid information on: (i) success/failure of direct outputs; (ii) the intermediate effects of activities on knowledge, attitudes or practices; and (iii) the long-term impacts or fundamental changes in the livelihood security of participating households (CARE, 1998: p59). SHAHAR, based on its consultation of the proposal and USAID requirements, decided on the following M&E plan: (i) progress monitoring of the project and PNGOs; (ii) quarterly/annual progress reports (including expenditures) for USAID; (iii) IFSP requirements: (a) evaluations – baseline ‘for impact’, mid-term and final; (b) Time Series Surveys of seasonal livelihood monitoring (three times per year); and (c) Participatory Monitoring and Evaluation of behaviour change. A progress monitoring systemization strategy was eventually developed by March 2001, following a lengthy procedure (Figure 1).

[Insert Figure 1 here]

4. Problems Encountered

SHAHAR organized a series of brainstorming sessions at its field offices and at Headquarter between June – September 2001 to reflect on the project's performance after the first year of implementation (which was 2.5 years since the birth of SHAHAR). Participants were asked to reflect on the accomplishments, key difficulties encountered and steps taken to resolve the problems. The workshops revealed that several problems had been encountered, ranging from its conception down to operations and management level. These are discussed below.

Problems at the conceptual and design level

SHAHAR management felt that the design of the project was largely focused on the Pourashava. Therefore, if the Pourashavas failed to cooperate or act according to expectations, the total intervention was likely to fail. The management stressed the importance of a clear focus on governance, a difficult task to achieve but necessary to avoid constraining the project.

Participants also identified that the project design had focused only on slums, thus ignoring the broader issue of urbanization and the management of urban areas. Conventionally, slum people were treated by the Pourashavas as unauthorized residents in an urban context and often neglected. Trying to promote a suitable urban service delivery mechanism for them was, therefore, problematic. In some cases, the 'threat of eviction' actually took place in selected communities of Jessore and Tongi.

SHAHAR staff also felt that there was a general lack of civic sense for cleanliness by all citizens. Accordingly, a "cleaning day" was observed in the communities in September 2001 as a way to develop such a civic sense of cleanliness.

Additionally, the level and stages of involvement by the various government agencies in this project was not always clear. For example, although SHAHAR's link with the Pourashava

was clear but it was much less clear with the Local Government and Engineering Department. Also, the approach undertaken by SHAHAR contradicted the approaches of other agencies engaged in similar interventions. For example, UNICEF implemented individual latrine projects, whereas SHAHAR was promoting the 'community latrine' for similar types of beneficiaries. The idea to establish uniformity in project implementation by all PNGOs in all sites was itself constraining, thereby, preventing the utilization of PNGOs' own experience in programme operations. Tensions also occurred within the community over the use of the Geocode Card which had been handed to beneficiary households during the initial identification census. However, some presumed it as an instrument for getting huge benefits from CARE (mostly as relief) and traded with other non-eligible households.

Operational problems

A key problem that emerged at the operational level involved SHAHAR field offices as well as PNGOs seen as too much absorbed in the 'Income' component of the project. The PNGOs rushed to form groups within first three months of implementation leading to haphazard selection of women without carefully identifying the truly needy and willing participants in the group. Also, with ambiguity present in the targeting criteria, the groups contained a mix of wealthy participants, which weakened group solidarity. Frequent dropout of members from the groups put PNGOs under severe pressure to maintain ideal group size. Also multiple involvements of same women as a member of other NGOs were overlooked.

Lack of clear operational guidelines led to confusion and a lack of compliance in screening of the proposed business plans. The major thrust of the PNGOs was to provide loans to earn interest income bypassing the needed emphasis on vocational and skills training component. Migration of some beneficiaries after taking loans deterred PNGOs from providing further loans.

In some cases, beneficiaries in turn stopped making deposits. Also, eviction of some beneficiaries from their homes meant that the group itself disappeared.

Since operational guidelines of the 'Health' component were not in place during the initial phase of implementation, PNGOs resisted implementing the finalized 'Health' programme, which seemed bulkier than their expectations. The 'Health' education sessions at the 'Income' weekly meetings were preoccupied with loan collection and savings instead. In addition, frequent revision of directives and memos regarding the operation of 'Health' component demoralized staff.

The establishment of Community Resource Centres was applauded by most of the beneficiaries as their children could attend 'any time schools' run in these premises. These centres also served as venues for community meetings. However, inclusion of schooling in the programme demanded too much staff time, with no clear guideline on what this activity sought to achieve. The substantial effort put into 'observance days' also added a serious burden to staff time, although it was highly applauded by the communities.

Managerial problems

According to the feedback, the team in charge of designing the SHAHAR project did not fully analyze its operational difficulties. Staff planning seemed inadequate, given the diverse and large scale nature of project activities. In addition, there were weaknesses in management and change of senior management (project co-ordinator) also affected the project. Furthermore, most of the staff recruited in SHAHAR were staff promoted from other projects of CARE, as well as from other agencies, and they themselves were in the learning phase and inexperienced to work in an urban environment. In addition, the management approach undertaken in SHAHAR was 'inward' rather than 'opening up' to all staff as the sharing mechanisms of experiences and

pitfalls were not developed. There were problems, also, in the flow of information: with PNGOs, with the Pourashavas, between field offices and SHAHAR Headquarter.

Problems related to Monitoring and Evaluation (M&E) activities

Staff shortage was identified as the key problem here hindering the effective monitoring of the SHAHAR project. Since there was no specific plan for monitoring prior to implementation, the staff faced difficulty in internalizing its importance. Weakness existed in streamlining performance indicators and in devising a concrete strategy to feed these indicators from progress monitoring into project evaluation. In addition, commitment towards monitoring by PNGOs and the Pourashavas was very low, in terms of degree and quality. Moreover, an essential step for strengthening the capacity of the Pourashavas and PNGOs, prior to implementing such a complex intertwined set of interventions, was ignored; consequently, their involvement in monitoring was delayed. Also crucial to the success of the project, the key position of Project Development Officer (Management Information Systems) at Headquarter remained vacant, leading to a major drawback in the organization and synthesis of available information. The emphasis placed by the CARE mission to meet 'environmental sustainability' increased staff workload of all partners. By the start of year three 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 projects. However, the CARE mission management decided to centralize the M&E system. As a result, all M&E staff of individual projects was transferred to a central Technical Support Unit. The role of the centralized M&E system of IFSP and its link with SHAHAR soon became unclear.

Problems related to partnering with PNGOs

It is clear in this case that the concept of 'true participation' has not been put into practice and

the practiced strategy showed ‘partnership of activities’, not ‘partnership between organizations’. PNGOs were basically working as ‘sub-contractors’ with SHAHAR dictating the ideas and activity plans, and PNGOs abiding by the instructions. The overall mechanism was affected by a lack of capacity in the partners as well as lack of a unified approach to partnership. Traditional practice in micro-credit operation by PNGOs affected the project. All PNGOs showed a tendency towards financial gains rather than on improving the plight of the urban poor. Also, there were time and manpower constraints, both in terms of quality and quantity. High turnover and unskilled staff in PNGOs also affected the quality of implementation. Some staff felt that the selection process of PNGOs was flawed leading to inclusion of weak 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.

Problems related to partnering with the Pourashavas

Bureaucracy inherent in the government employees also plagued the Pourashava officials. Typical of this project, the Pourashavas suffered from personnel shortage, as well as low capacity, and tended to be focused on large visible activities (e.g., construction of big drain networks and long footpaths). In addition, the coverage of the project was also huge: 63 sites in Jessore and 21 sites in Tongi, thereby, raising the question of manageability by all parties with paucity of staff.

Problems at the beneficiary level

It is clear that the activities of the SHAHAR project in these neglected locations inevitably raised expectations of the communities. However, a number of significant problems arose resulting in ineffectiveness of the project. For example, some beneficiaries did not provide correct information during census surveys, perhaps the result of past bitter experience with NGOs by the

community affected their interest in the project. Beneficiaries hid their multiple involvements with other NGOs. Serious misunderstandings arose also between beneficiaries and contractors (for the 'Infrastructure' component), and due to such misunderstanding, even good works done by contractors were not recognized. Additionally, staff were largely engaged in accomplishing defined activities while neglecting interactions with the community; the proportion of time spent with beneficiaries by staff was minimal. Lack of group cohesiveness also seemed to be a major problem caused in part, by a number of beneficiaries who fled after receiving loans, ultimately affecting the entire group. Group cohesiveness could have been achieved if the community mobilisation had been in place from the start.

Problems related to the 'Infrastructure' component

SHAHAR also placed major emphasis on the 'infrastructure' component. Although, the project claimed 100% achievement of its first year target, several problems remained. The issue of maintenance of infrastructure has not been thought through leading to domination of vested interest groups in management committees. However, the level of community involvement increased sharply after completion of the facilities. The issue of land tenure added to the problem in locating 'community toilets' and drainage networks. Moreover, the influence of the Pourashavas and lack of previous experience in dealing with vested interest groups in an urban context led to choice of infrastructure interventions located on the periphery of the sites, while the internal disruption of drainage system remained unattended.

External influence

Various tensions during the operation of the project were created by external interference. Interference by staff external to the project somewhat demoralized SHAHAR staff. Everyone wanted to offer their own advice without understanding the complexities, needs and

requirements of the project. SHAHAR staff, confused with such a diversity of suggestions, quickly became frustrated. Also, major changes in the IFSP M&E system, in its initial stage, created a vacuum in M&E activities.

5. Lessons Learned

Important lessons were learned by the mid-term of the project cycle. The first was the realization that each of the SHAHAR components could have been an individual project in itself. Therefore, unless each activity of each component was clearly demarcated, staff would stray from the project goal and would be burdened with multifaceted unforeseen problems. This led to an understanding of the importance of having 'all component guidelines' in place. The initial idea of starting the project by keeping up with the hypothetical schedule set in the proposal, and then to develop the programme activities at leisure, proved to be seriously flawed.

The component guidelines should clearly delineate each activity and must focus on the achievement of project objectives. Since multiple staff members of varying capacity were implementing the project activities, only clearly defined operational guidelines could meet the needs of standardized implementation strategies common to all. Such a realization led SHAHAR to spend several months in developing and finalizing these guidelines. SHAHAR also felt a need to revise the 'Income' guideline after a year of implementation, with the principal concern of the security of huge savings and insurance collected by the PNGOs from their group members.

Another tripartite arrangement between the Pourashavas, PNGOs and the beneficiary representatives became necessary to ensure protection of savings and insurance plus continuation of this 'Income' package to beneficiaries once SHAHAR phased out in 2004.

The second lesson learned was the importance of understanding the link between the components and the project objectives. This required a thorough internalization of the logic and

mechanism by which each activity contributed to the overall project goals. For example, the 'Infrastructure' component was implemented by Pourashavas, involving only engineers from SHAHAR, with minimal contact with the PNGOs who were responsible for implementing the remaining three 'soft components' for the same target beneficiaries. However, when infrastructure maintenance committees from among the project beneficiaries were formed, the situation improved.

The third lesson learned was the coverage of sites and beneficiaries relative to resource availability. SHAHAR was implemented at 63 sites in Jessore and 21 sites in Tongi covering 25,000 households as beneficiaries. This was a huge number of people for a limited staff to cover, especially when they had minimal knowledge of how to implement various components of the project.

The fourth lesson learned was the number of partners to be selected. A total of 14 PNGOs were selected (9 in Tongi and 5 in Jessore), who in turn varied considerably in size, experience and competence in urban programming, itself posing an additional problem in ensuring continuous dialogue and interaction.

The fifth lesson learned was the quality of the Memorandum of Understanding, which specified too many items without proper justifications. Since this was the first legal document with which SHAHAR went into partnership with PNGOs and the Pourashavas, making amendments was not easy. The partners usually tended to utilize the benefits specified in the document instead of focusing on their own contribution and commitment towards the poor.

The sixth lesson learned was the uneven sequencing of components in the field. There was a rush to start the activities to stay on schedule. Therefore, the 'Income' component activities were implemented first at full throttle. Infrastructure improvement with the

Pourashavas followed, but leaving the rest of the components behind. The ‘Community Mobilization’ component was deferred for a year and the ‘Health’ component could not be fully implemented due to the apparent lack of direction and guidelines. This resulted in complete absorption of all the activities, including human resources, by two components, covering essentially only one of the three strategic objectives of the project.

The seventh lesson learned was the importance of M&E activities to the success of project implementation. The initial Logical Framework 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 Logical Framework was vital, to keep the project on track and to produce valid indicators of performance. At the same time, the overall IFSP programme decided to streamline all of its projects to work within a unified Logical Framework aimed at contributing relevant indicators so that they collectively achieve the overall goal set in the proposal for IFSP. This streamlining was also passed down to SHAHAR, which enabled it to reduce its own Logical Framework.

6. Expansion Phase 2: Mymensingh and Dinajpur

SHAHAR, in its second year of implementation, expanded to two new secondary cities, Dinajpur and Mymensingh, equipped with the lessons learned from Phase 1 of implementation.

Entering the community

SHAHAR learned the hard lessons with respect to issues such as: (i) strategies to understand the community, (ii) effective targeting of beneficiaries, (iii) streamlining volume and nature of activities, and (iv) strategies for selecting faithful and capable partners for implementation. Consequently, SHAHAR decided to initiate a rigorous process of activities aimed at understanding the diverse community needs and priorities before project implementation in

Dinajpur and Mymensingh. The overall strategy consisted of five stages in the following sequences: (a) widespread inception sessions in the community introducing the project with involvement of all partners and other government officials, (b) a complete census of households in project sites with a revised questionnaire, (c) preparation of community profiles based on information collected from each site, (d) intensive Participatory Learning and Action sessions for each component of the intervention package, and (e) a baseline survey of the project sites with representative sampling. It is worth noting that SHAHAR also went through similar stages in Jessore and Tongi earlier but with limited focus and unplanned sequencing of activities.

Downsizing the coverage of beneficiaries

Based on the knowledge that extensive coverage itself posed a problem of monitoring and keeping track of progress, it was decided that the number of households would be limited to 4,000 in each city. Therefore, after careful scrutiny, SHAHAR decided to undertake 13 sites (out of 59) in Dinajpur and 17 sites (out of 83) in Mymensingh that deemed to be the most vulnerable in terms of overall livelihood security. The total number of households stood at 3,744 (15,866 persons) in Dinajpur and 4,413 (20,091 persons) in Mymensingh, which was far lower than the number of beneficiaries targeted in the Jessore and Tongi sites.

Selecting the partners

Since SHAHAR utilized a strategy to allocate approximately 2,000 households for each partner NGO, the number of partners in Dinajpur and Mymensingh consequently was reduced substantially to three in each city. The selection criteria for partners were also revised substantially.

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 components. First, preliminary work on assessing the need for infrastructure improvement started. Once the PNGOs got on board, the primary focus was on the formation of groups for delivery of the 'Income' and the 'Health' components, with simultaneous implementation of the 'Community Mobilization' component. The dissemination of loan monies was initiated at a much slower pace, beginning after 5–6 months of group formation. Moreover, maintenance committees were formed prior to the implementation of the infrastructure schemes, so that resources could be properly utilized and the beneficiaries could develop a sense of ownership.

Project preparation prior to implementation

SHAHAR, again, learning from Phase 1, placed high importance on having all of the operational guidelines in place prior to the start of activities in Dinajpur and Mymensingh and the field staff for Dinajpur and Mymensingh enjoyed the privilege of attending all the previous important meetings with the partners, acquainting them with the pros and cons of the project implementation in Jessore and Tongi. The results of the census surveys and community profile exercises of these two cities were disseminated to the stakeholders, thereby making the PNGOs and the Pourashavas well aware from the start of the situation of the sites.

M&E Design

The M&E plan in Dinajpur and Mymensingh followed the streamlined unified Logical Framework of IFSP, and various case studies and livelihood studies were planned in Dinajpur as a part of the SHAHAR–IFPRI collaboration.

Learning strategy

The project activities and action plans in Dinajpur and Mymensingh progressed according to a carefully prepared schedule and close coordination among Headquarter and field offices. 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 also attached to learning from experience during implementation. Therefore, a learning strategy was developed that equipped the implementers to detect problems quickly and devise solutions to overcome those.

7. Further strategic changes in SHAHAR

In January 2002, a new project co-ordinator was appointed (the third during the life of the project), who again decided to conduct in-depth reflective exercises with all staff and partners to understand progress with the project and to identify changes that were necessary. This was done by a review of best practices of similar projects elsewhere. A five-day retreat was organised in March 2002, which led to a 'Landmark' and 'Turning point' event (Khan, 2004a).

Four key strategic changes were devised and implemented over the remaining life of the project. The first was the removal of segregation between the 'hard components' (i.e., infrastructure) and the 'soft components (i.e., 'Income', Health', and 'Community Mobilization'). Such barriers had, before, confined engineers to concentrate only on construction activities without any interactions with staff from 'soft components', which led to maintenance problems of the constructed facilities.

The second strategic change was in the structure of SHAHAR itself. The project was divided into strategic, tactical and operational levels. At the operational level, a 'team approach' was adopted with an Area Team Leader and 4-5 Facilitators composed of staff experienced in engineering as well as aspects of the 'soft components'. Training sessions were provided, tailored to the needs of the staff, so that each team could operate competently on all components of the project. At the tactical level, field management, comprising of Area Manager and the Area

Team Leaders, acted as a support for the area teams. Finally, at the strategic level, the co-ordination unit was set to oversee the project and to deal with strategic and policy level issues, by improving and strengthening reporting structures (for details of the new organogramme, see Khan, 2004a).

The third strategic change was the adoption of a ‘flexible approach’, as past experience had shown that high dependency on guidelines and generic operational plans usually hampered progress. This is particularly important as SHAHAR operated in areas with vastly different characteristics. Therefore, each field office was asked to draw up their own operational plans to suit their sites. The component guidelines served, therefore, only as a guide, and not as a document that had to be strictly adhered to, even when circumstances not covered by the guidelines required deviation from pre-set operational steps. ‘Empowerment’ of field staff was the key strategy that was adopted with success in this approach, backed up, of course, by due ‘accountability’.

Finally, the key question of whether the ‘activities can sustain’ once the project ceases led to the development of a ‘Pressure Plates Model’ by the project co-ordinator, through active consultation with all stakeholders. Simply put, the model attempts to create an environment where the pressure emanates from one of the smallest units of the communities, the households (for details on how this model works, see CARE, 2005; Khan, 2004, 2004a). A Community Resource Management Committee was also formed/restructured in all areas to ensure representation from all special interest groups from each wealth band.

8. The effectiveness of the SHAHAR project and its strategic changes

The IFSP Mid-term Review, conducted in June 2002 (a few months after implementing the strategic changes), concluded with a high commendation for SHAHAR’s transformation. The

review noted that “a new spirit of enquiry and reflective practice is emerging among staff and the positive impacts of this are already being witnessed. Intervention strategies are being explored and tested in different ways, flexibility exists in implementation activities, data is being used more to guide decision making, and staff are developing a richer understanding of the social, economic and political context of urban areas” (CARE, 2003: 33-34).

Use of the ‘Pressure Plate Model’ was also successful, as evidenced by several examples where the community took an increasing role to determine their own future. Two examples worth mentioning: (i) the eviction of 77 households from one site in Jessore after 20 years of their stay. The community, through the Community Resource Management Committee, placed sufficient pressure on the local administration, leading not only to relocation of these households, but also to secure tenurial rights in that relocated area (CARE, 2005: 19-20); (ii) exclusion of individual households in two sites of Dinajpur, who were later provided with leasing rights from the municipality. These were significant successes for the project, as they were among the first successful examples in Bangladesh where the community had fought for their tenurial rights and succeeded (Khan, 2004a).

The emphasis over ‘environmental assessment’ on the SHAHAR infrastructure projects also provided a success story. A comparative study of one of the SHAHAR sites in Tongi and City-Polly slum under the governments’ Slum Improvement Project in Dhaka revealed that, because of the ‘environmental assessment’ exercise, SHAHAR had constructed an additional 320 m of drain, thereby mitigating problems relating to drainage and wastewater. The SHAHAR site in addition, was noted as having a fewer environmental problems compared with the City-Polly slum (Chowdhury and Amin, 2006).

9. Summary and Conclusion

The SHAHAR project, conceived as a large-scale pilot project in urban programming to generate learning and best practices, underwent a series of changes from its inception. Although the birth of the SHAHAR project was based on a sound premise, the initial design of the project posed a major challenge of integration and consolidation. The four components – ‘Infrastructure’, ‘Income’, ‘Health’, and ‘Community Mobilization’ – were capable of functioning as individual projects, although in such a case the achievement of overall livelihood security would have been less achievable. However, people learn from mistakes and SHAHAR was no exception. The various lessons learned in its first phase of implementation were carefully incorporated when SHAHAR moved into the two new cities in its second year and the four key strategic changes undertaken during the mid-term of the project led to significant improvements.

The key messages that can be derived from this reflective analysis are: (i) every member involved in the project must fully understand the links between each project activity and the project objectives; (ii) capacity building of all members is a must; (iii) clear specification of targeting criteria and programme coverage must be decided in advance; (iv) project management must be fully prepared with all necessary operational guidelines, work plans and M&E processes prior to implementation; (v) when multiple agencies are involved, ‘partnership of organizations’ should be ensured rather than ‘partnership of activities’, which is essentially no different than sub-contracting, with consequential loss of commitment; (vi) the number of partners should be kept at a minimum level and they should be of adequate quality; (vii) project beneficiaries should be involved in real terms in all phases of the project in order that they build a clear sense of ownership and acceptance of the project; (viii) the ‘empowerment’ of the staff and a ‘flexible approach’ to operation is more rewarding and produces dividend in terms of project outcomes;

(ix) thorough reflective exercises on the project progress should take place routinely; and finally

(x) project management should not hesitate to undertake major strategic changes, even if these require significant deviations from pre-set activities and hypothetical schedules that appear in the proposal. Such proposals are often written by consultants in order to apply for funding in advance and, in practice, as such are likely to take precedence and dictate subsequent actions (because donor agencies like to hold on to these documents while evaluating project performance) which may eventually restrict and/or inhibit well conceived projects from to delivering effectively with success. The SHAHAR project surpassed such conventional practice and, therefore, eventually succeeded in its endeavours.

Notes

- 1 SHAHAR stands for Supporting Household Activities for Hygiene, Assets and Revenue.
- 2 Since 1997, CARE and IFPRI have collaborated on increasing knowledge about urban livelihoods and worked in a number of countries, e.g., Tanzania, Mozambique, Peru and Ethiopia (Garrett, 2004).
- 3 IFSP is the core five-year programme (1999 – 2004) with four distinct projects, of which SHAHAR is one and is the only urban project, whereas the remaining are rural projects.

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