



# Urban Partnerships for Poverty Reduction Project **Annual Progress Report**

# 2012



Urban Partnerships for Poverty Reduction  
Local Government Engineering Department

# ANNUAL PROGRESS REPORT 2012

## Report Preparation

Peter Fremlin, Consultant, UPPR

Joseph Savage, Head, Research Evaluation and Learning Unit, UPPR

## Photos

Kawser Ahmed, Communications Assistant, UNDP Bangladesh

Md. Kamrul Hassan, Communication and Documentation Expert, UPPR

Archive



## Cover

Pori Banu, a block grant recipient in Savar, managing her business

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# Acronyms

ARSH	Adolescent Reproductive and Sexual Health
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BUF	Bangladesh Urban Forum
CAP	Community Action Plan
CDC	Community Development Committee
GBP	Great British Pounds
GoB	Government of Bangladesh
ILO	International Labour Organisation
IUPP	Integrated Urban Poverty Programme
LGED	Local Government Engineering Department
LGI	Local Government Institution
LPUPAP	Local Partnerships for Urban Poverty Alleviation Project
MAU	Mutual Accountability Unit
O&M	Operations and Maintenance
PAB	Practical Action Bangladesh
PIP	Participatory Identification of the Poor
ReCAP	Repeat Community Action Plan
RELU	Research, Evaluation and Learning Unit
SAC	Social Audit Committee
SEF	Socio-Economic Fund
SIF	Settlement Improvement Fund
SLM	Settlement Land Mapping
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UN-HABITAT	United Nations Human Settlements Programme
UPPR	Urban Partnerships for Poverty Reduction
USD	United States Dollars
VfM	Value for Money
WASA	Water Supply and Sewerage Authority





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# Foreword

## National Project Director

It is with great pleasure that I present a report on the activities and achievements of Urban Partnerships for Poverty Reduction in 2012. The past year saw important progress to our goal of reducing the poverty of three million people across towns and cities in Bangladesh.

Communities in poor urban settlements are at the heart of our Project. We support poor people – and especially poor women – to take charge of managing their own development by establishing Community Development Committees. These structures help enable community members to work together to identify their needs and decide how to meet them. Our Project provides technical and financial inputs as well as establishing relationships between these organisations with Local Government Institutions (LIG) and other stakeholders.

2012 was an important year of growth and achievement for our Project. Through further mobilisation we have now included over 800,000 households in our Community Development Committees. Working in these areas we delivered USD 9.5 million of community contracts to improve living conditions and just over USD 6 million to improve livelihoods and increase assets. Our relationships with other stakeholders at the community, town and national levels have contributed to long-term change, and we enter 2013 aiming towards the future and a new urban poverty reduction strategy for Bangladesh.

My thanks go to all the people and organisations that worked with us in 2012. Our Project is formed by support from UK aid, implemented by my agency, the Local Government Engineering Department and managed by UNDP with support from UN-Habitat. At the town and city level we work with the LGIs, and across Bangladesh we are working with other Government, non-Government and private organisations. Community members and leaders provide tireless energy and are the inspiration for the continuation of our work. We look forward to continuing work with all these partners to further reduce urban poverty in the coming year and beyond.

A stylized, handwritten signature in black ink, consisting of a circular loop followed by a horizontal line that extends to the right.

**Md. Abdur Rashid Khan**

National Project Director

# Executive

# Summary

The Urban Partnerships for Poverty Reduction (UPPR) project is the largest urban poverty reduction initiative in Bangladesh. UPPR works with communities in 23 towns and cities across Bangladesh to develop the capacity of poor households, especially women, to manage their own development and tackle those needs they identify as most important. In order to provide this support to communities in poor urban areas the Government of Bangladesh (GoB) and the United Nations work together to manage and implement UPPR, with funding from UK aid.

## **Giving communities control over poverty reduction**

UPPR's theory of change for reducing poverty in poor urban settlements across Bangladesh shows how communities themselves are best placed to judge what their main priorities are and who amongst them is most in need of support. In particular the UPPR approach is about creating space for the most vulnerable members of the communities and empowering them to make these decisions, especially the extreme poor and women.

Effective local social mobilisation is at the core of the UPPR approach. 2012 saw UPPR exceed its project target for mobilising communities, reaching over 620,000 in Primary Groups and 816,000 households in Community Development Committees (CDCs). During 2012 and for the remainder of the project, a growing emphasis was placed upon how to sustain the benefits of this mobilisation. Key strategies include enhancing the governance structures of CDCs; the development of CDC Federations to increase cooperation between CDCs; and, establishing partnerships and linkages with other service providers to meet the diverse needs of poor urban communities even after the project has phased out.

## **How community led approaches are changing lives**

UPPR recognises that urban poverty is about more than income and so works with mobilised communities to tackle its causes in an integrated manner. Firstly the community and UPPR work together to make improvements to physical

## Executive Summary

infrastructure. This includes improving access to safe water and sanitation and building better footpaths and drainage systems. Thanks to progress made in 2012, 43,140 more households will benefit from improved water sources while 53,262 more households will have access to improved latrines. An impact study of communities found that over 90% were satisfied with the various physical improvements supported by UPPR.

Secondly, UPPR works with communities to improve social conditions. During 2012, a further 8,580 women and men are benefitting from apprenticeships while 23,780 girls and boys are helped to continue their education. 32,800 extremely poor women are supported to develop their own business. During 2012, 59,230 households joined savings and credit groups bringing the total for the UPPR period to over 376,000 households. The savings balance was over USD 5 million at the end of 2012. UPPR has also supported communities and towns to develop relationships with other organisations to meet their diverse needs in a sustainable way. These linkages and partnerships have contributed to achievements such as 646,591 households accessing health care centres and 1,075 women suffering from gender based violence accessing legal aid.

These gains are supported by the work of UPPR, the GoB and UNDP to create a pro-poor policy environment. 2012 saw LGs in almost all towns where UPPR works contributing from their own budgets to support UPPR related activities. In addition, the GoB and UNDP work together at a national level to create a policy-environment that is responsive to the needs of poor urban communities. The progress made with the Bangladesh Urban Forum (BUF) is a particular highlight. BUF provides the only forum where all of the diverse urban sector stakeholders can openly share their views. This was advanced in 2012 by the establishment of the Inter-Ministerial Steering Committee. UPPR and UNDP also sent a delegation to the World Urban Forum, made up of both national and local Government representatives, UPPR staff and a representative from DFID. This allowed UPPR to be shared as best practice on a global stage.

### Managing the community-led approach

UPPR has continued to develop its management structures in 2012. It established two new units in its Headquarters in Dhaka. The Research, Evaluation and Learning Unit (RELU) was created to enhance UPPR's measurement of outcomes and to capture learning generated by



*Block grant recipient in Bawnia bandh where footpaths and drainage have been improved*



the Project. The Mutual Accountability Unit (MAU) was established to foster greater transparency and accountability across UPPR. This will complement measures introduced by UPPR to ensure appropriate practices are followed across the project. Furthermore, financial practices have been revised and trainings were delivered to both UPPR staff and communities.

UPPR undertook a series of initiatives to further improve value for money in 2012, including using partnerships and linkages to mobilise greater inputs from other stakeholders to poor settlements. Furthermore, UPPR has, where appropriate, sought for its contributions to be matched from other actors. LGIs in almost all towns where UPPR works are allocating funds to UPPR communities and other poor urban communities.

### **Future directions for community led poverty reduction**

The 2012 Annual Review conducted by UK aid identified challenges around how UPPR will phase-out and how progress will be sustained. UPPR's objective is for communities to be able to act independently to reduce poverty while structures are in place at the local and national levels to support pro-poor policy development. To realise this objective, UPPR has a three track approach. Firstly, it undertakes activities at the community level to build ownership and sustainability. Secondly, it incorporates a sustainability component within each of its interventions. Thirdly, it works to enhance pro-poor focus at town and national levels.

In 2012, UNDP along with other UN-agencies initiated the conceptualisation of a new urban poverty reduction strategy. This new model for reducing urban poverty in Bangladesh will be informed by lessons learned from UPPR, the policies and plans of the GoB, and best practice

in the region. Central to its design is offering a more integrated and comprehensive response to urban poverty that draws in new participants such as other Government and UN agencies with complementary urban portfolios.

The new strategy is based upon expanding and deepening the work begun by UPPR while emphasising the need to institutionalise delivery within self-sustaining community bodies and municipal administrations. Any new strategy should be anchored within local and central governance structures. This will be complemented by the One-UN approach being carried out under the Bangladesh UNDAF (2012-2016) framework, specifically Pillar 6, which is based on UNDP's role as overall lead and UNDP and UNICEF's roles as designated outputs leads. This will be further supported by other relevant UN agency contributions. The development of this innovative approach will continue in 2013.

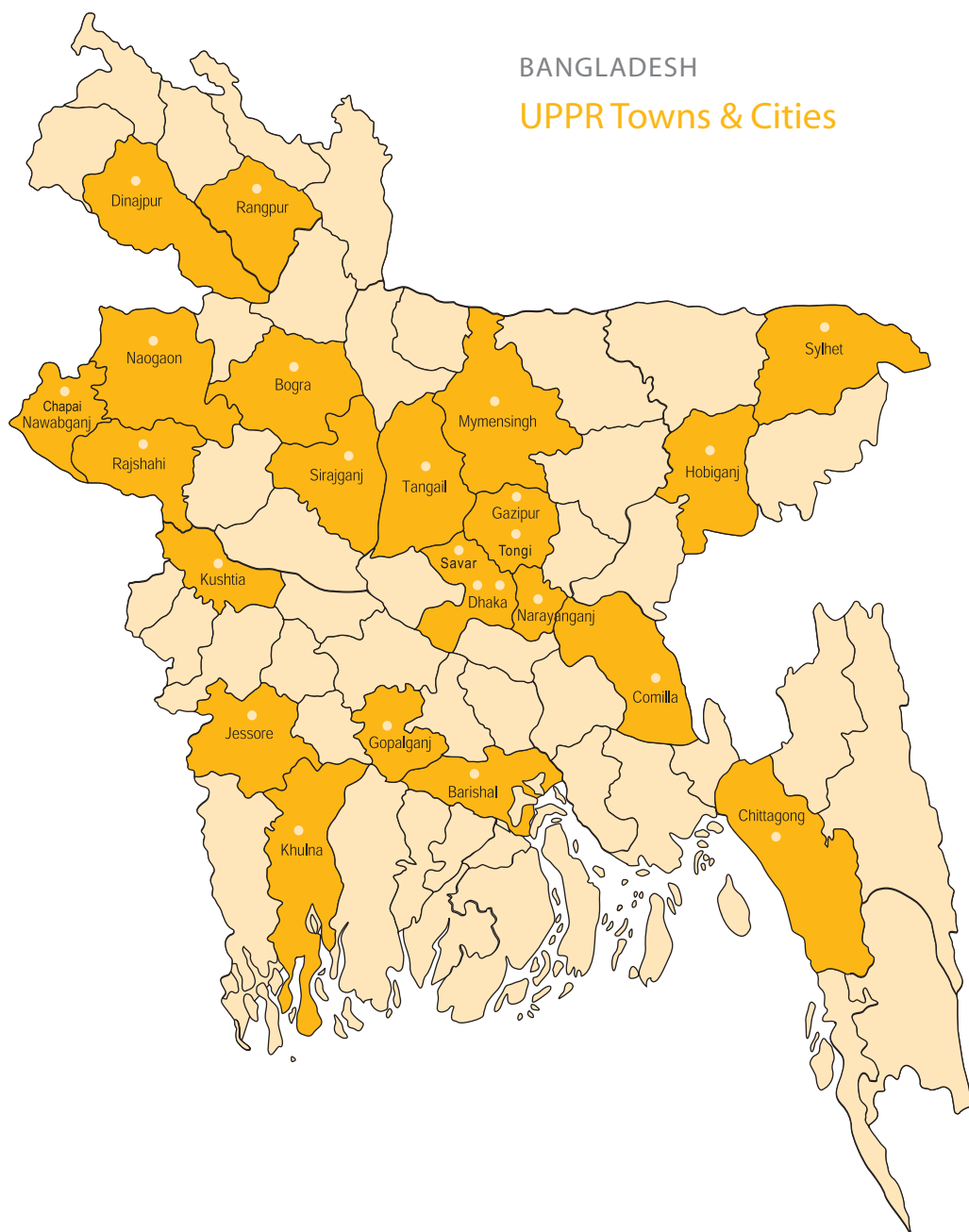
# 1

## Introduction

The Urban Partnerships for Poverty Reduction (UPPR) project is the largest urban poverty reduction initiative in Bangladesh. UPPR works with communities in 23 towns and cities across Bangladesh to develop the capacity of poor households, especially women, to manage their own development issues and tackle the needs they identify as most important. Key strategies include community mobilisation; improvement of physical infrastructure; support for livelihoods development; developing partnerships between communities and service providers; and influencing policy. This cooperation between UPPR and the communities will see three million urban poor people improve their livelihoods and living conditions by August 2014. This is an Annual Report on the progress in 2012.

In order to provide this support to the communities in poor urban areas, the GoB and the United Nations work together to manage and implement UPPR. It is the Local Government Engineering Department (LGED) that hosts and executes UPPR at a national level. In the towns and cities in which UPPR works, it does it jointly with the Municipality or City Cooperation. UNDP manages the implementation of the Project, and UN-Habitat supports the components that work on improving living conditions. Beyond the contributions of these actors, the majority of funding is provided by UK aid.

Reflecting upon UPPR's achievements in 2012, Section 1 is a review of community mobilisation, the heart of UPPR's poverty reduction strategy. Section 2 will describe the continued progress in the communities taking ownership of their development. Specific interventions and their results are presented in Section 3. This includes the inputs provided through two funds designed to directly tackle the cycle of poverty – the Settlement Improvement and Socio-Economic Funds – as well as the achievements of a broad-base of partnerships and cooperation. Section 4 describes the steps taken in 2012 to continue improving the management of UPPR. Finally, Section 5 looks to the future by describing challenges and lessons learned in 2012, and how UPPR is moving forward as the project enters its final phase.



## Putting UPPR's work with the extreme urban poor in context

Bangladesh is urbanising quickly, with its urban population growing from 1.9 million in 1950 to 46.1 million in 2010. The UN predicts by 2045 that more than half of the population will live in towns and cities. The 2010 Household Income and Expenditure Survey found that the urban

poverty rate was 21.3%, or 9.4 million people. This includes over 3 million extreme poor. However, by focusing on what households earn and spend only, this survey does not give the full reality of urban poverty in Bangladesh. Income poverty is made worse by lack of basic water and toilet

facilities and poor social conditions which limit opportunities for education and employment, especially for women and girls. UPPR supports poor urban communities to change these conditions and so improve the lives of three million people across Bangladesh. ■

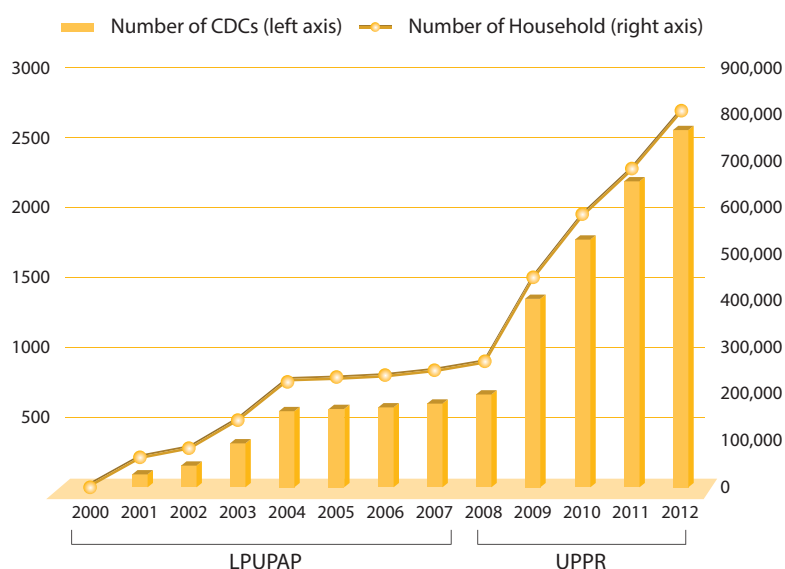
# 2

## Giving communities control over poverty reduction

UPPR's theory of change for reducing poverty in poor urban settlements across Bangladesh shows how communities themselves are best placed to judge what their main priorities are and who amongst them is most in need of support. In particular, the UPPR approach is about creating space for the most vulnerable members of the communities and empowering them to make these decisions, especially the extreme poor and women.



Figure 1 : Cumulative number of mobilised CDCs and households by year



## Mobilising the community

Effective local social mobilisation is at the core of the UPPR approach. 2012 saw UPPR exceed its project target for mobilising communities, reaching over 620,000 in Primary Groups and 816,000 households in Community Development Committees (CDCs). These communities are enabled to take forward the fight against urban poverty, to lead decision-making about what needs to be done in their community, and to work with LGIs to achieve this.

2012 saw 5,730 new Primary Groups formed with representatives from 3 out of 4 poor UPPR households now members, forming more than 30,000 Primary Groups. Each Primary Group represents about 20

households and forms the grassroots level of the community governance structure. Almost all members of Primary Groups (98%) are women, ensuring that the space is created for them to offer leadership in their community.

In turn, these Primary Groups merge into 2,588 CDCs, 365 of which were formed in 2012. CDCs are supported to assess their community's physical, social and economic development status, prioritise their needs for poverty reduction, and use data gathered by the community to develop Community Action Plans (CAPs) to address these. Representing about 200 to 300 households each, CDCs are also supported to prepare and manage communi-

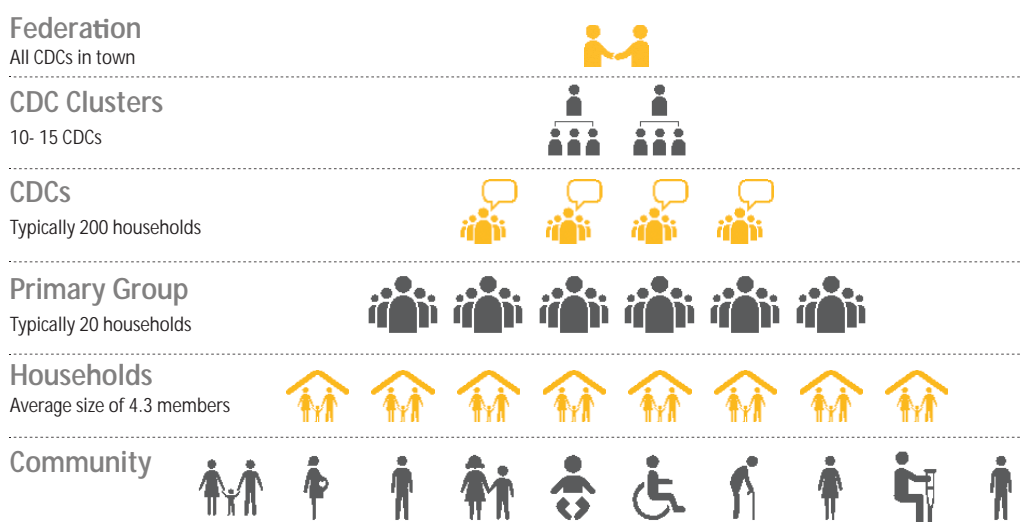
ty contracts to deliver infrastructure, assets and services to meet community needs.

A total of 45 CDC Cluster Committees were formed in 2012, bringing the total for the project to 254. These Cluster Committees bring CDCs together for even greater impact and knowledge sharing through sharing experiences, lessons learned and contacts. Following the formation of the newest CDC Federation in Barisal in 2012, five towns now have formed town level Federations of CDCs to further articulate voices and choices of the urban poor by establishing a platform, which enables them to negotiate with municipal authorities and other stakeholders.

Our women's social status has gone up because we are organised. In the past, local leaders did not know us and thought it was not necessary even to invite us to meetings or ask our opinion. The local leaders know us very well now, and we have access to them.

**Muni, a CDC member in Korail**

**Figure 2 :** *Layers of community governance within UPPR*



## Empowering new leaders to emerge

UPPR works with women and girls to overcome their disadvantaged social position by encouraging them to take on leadership within the community. This responsibility empowers women politically and facilitates their ability to assert their voices.

Just as nearly all PG members are women, the leadership of CDCs and Clusters is also provided by women. There has

been an increasing emphasis on ensuring that it is the extreme poor and poor women who are encouraged and supported to assume leadership. This focus on the extreme poor and women extends to households that are vulnerable and at risk of social exclusion, including those that are female headed; have at least one disabled member; or belong to an ethnic minority or sched-

uled caste.

By the end of 2012, 38% of all leadership positions in communities were held by extreme poor women, and 50% were held by poor women. Furthermore, 14% of all leadership positions were held by women from vulnerable and socially excluded households. Additionally, 4,776 women received mobilisation training in 2012.

## Community led planning

The Community Action Plan (CAP) is the participatory mechanism used by community members to shape how they will reduce poverty. The CAP is prepared by a CDC soon after formation and is repeated at intervals over the project cycle. These are known as Repeat CAPs (ReCAPs). The CAP describes the community's physical, social and economic development status and

prioritises their needs for poverty reduction. These may include self-help activities as well as those that require support from UPPR or the services the poor and extreme poor communities can get by establishing linkages or partnerships with NGOs, the Government and private agencies. The CAP process itself helps build self-confidence of the community and empowers

CDCs. Communities quickly realise that they not only have the capacity but also the right to identify their own problems and to design the solutions. By analysing all CAPs developed by CDCs within a town, it is possible to get an indication of the main priorities across that town. In 2012, 553 CDCs created their first CAP while 455 undertook a ReCAP.

## Planning to include the most vulnerable: mainstreaming disability



*A woman with disability and a recipient of small business grant doing business*

It is easy for both community members and service-providers to believe that people with disabilities cannot take independent action to address their own problems. A review of UPPR's work in 2011 showed that people with disabilities were not being included in leadership positions and were not always being targeted by UPPR interventions.

Pilot initiatives to tackle this were undertaken by CDCs in Dhaka, Comilla and Tangail. In Dhaka, people with disabilities were given priority from the very first mobilisation of UPPR communities, so some were already able to come through to take leadership positions in newly formed CDCs. In Comilla and Tangail, CDCs did surveys to identify community members

with disabilities. These surveys found a prevalence rate of 7% and realised the exclusion that people with disability faced. In Tangail, the data collected showed that 46% of persons with disability had never attended school. In Comilla this figure was 30%.

In order to bring this group into mainstream UPPR activities, groups were formed at CDC level where people with disabilities met to discuss and assess their particular needs. In Tangail, CAPs were performed by these groups to identify the needs of persons with disabilities and how they could be addressed by community action. In Comilla, the process led to inclusion of persons with disabilities in mainstream UPPR grants. UPPR is using these experiences to mainstream people with disabilities in all project processes. ■

## Targeting the poorest households

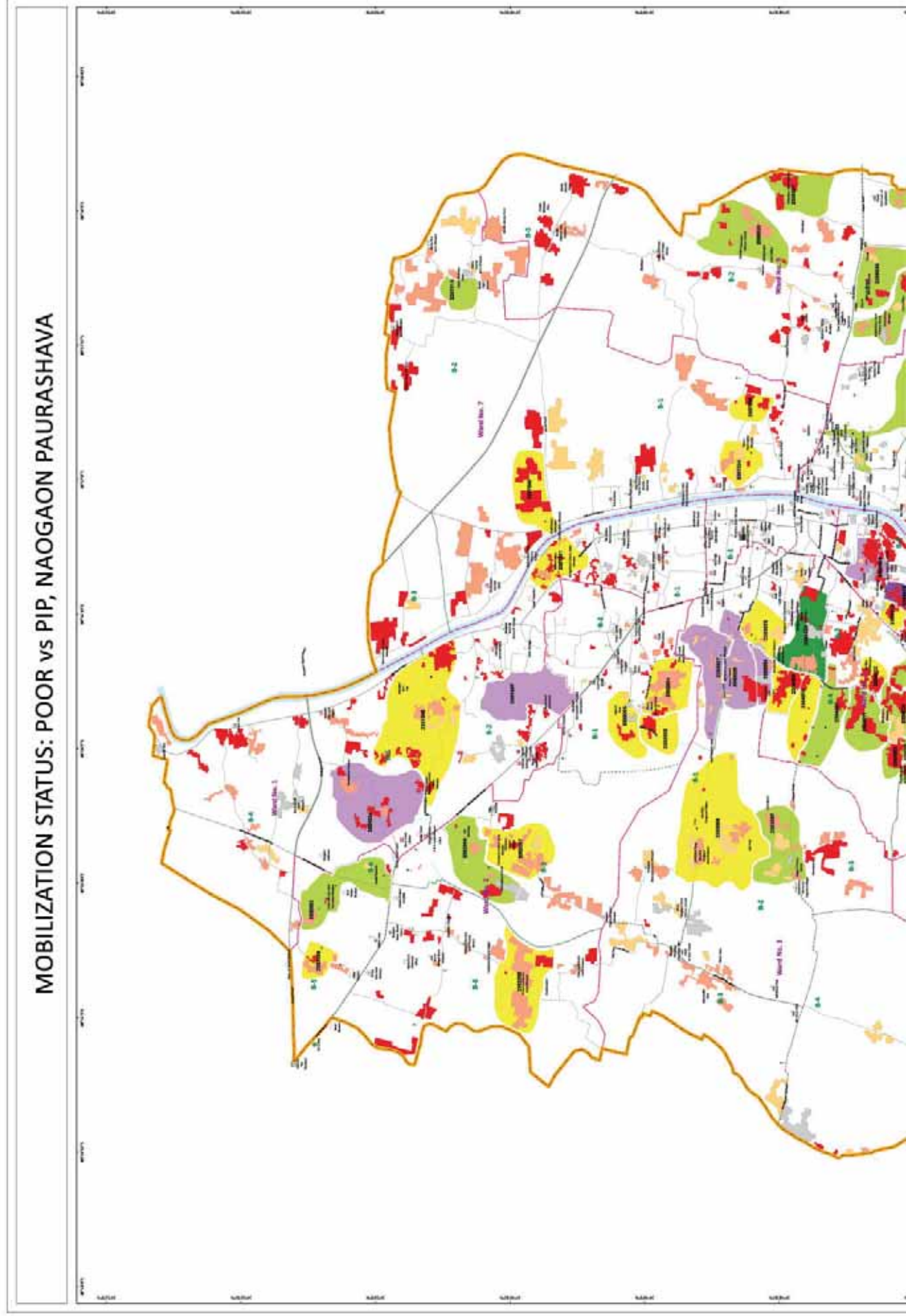
The Participatory Identification of the Poor (PIP) process is amongst the most innovative and inclusive aspects of UPPR, as it gives the community responsibility for defining poverty and identifying those in most need. The CDC discusses and agrees upon relevant social, economic and physical poverty criteria to identify the poverty status of all households. House-

holds can fall into one of three categories: extreme poor, poor and non-poor. During 2012, 247 CDCs performed PIP for the first time and 408 undertook their second PIP exercise.

By 2012, 42% of all households in CDCs assessed by PIP are considered to be extreme poor. A further 40% are considered to be poor while 18% fall into the non-poor category. The PIP also

provides insights into the targeting and mobilisation of vulnerable and socially excluded households. By 2012, 83% of female-headed households were mobilised into Primary Groups. This is true of 82% of households with at least one disabled member; 72% of households from an ethnic minority; and, 79% of households belonging to a scheduled caste.

**Figure 3: Enhanced settlement land mapping in Naogaon Puarshava, 2012**







Another key targeting tool for UPPR communities is Settlement Land Mapping (SLM). This was taken forward in 2012 through piloting of methods to investigate the extent to which CDC boundaries match up with the boundaries of poor settlements themselves. Furthermore, in

some towns the PIP data was also mapped along with the water supply and sanitation assets provided through UPPR. Such enhanced maps assist the planning of local and national authorities by showing the extent to which poor settlements are covered by UPPR community organisations. It can

also assist CDCs by showing the extent to which they are covering the poor households within their areas. During 2012, examples of how SLM may be applied were found in Chittagong, where both JICA and the World Bank have also applied when designing two water and sanitation projects.

## Communities forming strategic relationships to reduce poverty

To meet some identified priorities such as health care or social protection, CDC Clusters, with the support of UPPR, develop relationships with other projects or organisations. These are known as linkages

and partnerships. Collaborations with no exchange of funds are termed linkages while those where UPPR pays for the services provided are termed partnerships. These linkages and partnerships

range from connecting settlements to municipal water supplies to establishing better health care provision within poor urban settlements. They are discussed in greater detail throughout Section 3.

## Sustaining progress

As UPPR exceeded its mobilisation targets in 2012, greater focus was placed upon strengthening the abilities of communities to manage their

own affairs. UPPR has three key strategies for sustainability. Firstly, UPPR is strengthening the governance mechanisms of CDCs and Clusters by expand-

ing its successful initiatives in community governance. Social Audit Committees (SAC) have been piloted in three towns to increase accountability and

*Oath of Barisal Federation Members*



transparency in the functioning of CDCs. SACs monitor utilisation of funds, oversee CDC performance and audit activities. These have been piloted since 2011 and formal guidelines were developed in 2012 to support SAC's expansion. In 2013, SACs will form a part of UPPR's beneficiary feedback pilot, which is part of UK aid's strategy to learn how community feedback can improve development results. A further successful example of strengthened processes is the improved management of savings and credit groups, described in Section 3.

Secondly, UPPR is working with CDC and Clusters to build Federations that have greater capacity to engage and influence at a strategic level. Enhancing the capacity of urban and extreme poor to bargain with different departments, LGIs and other agencies

for adequate basic services, is one of the key strategies to improve their livelihoods and living conditions. Organising CDCs through a town level Federation can have several benefits. Federations offer enhanced representation for the urban poor. This can range from ensuring that the urban poor are able to access services such as social security or in times of emergency, can represent communities in decision-making forums. Federations can also facilitate learning and knowledge sharing between CDCs and are more cost-efficient in terms of Programme management and funding. The formation of a Federation in Barisal in 2012 brought the total number of Federations to five. Several other towns have initiated the process of forming Federations through consultations with communities, LGI and other key

stakeholders. It is expected that significant progress will be made in 2013 with up to 15 new Federations formed.

Thirdly, UPPR is targeting support for CDCs by developing a management tool for CDC Assessment. The CDC assessment tool that UPPR is testing uses data on management performance and financial resources to assess the relative strength of CDCs and to inform future development. Initial findings indicate that CDCs formed in 2008 or earlier are more likely to be considered mature. UPPR will continue to refine this tool and use findings to support the identification of CDCs that require the most support up to 2014 and in which areas the capacity must be built.

# 3

## How community led approaches are improving lives

Not having enough money to cover basic costs is a major problem for households that UPPR support. Yet urban poverty is about more than a matter of income. It is about hazardous physical environment where going to the toilet at night can mean a 15 minute trip in the dark. It is about the limited opportunities available, especially for women, to boost household income in a sustainable way. It is about poor urban communities not having the voice and agency to affect change in their own lives.





*Children in one of the pre-schools and day-care centres in Kalyanpur, Dhaka*

UPPR supports mobilised communities to bring about change through two broad strategies, the Settlement Improvement Fund (SIF) and the Socio-Economic Fund (SEF). SIF supports the improvement of physical conditions while SEF supports livelihoods, assets and social development. These are implemented through three key delivery mechanisms. Firstly, UPPR works with communities to deliver some services directly as well as to improve settlements by improving physical infrastructure. This includes improving access to safe water and sanitation and building better footpaths and drainage

systems. These improvements are made sustainable through the community investing in maintenance through an Operations and Maintenance fund. All progress is reinforced by developing linkages and partnerships with other actors such as the Water Supply and Sewage Authority (WASA).

Secondly, UPPR supports communities to manage and deliver other services by looking to improve socio-economic conditions. It provides direct services such as savings and credit groups and apprenticeships or block grants to start up small enterprises in order to

improve the livelihoods of community members, especially those of extreme poor women. UPPR also supports the community to establish and run vital services such as day care centres, which facilitate working mothers.

Thirdly, the community and UPPR form linkages and partnerships with other actors to provide vital services such as health care, legal aid or adult literacy classes. All of this is underpinned by the efforts of UPPR, the GoB and UNDP to create a pro-poor policy environment. This framework for change is outlined in Figure 4.

We used to have to buy water from the water vendor, and it cost 5 Taka a pot. A family would normally use 5 pots a day for bathing, cooking, washing and everything. Most people couldn't afford the 25 Taka a day so they were buying less and often getting sick. Now, with our improved water supply, we can get as much as we need, and spend only about 40 Taka a month.

**Ruxana, a CDC member in Tongi**

## Linkages and partnerships: increasing provision and ensuring sustainability

UPPR works in collaboration with the Government, non-Government and private organisations in its towns to access their services and achieve specific policy outcomes for sustainable poverty reduction. The model is called linkages and partnerships. Collaborations with no exchange of funds are termed 'linkages' while those where UPPR pays for the services provided by other entity are termed 'partnerships'. In three towns, namely Tongi, Barisal and Rangpur, Clusters have established partnerships

with Padakhep, Bangladesh Rural Advancement Committee (BRAC) and Social Equality for Effective Development (SEED) to receiving technical support to implement Adolescents Reproductive and Sexual Health (ARSH) initiatives. They have shared cost of BDT 134,000 from their own funds.

This model is built upon two critical factors. Firstly, communities in poor urban settlements have a wide variety of socio-economic needs that no one project can adequately address. Secondly,

urban areas have significant resources available in their locality that may be accessed by the poor if they are enabled to do so.

These linkages and partnerships are formed in two ways, either by the UPPR town-team staff, or by the communities themselves. As the community-led approach is more sustainable, UPPR has developed a systematic mechanism to build community's capacity to establish local linkages. ■

communities to build linkages and partnerships with other actors to provide vital services such as health care, legal aid or adult literacy classes.

All of these investments in physical infrastructure and social and economic capital are commissioned locally and delivered through the commu-

nity contract system. This avoids the overhead costs of external contractors, develops local skills, and increases the income of poor residents through employment as skilled and unskilled labour.

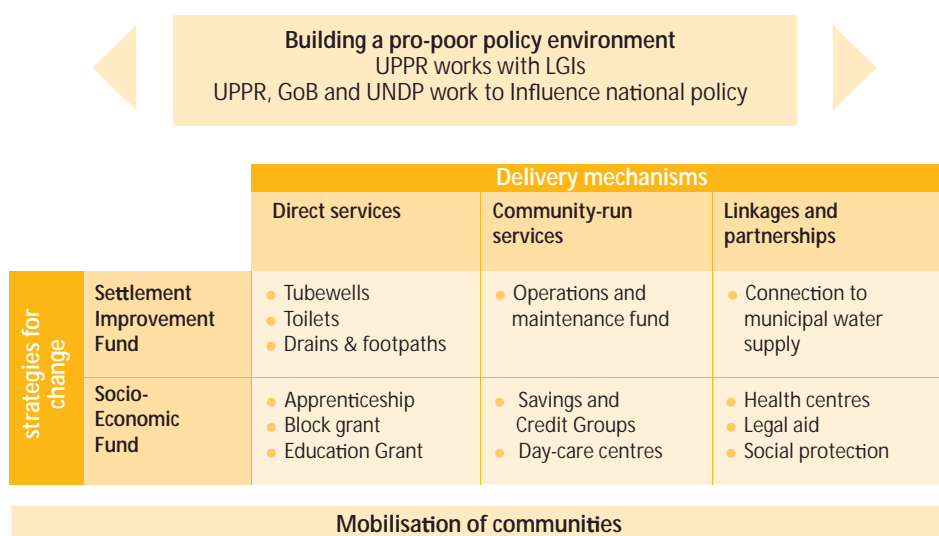
If mobilisation underpins the work of SIF and SEF, then all of UPPR's progress is reinforced by

the efforts of the Project, the GoB and UNDP to create a pro-poor policy environment. By working at local and national levels, UPPR and its partners encourage greater focus on the needs of poor urban settlements.

*Community toilets and water point have made the lives of the community easier in Rahmat Camp, Dhaka*



Figure 4 : UPPR's key strategies and delivery mechanisms



### 3.1 IMPROVING SETTLEMENT CONDITIONS

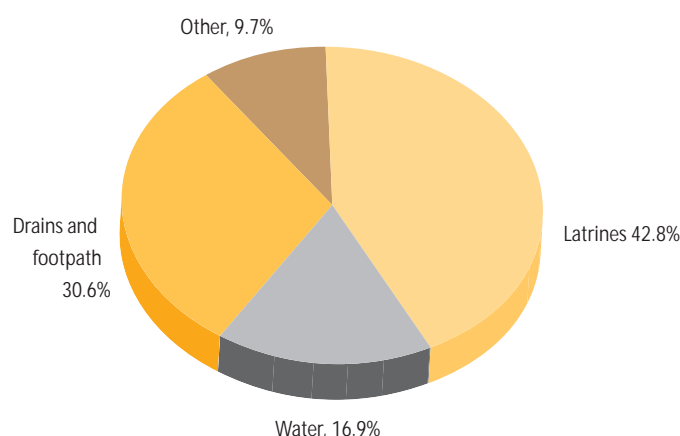
Better physical conditions contribute to better living conditions. The changes which the community make with the support of UPPR fall into four categories: clean water supply; hygienic latrines; improved footpaths and drainage; and, a range of other activities in response to the priorities expressed by communities through their CAP. USD 9.5 million dollars was delivered

through 1,302 community contracts in 2012, bringing the total for the UPPR period to just under USD 26 million. Figure 5 shows each as a proportion of total activities under settlement improvement in 2012.

Each element is made up of a range of strategies and approaches to improving conditions in poor urban settlements. This variety is encouraged on the one hand by

communities identifying their particular needs and on the other hand by technical solutions being either piloted or offered across the project. For example, 2012 saw community contracts for rain-water harvesting in Tangail; the provision of market shades in Barisal and Sylhet; and the construction of a fire-hydrant in Dhaka and guide-walls in Dinazpur.

Figure 5 : Settlement improvement activities as a % of total delivery in 2012





## Reversing water supply problems in Khulna

As Khulna is close to the coast of Bangladesh, the salinity of underground water sources is higher than average. This appears to be increasing to such an extent that even the rivers have become undrinkable. The Water Supply & Sewerage Authority in Khulna is small and has not expanded to the poor urban settlements.

In 2011, the Green Land CDC Cluster began to purify the river water to produce drinking water with the help of UPPR. The

Green Land Cluster established a plant with a Reverse Osmosis system to purify the water at a cost of BDT 1.5 million. They are managing the project with two types of revenue. One is a subsidised rate of BDT 5 per 20 litre jar for households within the Green Land CDC Cluster and another rate of BDT 15 per jar is charged for other customers. The plant produces 800 litres of water per hour.

Plans are in place to make a reservoir to harvest rain

water during the rainy season, which will also reduce production costs. The Green Land Cluster are working with the Mayor of Khulna to obtain the Bangladesh Standard and Testing Instructions license, which is mandatory for marketing any food item in Bangladesh. UPPR hopes that this water supply project will be an example of sustainable water supply system for other poor communities. ■

*Households in Savar now have better access to clean water after the installment of tubewells*





## Safe water for urban communities

Improving access to clean and affordable water is a key objective. In 2012, 43,400 households would benefit from access to an improved water source such as a deep or shallow tubewell and reservoir. This means that 166,700 households have now accessed improved water sources through this project, around 717,000 individuals.

There are many benefits that the households can gain from access to clean water. Research undertaken by UPPR in 2012 found that before improved water sources were built, 13% of households drank, bathed and washed clothes in dirty water. Household members would walk an average of 11 minutes to access a water point, with 51% of these people suffering verbal abuse and 17% facing physical harassment on the way. Only 2 households of the 615 surveyed had access to submersible pumps, considered to be the safest of all water sources due to the depths to which these bore into the ground.

Through UPPR's support to the community, water points are now more plentiful and of better quality, allowing the community to access deeper, fresher water. The average walk to a water point from a house-



*Households benefitting from improved water sources in Tongi*

hold is only 3 minutes, and harassment levels have reduced to 7% (verbal) and 0.3% (physical). Now, 94% of households are using tube wells with the remaining 6% using deep tubewells. Moreover, 95% of the submersible pumps and tubewells are reported to provide sufficient water to these households all year round.

The quality of the water has also improved significantly as a result of UPPR's work with the community. Now, only 3% use dirty water with testing showing no signs of arsenic in UPPR water points. Finally, and most importantly, households reporting cases of water borne diseases fell from 26 to 11%. This can even have a knock-on effect on household income if money

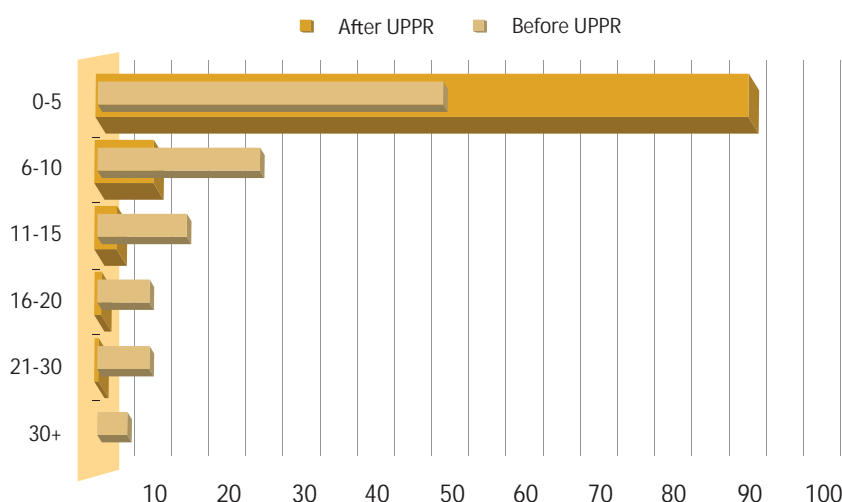
is saved on medical expenses.

While community members have told UPPR that good progress has been made on the provision of water and sanitation, efforts have been made to reinforce success through the provision of hygiene behaviour training. UPPR has formed a strategic linkage with UNICEF and Practical Action Bangladesh (PAB) whereby UNICEF will fund the provision of hygiene training and behavioural change to all UPPR towns. As a result, 17 health promoters will work to build the knowledge and capacity of 1,200 UPPR and local Government staff and 200 schools. 8,800 community leaders will also gain improved knowledge and skills on hygiene behavioural change.

The improvements to water supply through UPPR have been extremely well received. 98% of households surveyed were either satisfied or very satisfied with their water supply.

**UPPR outcome study 2012**

Figure 6 : Minutes taken to access water source, before and after UPPR



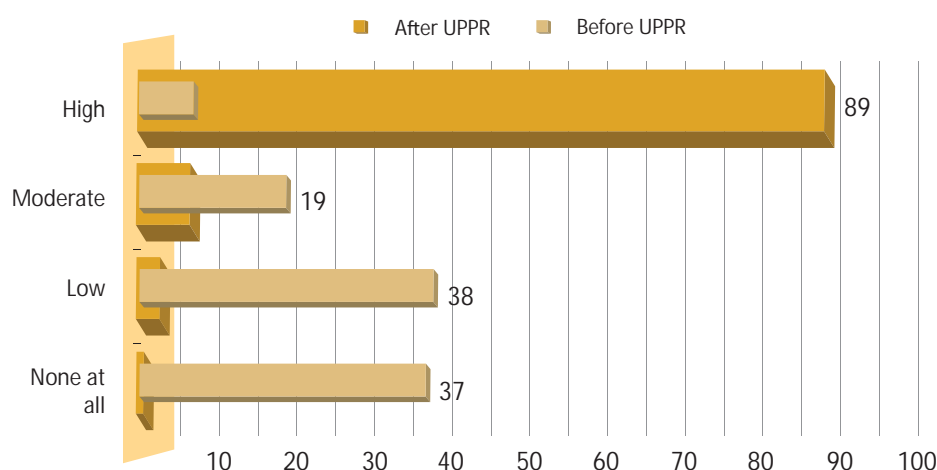
## Better access to better latrines

As a result of work undertaken in 2012, 53,000 more households will benefit from accessing improved private and communal latrines. By the end of 2012, 143,000 households gained access to these latrines through UPPR, around 615,600 individuals.

A study undertaken by UPPR to look at how these latrines had contributed to change in the lives of households in poor urban settlements showed that less than 1% of the extreme poor surveyed reported access to a twin-pit latrine before UPPR. 39% of these

households used a hanging or open latrine for defecation while for 17.4% the defecation site was an open field. Even among the non-poor, 53% of households used open latrines. Only 7% of households across all poverty levels reported having privacy when defecating.

Figure 7 : Privacy levels before and after latrine construction



100% of households surveyed in 2012 had access to an improved private or communal latrine.

UPPR outcome study 2012

As a result of the work done by the community and UPPR, 100% of all households surveyed in 2012 had access to an improved private or communal latrine. 92% of latrines were reported to be functioning and less than 1% of latrines were considered dirty. The average distance a household member has to walk to a latrine has been halved, from 4 minutes to 2 minutes, and high levels of privacy have increased to 89%. Importantly, reported levels of verbal harassment while defecating have reduced from 45% to 8%, and of physical harassment from 11% to 2%.

Communities and UPPR continue to try new methods to improve access to clean water and 2012 saw a particularly innovative model emerge. In Bhasentek,

Dhaka UPPR communities began working in partnership with Sobar Jonno Pani (Water for All) with a memorandum of understanding signed between the community and the WASA. This connects communities with the city water-supply, providing metered and piped water-supply at the household level. This can have important implications for future efforts to improve water supply to poor urban settlements and wider urban policy. This not only integrates poor urban communities into the city infrastructure but contributes to their formal status as settlements and invites other investments. This also helps the settlement get other municipal services due to improved legal/formal status due to piped supply water of municipality.



Improvement of drainage and footpath

## Improving drains and footpaths

The provision of improved drains and footpaths has been a core part of UPPR's work with communities to better the physical infrastructure of poor urban settlements. During 2012, 121,600 households would benefit from such investment, bringing the total to over 324,000 or around or

just fewer than 1.4 million individuals.

As a result of building the drains, households suffering from water-logging as a result of rain fell from 87 to 11%. Furthermore, whereas 89% of households reported bad smells before the drains were built, this now stands

at just 16%. Similarly, the construction of new footpaths can have a significant impact on the quality of life of households. Before UPPR and communities built the new footpaths, only 6% of households reported that rickshaws carrying heavy loads could reach their homes. This has risen to 62%.

## Maintaining the improvements in the community

An excellent example of how communities have ownership over the improved physical environment and will sustain it even after the project ends is the Operations and Maintenance fund (O&M). All CDCs have set up an O&M account wherein 10% of total project cost is contributed by the community

towards ensuring proper O&M of the facility. To date, 1,827 CDCs have generated an O&M fund of Taka 111 million. Of this BDT 65.7 million is in fixed deposit and BDT 45.6 million in savings account. Furthermore, as of December 2012, the CDCs have earned interest of BDT 5.9 million from

the deposit of their O&M fund. Guidelines for O&M funds management and use have been sent to all the towns. Not only does this contribute to local ownership and sustainability, but it also demonstrates UPPR's commitment to delivering value for money.

If anyone throws garbage, he or she is asked to clean it immediately. There is a new drain in front of my house which is also used by my neighbours. Children are not allowed to go to the toilet in drains and we clean the drain by rotation. Now we get no bad smells.

**Mrs China, community member in Bogra**

## Community ownership of improved infrastructure

Rishipara is a large poor community divided into four CDCs, in the north-western part of Narayanganj municipality. UPPR has worked with the community to improve settlement conditions. The municipality has helped by constructing a large drain into which community-constructed drains run. But insufficient maintenance meant sediment up to 1 metre deep built up and severely blocked the municipal drain, resulting in acute waterlogging and flooding. Water-borne diseases spread, especially afflicting children.

UPPR's community organisers sat with CDC members to fix this. The

community decided to clean the municipal drain themselves using volunteers. They also identified what support was required from municipal authorities and which section of the drain needed to be unblocked, as well as where the sediment was to be deposited.

A total of 139 community volunteers assembled to unblock almost 1,000 feet of the municipal drain in six days, with both the municipality and the community contributing rakes, wheelbarrows, baskets, spades and crowbars. The Mayor of Narayanganj visited the worksite and gave her thanks and encourage-

ment to the volunteers, expressing her hope that such activities and displays of innovation will continue in other CDCs.

Sediment taken from the blocked drain was dumped in low-lying sections of the land in the community to prevent those pockets from collecting water during the monsoon. The entire process, from community mobilisation, to procurement of resources, to unblocking the drain, was completed in slightly over three weeks. The threat of water- and mosquito-borne diseases has been reduced significantly, and the settlement smells better as well ■

## Responding to evictions and fires

The progress made by communities and UPPR up to 2012 can be lost if a community is affected by evictions or fire. An eviction forces households from their settlement, leaving behind all the physical and social

capital they had worked so hard for. Similarly a fire can destroy all these positive changes within minutes. During 2012, there were a small number of examples of such vulnerabilities occurring. UPPR and communi-

ties have sought to respond in a pro-active manner with recent examples in Chittagong and Dhaka. These demonstrate the flexibility and responsiveness of UPPR structures when sudden needs arise.

## Supporting communities to resist eviction

When communities in Korail slum in Dhaka were evicted, the communities and UPPR came together with other stakeholders to rehabilitate affected households and to support

legal action. The UNDP Country Director made a statement to ensure the case received attention at the highest levels of decision-making in Bangladesh. UPPR was able to support

those leading legal action with maps of the areas bulldozed and previous surveys conducted in Korail. This ultimately contributed to the High Court declaring the eviction illegal.





*Food and water supplies to be provided to the evicted slum dwellers in Korail, Dhaka*

Recognising the importance of land tenure, not least in safeguarding the progress made through UPPR, UN-Habitat performed a Land Tenure Mission in 2012. This recommended strengthening commu-

nities' own abilities to monitor and respond to evictions as well as negotiate with land-owners. There is evidence that mobilised communities are already demonstrating the necessary agency. In Naogaon, for

instance, written agreements have been made between communities and land-owners which guarantee fixed rent for five years in 54 of its CDCs. Building such strategies is a key focus for UPPR in 2013.

## Supporting communities to overcome damage from fires

Fire is also a devastating risk for households in low income settlements. When a fire broke out in Golpahar CDC in Chittagong in late December 2011, 112 families lost their homes in the middle of winter. Over the coming days, the community, UPPR and municipality worked together to

assess the damage. PIP data was utilised to help identify the worst affected. This ultimately led to the Mayor of Chittagong, the CDC Federation and UPPR developing a joint response, while all three stakeholders made financial contributions to the relief effort. The Federation used their management fees

while UPPR utilised its social development fund. Just fewer than 90 households received vital supplies including blankets, mosquito nets, food and soap. These emergency distributions helped these households to survive the immediate disaster and begin rebuilding their lives.

*Female Councilor, Town Manager and Federation Leader distributing materials among the fire victim households*





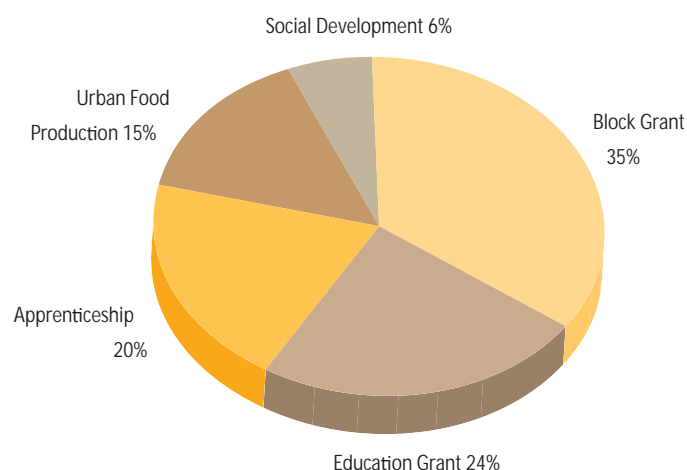
## 3.2 IMPROVING LIVELIHOODS AND INCREASING ASSETS

UPPR's Socio-Economic Fund (SEF) supports a range of activities that improve livelihoods and expand economic opportunities for households in poor urban settlements. The aim is to build the human and financial capital of these households so that they can support themselves to rise out of poverty. This is especially about creating space for women to realise their potential.

Just over USD 6 million was delivered through 2,021 SEF community contracts in 2012, bringing the total for the UPPR period to USD 16.7 million. Figure 8 shows how this delivery was spent across the different activities of apprenticeships, block grants, education grants, urban food production support and social development. As with strategies for improving the physical conditions of settlements, each

aspect of SEF is made up of diverse activities to improving the livelihoods of poor urban households. For example, apprenticeships have been offered to women and men in diverse professions including beauticians, mechanics and tailors. Furthermore, the social development fund is used to support community-run services such as day care centres or partnerships that provide health care.

Figure 8 : Socio-economic fund activities as a % of total delivery in 2012



### Local solutions for increasing skills and improving livelihoods

Apprenticeships give women and men an opportunity to learn skills that give them a better chance of finding a job. The potential apprentice works with UPPR staff to choose a skill. The community and UPPR then work together to find the right place

to provide this training and negotiate its terms and conditions to ensure good quality training that leads to a positive outcome. Apprentices typically receive around USD 20 a month for up to six months. During 2012, 8,580 beneficiaries

received skills training. This includes 6,146 women and 2,434 men. Apprenticeships in the informal sector accounted for 93% of all trainings. Achievement for 2012 brings the total for the UPPR period to over 47,300. This includes 34,780 women.

Before UPPR, so many young people were unemployed: UPPR has given them apprenticeships as tailors and repairing mobile phones. Before UPPR, families were lucky to have even one earner. Now many families have multiple earners.

**Jahanara Begum, UPPR community leader in Korail**



*A business start-up grant recipient in her grocery shop in Tongi*

The block grant is about using local expertise to support extreme poor women who want to start up a small business. The woman will work with a mentor from the community who is employed by UPPR to provide guidance in using the funds and starting the business. The mentor receives 10% of the grant. Mentors have at least Class 9 education and also receive special training to ensure that they can support extreme poor women. During 2012, 32,840 women received the block grant, bringing the total for the UPPR period to over 88,300. Businesses set up by the women include grocery stalls, tea-shops and the purchase of assets for daily rent, such as carts.

Delivery of apprenticeships and block grants during 2012 faced some challenges. As there are only a limited number of factories and work-shops, especially in smaller towns, some have become saturated with UPPR placements. Furthermore, the costs of block grants for small

business start-ups have continued to rise, with grant amounts approaching the ceiling of BDT 5,000.

In response to these challenges, UPPR developed a new Skills Development and Employment strategy to improve links with formal training providers. To achieve this strategy, various steps have already been taken. Firstly, programmatic guidelines for block grants and apprenticeship grants have been revised to reflect the new approach. Secondly, towns are mapping out and initiating linkages with local training providers. Thirdly, UPPR is pursuing more strategic partnerships for training community members and linking them with employment opportunities. This is helping to resolve the saturation problems experienced before.

Of particular note is the linkage with Bangladesh Garment Manufacturers & Exporters Association (BGMEA) and the second phase of the partnership with CARE. The linkage with

BGMEA has great potential. The Association's extensive network of 5,000 factories have the potential to train a significant number of women across 8 UPPR towns. The International Labour Organisation (ILO) will provide technical support to bring BGMEA training in-line with international standards, thereby empowering trainees through formal recognition of their training. The second phase of partnership with CARE will support income and livelihood opportunities for 10,000 poor and extreme poor people, including accounts and business management for the recipients of the block grant and training in preparing handicrafts. CARE will also directly work with the private sector for job creation of 3000 beneficiaries. Furthermore, CARE will facilitate Cluster-based small business development. Other partners for skills development and employment include Muslim Aid in three towns, Unprivileged Children's Education Programme in 5 towns and Hathey Bunano in one town.

Two years ago, I had to borrow BDT 10,000 for health care because I got sick. I thought there would be no way I could repay this. With my UPPR grant, I started buying birthday cakes from people who make them and selling them onto others. Now I make up to BDT 5,000 a month. Although the profit isn't that much I have been able to completely repay my loan.

**Asma Begum of Korail, recipient of a UPPR block grant**



## Simulating linkages with the private sector: Product Fair in Rangpur

5,000 community members in Rangpur received apprenticeship training under the first phase collaboration between UPPR and CARE. However, the products they made were not being bought. To link these small-scale producers with the local-market, communities and

UPPR worked with the private sector and municipality to hold a Product Fair.

At the fair there were a total of 18 stalls, with 11 of them occupied by representatives from CDCs and Clusters who displayed products produced by their members. Successful

coordination with the private sector saw seven enterprises committing to buy from community members. Three enterprises showed interest in directly employing the trained apprentices and five women were recruited to production centres for handicrafts. ■

## Supporting girls and boys to receive their school certificates

Girls in poor urban settlements are at particular risk of having their education interrupted. In addition to being affected by poverty, their studies may be simply assumed to stop after Class V, with early marriage often considered the alternative. Although accessing primary education is free in Bangladesh, households may struggle to

afford uniforms or transport, which discourages attendance. Not completing their education means these children lack the resources to break out of the cycle of poverty. The education grant which UPPR implements with the community is designed to support vulnerable girls and boys towards achieving their primary and secondary school

certificates. During 2012, over 23,780 children were supported to continue their education, bringing the total for the UPPR period to over 71,000.

The community and UPPR complement these efforts to keep girls in school through initiatives under social development funds, such as training on early marriage, early

Earlier, we thought education was only for rich people. Before UPPR, we were unable to afford school, and we felt excluded. But we realised that if we can't give an education to our children, there is no development.

**CDC leader in Tongi**



## Reducing household poverty through a mix of SEF interventions

Sabbidi D' Costa and her family were in extreme poverty and could not meet even basic needs. Sabbidi, 46, and her husband, Martin Marrak, 48, were struggling to support their three daughters on Martin's monthly salary of BDT 1,800 (about USD 22) as a peon at a nearby garment factory. Their entire family assets consisted of one bed.

In 2009, Sabbidi's family was categorised as extreme poor in UPPR's Participatory Identification of the Poor survey (PIP), but life had already started to change: In May 2007, Sabbidi became a member of the Primary Group in her community, and then a member of the CDC. She also joined a UPPR savings and credit group. This has changed Sabbidi's life and that of her family:

- Since 2010, Sabbidi has become a teacher in a preschool maintained by her CDC Cluster. She now earns about 2,000 Taka per month. Of this, she deposits BDT 50 each month with her savings and credit group.

- Martin received a six month apprenticeship in driving and is now a driver for the same factory he worked in earlier but now earns around BDT 6,000 a month.

- Their daughter Tumpa received

a UPPR-sponsored education grant in 2009 and is now studying for her Bachelor's degree while offering private tuition. In February 2013, she was appointed as the Community Facilitator for UPPR.

While life is still difficult, Sabbidi and her family have worked hard to improve their lives. The latest PIP, conducted in 2012, identifies them as having moved out of extreme poverty. ■



*Sabbidi with her eldest daughter*

pregnancy, dowry and gender based violence. Significant coverage of these initiatives was achieved during 2012:

- 12 towns began programmes for youth development with

nearly 6,200 adolescents receiving reproductive and sexual health training;

- 18 towns began campaigns against early marriage and gender based violence;

- 186 Clusters provided family planning services; and

- 1,075 women received legal aid support over gender-based violence

### Households investing in their own future through savings and credit groups

Local community savings and credit schemes, which are fundamentally bound to formation of the vast majority of Primary Groups, are a cornerstone of the strategy to increase income and assets. In contrast to other microfinance practices, community members initially focus on mobilising local

financial resources by collecting savings from group members. In turn, savings and credit groups lend from their capital to provide credit to members for microenterprise activities and fulfilment of community needs. A share of the profits from the savings and credit scheme also goes toward supporting

management costs, providing the basis for longer-term community empowerment.

During 2012, 59,200 households joined savings and credit groups bringing the total for the UPPR period to over 376,000 households. The savings balance across UPPR communities was



*Women are depositing money in savings and credit groups in Kalyanpur, Dhaka*

over USD 5 million at the end of 2012. In addition to the savings balance, loans were worth USD 3.7 million at the end of 2012. Just over 1,900 community leaders also received training in operating a savings and credit group during 2012.

2012 also saw the scaling-up of an improved savings and credit system that is more responsive to community capabilities and with easier external monitoring by UPPR staff. Of the 2,437 CDCs that run savings and credit schemes, 479 are now running the improved savings and credit system. The enhanced system involves CDCs preparing trial balance after the completion of each transaction cycle and verifying their savings and loan register with their accounts. CDCs also participate in a monthly performance grading system to get regular feedbacks from UPPR to improve their operation.

As of December 2012, USD 1.6 million of savings and USD 1.46 million of loans were within the CDCs with improved savings and credit groups, meaning 31% of all savings and 39% of all outstanding loans are being

handled using the enhanced system. 96% of CDCs with the improved system have been able to prepare more accurate monthly financial statements. With the improved system, it is also possible to measure each CDC savings and credit financial performance. The initial results show that all major indicators like cumulative repayment rate, credit deposit ratio, liquidity ratio and expenses income ratio are gradually improving in these 479 CDCs.

A key part of the improved savings and credit group system is enhanced performance monitoring and feedback. A management tool has been developed, which measures performance on record keeping, asset management, and the activeness of members. Each CDC performance is graded monthly with feedback provided to support CDC for corrective measures in the next month and town performance is graded quarterly with feedback provided to support the town in improving its score. As of December 2012, 16 of the 24 towns were scoring either an A or B grade.

## Improved savings and credit groups delivering results

Ten CDCs began piloting the improved Savings and Credit system in 2011 across 123 Primary Groups. By the end of 2012, their progress is clear. All of them are meeting on at least a monthly basis, and 51% of them are meeting weekly. Just over two-thirds of PG members have joined the savings groups, with members from poor and extreme poor households slightly more likely to join than those from non-poor households.

During the first year membership increased by almost 10%, savings increased by over 20% and loans increased by nearly 35%. On average, the 2,615 members save between 80-180 Tk per month, and loans are around 13,000 Tk. The savings between them is over 120,000 USD and loans taken out 145,000 USD. Groups have been able to resolve balances appropriately and collect all previously mishandled money. They have successfully reduced cash-in-hand to a negligible amount which neutralises the otherwise major risk of misappropriation. Furthermore, the cumulative repayment rate of loans is 99% while regular operating expenses are low at just 2% of the collected service charge. ■



## Diverse approaches to improving nutrition in poor urban settlements

UPPR has been running an urban food production strategy to increase the number of food-producing households in poor urban settlements. It is expected that this will not only improve household nutrition but also boost household income. A study in 2011 showed that as a result of urban food production, participating household members have been able to increase their calorific intake by 39 calories on

average while household income from the sale of food is around USD 4.50. This work continued in 2012 with 186 CDC Clusters now running the Urban Food Production strategy with just over 36,200 households benefiting from the initiative during 2012.

This strategy will be complemented by a new direct nutrition intervention component to UPPR's work, which will be implemented during 2013.

This will be targeted at women, adolescent girls and children under the age of five. It will include the distribution of iron and folic acid to women and adolescent girls, de-worming tablets and suspension to children under the age of five, and counselling on nutrition, exclusive breastfeeding and hygiene practices. By the end of 2012, the operational systems to implement this component were almost complete.

## Supporting new strategies to reinforce progress made by UPPR

The social development fund gives options to communities to access initiatives not provided by UPPR but that complement the work already being done. Through funding partnerships and supporting linkages, a diverse range of activities are provided, including health centres, the provision of day-care and pre-school facilities and support to disabled members of the community.

While the social development

fund covers a wide range of activities, key examples during 2012 include 670 children attending day care centres and a further 2,500 using pre-school facilities. More than 646,000 visits were made to health centres supported through the social development fund across 23 towns. In addition, 703 clinics were built or renovated while over 1,900 health volunteers were trained.

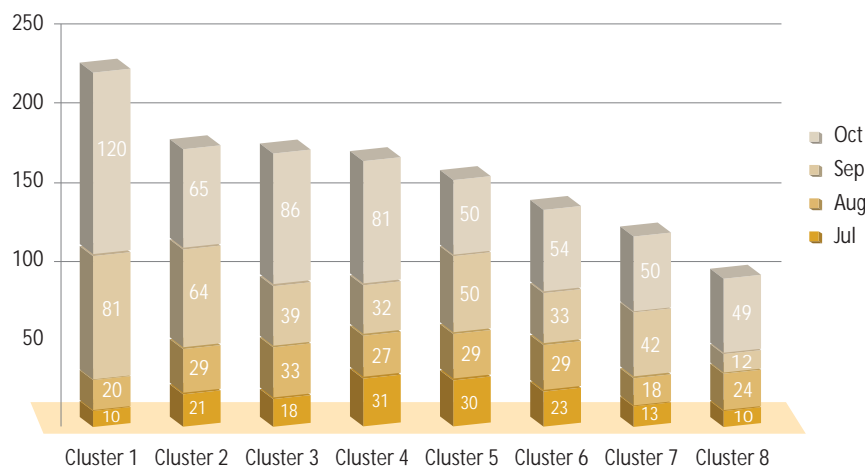
A key health initiative in 2012

was the partnership with Marie Stopes. While UPPR has made great progress by establishing health linkages in all towns, there has been no mechanism to collect critical data such as whether UPPR communities are accessing these services; which services are accessed most frequently; or the prevalence of diseases. The pilot with Marie Stopes tracked the access of UPPR communities to healthcare through its management

*Observation of Urban Food Production Day in Hobiganj*



Figure 9 : Use of health centres in Tongi from July to October 2012



information system. Based on the success of this pilot, UPPR will look to mainstream the approach by issuing a UPPR identity card to all beneficiaries

with a PIP number. By including the PIP number on identity cards, and ensuring that the management information systems are adapted to record

the PIP number when a community member accesses health services, useful data can be gathered.

### 3.3 BUILDING A PRO-POOR POLICY ENVIRONMENT

While mobilisation is the bed rock of UPPR's theory of change, building a pro-poor policy environment is critical to creating sustainable change, not only in those settlements where UPPR works, but also across Bangladesh. UPPR uses

two key strategies in this regard:

1. LGI work with UPPR and the communities to plan and implement poverty-reduction activities;
2. Through its position as a

partnership between the GoB and UNDP, UPPR seeks to raise the voices of the communities at the highest levels of pro-poor policy-making.

#### Working with local Government to influence policy and leverage resources

As part of the cooperation with LGED, UPPR town-teams are based in either the offices of the Municipality or the City Corporation. LGIs are joint-implementers of UPPR work, and contrib-

ute their own resources to support both communities and UPPR activities. At the same time, communities and UPPR work together to encourage LGIs to adopt pro-poor policies

that will benefit the poorest communities. By facilitating a relationship between LGI and the community, UPPR is contributing to the development of urban governance that

It's been a win-win-win situation. We are able to reach thousands more people through this partnership. UPPR is seeing its clients receive quality reproductive health services. And poor people are expanding what had been very limited access to services.

**Manager, Marie Stopes Bangladesh**



## Making sure governance responds to the needs of the poor

Women from UPPR communities were having difficulty accessing services of the Kushtia municipality offices. The office area was not friendly for women to attend and due to their low education levels, they did not know how to appropriately complete any required forms. Following consultation with both community members and the municipality staff, the 'Women's Corner' was established as a

one-stop area to provide services to women. Around 80 women receive services from the Women's Corner each day.



responds to the needs of its poor communities. One of the key platforms UPPR and its communities use to influence LGIs are the town-Level Coordination Committees (TLCCs). In 2012, UPPR was actively involved in ten TLCCs. The TLCC in Bogra exemplifies the effectiveness of this approach. Work through the Bogra TLCC resulted in support to community members and CDCs through provision of health services and universal birth registration while UPPR worked

with the TLCC to develop guidelines for the running of the towns eight CDC Cluster Centres.

During 2012, the LGIs of 22 towns provided services that extend or complement UPPR activities, mostly in the field of physical infrastructure or garbage collection. In 13 towns, LGIs did this directly through financial support for a range of activities, including education. Beyond services and finance, LGIs assigned staff members

and provided resources such as assets or office space to support the running of UPPR. Services and financial support provided were in response to demands coming from communities. In 17 towns, LGIs used PIP data to provide services or guide planning of their activities. In eight towns, LGIs selected beneficiaries for social-safety net schemes from UPPR communities.

The productive relationship between UPPR communities and LGIs is demonstrated by the cooperation between them in Comilla during 2012. Communities have successfully advocated for services and assisted the City Corporation in targeting interventions. Advocacy ensured that communities were given priority in physical infrastructure interventions and, as a result, the City Corporation provided 12 tube-wells, 3125 metres of drain and 2,050 metres of footpath. As well as physical infrastructure, the City Corporation provided cash-grants and supplies such as blankets and rice. Furthermore, 355 people were provided with various social-protection schemes. CDC and Cluster leaders assisted in the selection of beneficiaries and PIP data was also referred to. These activities in 2012 demonstrate that the City Corporation is responsive to the needs of the communities and is increasingly taking on the responsibility of poverty reduction in poor settlements.





## Partnerships for change in Gopalgonj

In 2009, more than 350 households were evicted by the Municipality from a poor settlement that UPPR had been working with. In November 2012, Gopalgonj's Mayor inaugurated a project to construct housing for this community on land allocated by the Ministry of Land. The community has shifted from having its home and livelihoods destroyed to gaining support from several organisations for sustainable resettlement. Change can happen through

coordinating the actions of national and local Government with international and multilateral organisations.

A series of community and UPPR-led initiatives for advocacy and knowledge sharing with the Municipality resulted in the land being allocated. Initially started at community level before being scaled-up to city wide, a Community Housing Development Fund now provides support to households.

UPPR also brought another partner in to realise the construction of households for 260 households. The Comprehensive Disaster Management Project finalised a tripartite agreement together with the Municipality and UPPR to provide funding of around USD 750,000 for housing and water. The houses are being constructed according to community designs, which were created with technical support from UPPR. ■

## Enhancing Pro-Poor Focus at the National Level

While UPPR might be defined by its approach of giving communities control over their own poverty reduction strategy at the local level, UPPR also

manages to link these communities to national policy making. Positioned within the partnership between the GoB, particularly the LGED and UNDP, the

UPPR project has unique capacity to influence pro-poor policy making at the national level.

## Influencing the Government approach to pro-poor policies

A particularly important role that UPPR has played through LGED is in influencing the design of other projects funded by development partners. The Northern Bangladesh Integrated Development project is a project due to start in 2013 with

interventions in both rural and urban areas. It is worth USD 345 million and is jointly funded by JICA and the GoB. UPPR is cited as one of the projects from which lessons were learned, especially the participation of women and the use of an

Operations and Maintenance fund. Furthermore, during the World Bank Preparation Mission for the Municipal Governance and Services Project, the mission met with LGED officials including UPPR's Project Director, who raised the

issue of the need for improvements in basic infrastructure in poor settlements.

In November 2012, the Honourable Minister for Communications Obaidul Quader visited UPPR at Tongi Municipality and emphasised the importance of work to address urban poverty. The LGED has continually sought to highlight the example of UPPR's community-based work through its events and communication

materials. For example, UPPR community members were represented at the Women's Day events organised by LGED in 2012. On this occasion, two of UPPR's community leaders, Salma Begum (Khulna) and Umme Maksuma (Habiganj) were given awards in appreciation of their work to not only become self-reliant but also to contribute to the development of others in their community.

Salma has established a very successful tailoring business while Umme complemented her successful start-up business with visits to developing countries to share her experiences of being a female entrepreneur and bring back new ideas. Furthermore, the last quarterly newsletter of LGED included two articles about UPPR.

## UNDP Platform

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UNDP's engagement with UPPR has had significant impact on the response of the United Nations System as a whole to the urbanisation process in Bangladesh. Starting in 2012, the United Nations Development Assistance Framework (2012-2016) has a pro-poor urban development pillar for the first time, focusing on the need to secure equitable development within urban areas and to mitigate the worst effects of rapid urbanisation. UPPR is the key contributor to the achievement of this Pillar's targets.

The cooperation between UPPR

and UNDP was instrumental in establishing the Bangladesh Urban Forum (BUF), launched by the President of Bangladesh in December 2011. BUF is one of the most significant policy-level developments in recent times. It provides the only forum where all of the diverse urban sector stakeholders – including organisations of the poor, municipal leaders, chambers of commerce and industry, real estate developers, academics, and the country's main international development partners – can openly share their views. This was advanced in 2012

by the establishment of the Inter-Ministerial Steering Committee. UPPR and UNDP also sent a delegation to the World Urban Forum. This was made up of both national and local Government representatives, UPPR staff and a representative from DFID. It was an opportunity for the Project itself to be shared as a best practice on a global stage. Establishing a permanent secretariat for BUF will be the next important step forward.



# 4

## Managing the UPPR Project

Not only is UPPR the largest urban poverty reduction project in Bangladesh, it is amongst the largest in the world and has grown rapidly since its 2008 inception. In light of this, UPPR continues to seek ways to enhance its management structures and the value for money it offers. This helps ensure that the project continues to make significant and sustainable changes in poor urban communities across Bangladesh.

## 4.1 STRENGTHENING MANAGEMENT

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During 2012, UPPR sought to enhance how it was organised to deliver results while also

improving its financial management. Both of these activities respond to the challenges

posed by UPPR's size, multiple implementing partners and the speed with which it has grown.

### Organisational Development

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A Strategic Management Review in 2011 identified areas where UPPR could strengthen its management. During 2012, UPPR developed and implemented an Organisational Development plan. This led to two new units being established within the headquarters in Dhaka. Firstly, the Research, Evaluation and Learning Unit

(RELU) was created to better measure, evaluate and respond to the outcomes of the project's work. During 2012, the RELU team will oversee studies on poverty measurement, women's empowerment and the impact of activities including apprenticeships and block grants for small enterprise start-ups. A Mutual Accountability Unit

(MAU) was also established in order to strengthen accountability and transparency within the project. The MAU will complement work done in the community by the Social Audit Committees and will work with RELU and UK aid in designing and delivering a pilot on beneficiary feedback in 2013 and 2014.

### Improving Financial Management

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UPPR has conducted a series of measures to ensure that appropriate practices are followed across the project, from communities to town-teams and head office. Financial practices have been

revised, and trainings have been delivered to both UPPR staff and communities. One of the initial activities of the MAU was to conduct compliance visits to all 23 project towns, which identified the technical areas in which

towns can improve. In addition to these measures taken across the Project, the introduction of social audit and purchase committees represents efforts to improve accountability at the community level.

## 4.2 VALUE FOR MONEY OF UPPR INTERVENTIONS

UPPR achieves Value for Money (VfM) across the Project through features in both its design and implementation. UPPR has managed to maintain its target of 3 million beneficiaries despite the persistent increase in living costs in Bangladesh over the recent years. The Annual Review of 2011 activities, conducted by UK aid in 2012, confirmed that the project represents VfM. Analysis was guided by consideration of four main areas: economy, efficiency, programme effectiveness and cost-effectiveness.

Economy within UPPR is achieved through procurement procedures and the community contracting process. Stakeholders at all levels, from community to town and national levels are contributing to UPPR interventions, as it has been described in Section 3 above.

Improved efficiency within UPPR is achieved through joint working with communities in targeting, implementing and monitoring interventions. Furthermore, having identified the high transaction costs involved in individual CDC

contracting for SEF activities, UPPR responded by increasing the ratio of Cluster contracts to individual CDC contracts. In 2010, just 5% of contracts were held by Clusters. By 2012, this had risen to 91%.

Programme effectiveness of UPPR is increased because it is the communities themselves who identify the needs that determine the actions taken. Through building the capacity of communities to manage their own development, and by establishing linkages and partnerships with a range of

stakeholders and service providers who will continue service provision even after the UPPR project has phased out, the Project has laid the ground work for poverty reduction over the long-term. Over years 2013 and 2014, UPPR will be collecting a range of outcome data to further demonstrate this effectiveness.

Cost-effectiveness has been managed by seeking to minimise increases in unit costs of services and investments since 2009, despite annual urban inflation rates of over 8% according to the Bangladesh Bureau of Statistics. For example, only the education

grant allowance was increased in 2012 in response to the needs of the community.

UPPR also undertook a series of initiatives to further improve VfM in 2012. The measures to improve financial management as outlined in Section 4.1 will ensure lower financial risk and higher accountability. Using partnerships and linkages to mobilise greater inputs from other stakeholders to poor settlements will improve overall VfM. Furthermore, UPPR continues to streamline interventions to ensure that they are low-cost, effective, and where appropriate,

matched by contributions from other actors. For example, communities are contributing to the Operations and Maintenance Fund while several municipalities are increasing the resources they allocate in UPPR communities and other poor urban communities, as outlined in Section 3.3. The benefits of UPPR interventions in mobilisation, improved living environments and increased income levels and asset ownerships will have a lasting impact on communities, aiding continued poverty reduction in the future.

## 4.3 FINANCIAL REPORT

**Table 1 : UPPR Expenditure in 2012**

Description	Expenditure (USD)	%
Settlement Improvement Fund (SIF)	9,516,396	44
Socio-Economic Fund (SEF)	6,071,133	28
Total Community Grants	15,587,529	72
<b>Programme Costs</b>		
Training	265,140	1
Sub-Contracts	160,930	1
Personnel Costs	3,842,746	18
Equipment / Miscellaneous	380,105	2
Total Programme Costs	4,648,921	22
<b>Management Support</b>		
UNDP Management Fee	1,374,758	6
Total Management Support	1,374,758	6
Total UPPR	21,611,208	100



*Communities managing  
their livelihoods with  
support of UPPR in Tongi*





# 5

## Future Directions for Community-led Poverty Reduction

With the project due to be completed in Q3 2014, UPPR is focused on the next steps for community-led strategies to reduce urban poverty. During 2012, this focus included sustaining the progress achieved so far, capturing lessons from the growth of the project, and developing an exit strategy for the UPPR programme.

## 5.1 ENSURING SUSTAINABILITY

The Annual Review of 2011, conducted by UK aid in 2012, identified key challenges around how UPPR will phase-out of its activities and how the gains it has made will be sustained. UPPR is already working to shape what will happen after the project completes its work in 2014. The

objective is for communities to be in the best position to act independently to reduce poverty while structures are in place at the local and national levels to support pro-poor policy development. In order to realise this objective, UPPR has a three track approach:

1. Building community capacity beyond the phase-out;
2. Incorporating a sustainability component within each of the interventions; and,
3. Work to enhance pro-poor focus at town and national levels.

### Sustaining communities beyond the phase-out

The strength of community organisations will both maintain and build on the gains achieved during the period of

the UPPR project. Components of sustainability at the community level include enhanced governance structures; the

range of resources within communities; linkages and partnerships; and a planned phase-out.

### Enhanced governance structures

The governance structure of UPPR communities is a method to bring people together and to create organisations stronger

than the sum of their parts. In the long-term, Federations will act to support Clusters in strengthening their capacity

and continuing their activities beyond the interventions that UPPR provides.

### Access to resources

UPPR supports communities to develop or access a range of resources. As described in Section 2, savings and credit groups have a large portfolio of money that they are managing independently. Other communi-

ty resources include the management fees and the Operations and Maintenance (O&M) fund. As of December 2012, UPPR communities have over 1.4 million USD in their O&M fund balances.

### Linkages and partnerships

Linkages and partnerships establish relationships between communities and public or private organisations that can provide services to community members in the long-term without further intervention from UPPR. They allow for alignment between the diverse needs of different vulnerable groups and available resources. They also provide an opportunity for beneficiaries to directly communicate with the service providers.

Community Resources Centres are being established as one of the mechanisms through which communities can continue to make sure the needs of community members are met in this way. During 2012, a further 58 were established, bringing the total number across the project to 88. Five of these were originally established using community resources and were later funded through community contracts, including two in 2012.

Community Resource Centre in Mirpur, Dhaka



## Planned phase-out

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In order to leave communities in the best position when it leaves, UPPR has developed management tools to inform decisions on phasing out. The CDC assessment and Improved

Saving and Credit Group monitoring tools allow UPPR to identify stronger and weaker CDCs and go about addressing their needs. Furthermore, UPPR has tools in place to ensure

equitable distributions of SIF and SEF funds over the life-time of CDCs. This allows communities and UPPR to gradually phase-out of actively investing inputs in community contracts.

## Building sustainability into each intervention

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Activities to improve the physical and socio-economic condition of settlements have built-in sustainability components to ensure that they will continue to benefit communities even after inputs from UPPR have stopped. Physical infrastructure is accompanied

by contributions to an O&M fund. Furthermore, the social development grant is working to progressively increase the contributions of external stakeholders to ensure that the activities can continue even after UPPR have finished. UPPR has been successful in piloting

interventions that show a possible future for the sustainability of program components. Connecting households to the City water-supply in Bashentek, Dhaka is an example of one such intervention.

## Establishing pro-poor policies and institutions at town and national levels

As outlined in Section 3, at both the national and town levels, UPPR has contributed to the institutionalisation of its mandate, ensuring the urban poor will be better served in the future.

Firstly, UPPR is successfully incorporating its communities

and their priorities into the decision-making processes of LGs as they allocate resources. Secondly, this project will end with stronger commitments from the Government and the United Nations to addressing the urban sector, particularly through the BUF and Pillar 6 of

UNDAF. Thirdly, as UPPR has influenced the design of the upcoming LGED projects, leading INGOs such as World Vision and Helen Keller International have engaged UPPR when designing their own urban programmes.

## 5.2 LESSONS LEARNED FROM 2012

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### Partnerships with LGs need to be systematically strengthened

UPPR enjoys good relationships with the LGs through which it works. These relationships were examined in greater detail during 2012. UPPR found that some LGs are contributing their own funds to supplement interventions in UPPR communities, or using community guidance and PIP data to select beneficiaries. However, this is

often done on an ad-hoc basis rather than in a systematic and documented manner.

In the future, UPPR will follow more systematic approaches to increase the engagement between LGs and communities, which will thereby ensure accountability and transparency in provision of services to poor settlements. The example

of Naogaon's work to make service delivery responsive to communities and include them in decision-making processes is a model that could be used to approach new forms of governance inclusive of the urban poor.

## Linkages and partnerships are important tools in supporting communities

Linkages and partnerships are responsive means to achieve sustainable poverty reduction. 2012 saw cooperation established with several stakeholders that will bring important benefits to UPPR communities.

Work by UNCIEF and PAB to bring about health and hygiene change, and the agreement with BGMEA to train UPPR community members are both examples where mobilising other stakeholders will have benefits for

communities beyond what UPPR provides itself. These and other examples show the potential that wider coordination can have and suggest it should be pursued more thoroughly by UPPR in the future.

## Citizen Charter in Naogaon

Citizen Charters are tools that ensure the accountability and transparency of the delivery of Government services. A First Generation Citizen's Charter was developed in Naogaon in 2011, through which every Government department displayed the services it provides. Following this in 2012, UPPR came together with Government to pilot the development of a Second Generation Citizen's Charter. The Second Generation would improve responsiveness through a closer relationship with the community.

The Second Generation Citizen Charter will be developed for 24 Government agencies – the first phase in 2012 saw the development for 6. The Second Generation Charter involves the community more closely in design and implementation. The agencies with the Second Generation Charter have instituted an inquiry desk to smooth the experience of people accessing services.

A key step in the development



Mr. Nazrul Islam Khan, Secretary of Ministry of ICT, visiting UPPR booth with Deputy Commissioner and Superintendent of Police in Naogaon along with others

of the Second Generation Charter was the Digital Innovation and Service Fair organised jointly by UPPR, Government agencies and other service providers. The Fair aimed to both develop the responsiveness of service providers to the poor, and develop poor people's understanding of what services are available and how to access them. Representatives from UPPR communities were able to ask Government officials why they were not able to access services as specified in

the first citizen charter and ask how coverage could be ensured.

As well as cooperation with other service providers, the Fair opened the pathway for communities to deal directly with various Government agencies, which they are now doing in various fields including health services and skills-development. ■



## Community contracting is a cost-effective method to reduce poverty

The continued growth and effective delivery of UPPR is a testament to community contracting as a method to provide community-based infrastructure and services. In

2012, UPPR delivered over 15 million USD through community contracts. However, UPPR experience also shows the limitation of community contracting. As UPPR communi-

ties have met their needs for small-scale infrastructure, the attention turns to larger-scale infrastructure interventions, not all of which can be addressed through community contracts.

### 5.3 FUTURE DIRECTIONS FOR UPPR

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In 2012, UNDP along with other UN-agencies began work on developing a new approach to tackling urban poverty. This new strategy is being informed by the lessons learned from UPPR, the policies and plans of the GoB, and best practice in the region. Central to its design is offering a more integrated and comprehensive response to urban poverty that draws in new participants such as other Government and UN agencies with complementary urban portfolios.

This new concept is consolidating and deepening the work begun by UPPR. Mobilisation,

improving physical conditions and opportunities to increase income remain core strategies and will be supported by initiatives to improve urban governance, increase human development outcomes and strengthen social safety nets.

Central to the new strategy is the need to institutionalise delivery within self-sustaining community bodies and municipal administrations. Any new strategy must be anchored within local and central governance structures. This will be complemented by partnerships with other major development partners and NGO actors within

the urban sector through the outsourcing of works and collaborative working. This is in addition to the movement towards a One-UN approach being carried out under the Bangladesh UNDAF (2012-2016) framework, specifically Pillar 6, which is based on UNDP's role as overall lead and UNDP and UNICEF's role as designated outputs leads. This will be further supported by other relevant UN agency contributions. The development of this innovative approach will continue in 2013.

## Annex : Achievements against Log Frame

Indicators	Source	Achieved in 2012	Target for August 2014	Achieved by December 2012
<b>Indicator 1.1 - # of households and individuals in supported low-income settlements socially mobilised into Primary Groups (PGs), disaggregated by household type: female-headed households; households with at least one disabled household member; ethnic minority households; and schedule caste households.</b>				
# households Mobilized	Mobilisation Database	86,143*	700,000	816,242
# Individual Mobilized		371,276*	3,010,000	3,509,841
# households in PGs		76,158**	490,000	623,595
# Individual in PGs		328,241**	2,257,500	2,681,459
% households in PGs		88	75	76
# female headed households mobilised	PIP Database			54,334
# individual mobilised from female headed households				234,180
Proportion of female headed households mobilised				8
% female-headed in PGs			75	83
# households with at least one disabled member mobilised				14,131
# Individuals belonging to households with at least one disabled member mobilised				60,905
proportion of households with at least one disabled member mobilised				2
% Households with at least one disabled households member in PGs			75	82
# ethnic minority households mobilised				6,329
# Individuals belonging to ethnic minority households mobilised				27,278
proportion of ethnic minority households mobilised				1
% Ethnic Minority Households in PGs			75	72
# Schedule Caste households mobilised				5,321
# Individuals belonging to Schedule Caste households mobilised				22,934
proportion of Schedule Caste households mobilised				1
% Schedule Caste Households in PGs			75	79

\* This refers to the 365 new CDCs formed in 2012

\*\* This refers to the 5,730 new PGs formed in 2012



Indicators	Source	Achieved in 2012	Target for August 2014	Achieved by December 2012
<b>Indicator 1.2 – # poor homeless people supported under the programme</b>	Concern Worldwide reporting	110	6,500	3,301
<b>Indicator 1.3 – % of households satisfied with CDCs/PGs performance</b> UPPR will undertake work in 2013 on beneficiary feedback as part of its outcome and DFID pilot work.				
<b>Indicator 2.1 - # of beneficiary households in supported low-income settlements provided with improved access to: (i) water facilities such as tubewells + water reservoirs; (ii) sanitation facilities such as latrines; (iii) drainage facilities; (iv) footpath facilities; and (v) cooking stoves.</b>				
Tubewells	SIF Database	26,960	166,166	140,030
Reservoirs		16,450	36,128	26,696
Total water		43,410	202,294	166,726
Sanitation		53,262	177,950	143,163
Drainage		34,650	134,658	95,495
Footpaths		87,150	271,249	229,399
<b>Indicator 2.2 – UPPR and DFID are to agree on outcome indicators in March 2013</b> Findings from a short-term outcome study on SIF are outlined in the narrative.				
<b>Indicator 3.1 – # of female and male beneficiaries in supported low-income settlements receiving: skills development training (apprenticeships); small enterprise block grant</b>				
Skills training (total)	SEF Database	8,580	72,910	47,313
Skills training (women)		6,146	N/A	34,783
Skills training (men)		2,434	N/A	12,530
Small business startup grants		32,845	139,273	88,384
<b>Indicator 3.2 – % of female and male beneficiaries in supported low-income settlements who are employed 3 months to 1 year after receiving: skills development training (apprenticeships); small enterprise block grant.</b> UPPR will conduct a short-term outcome study in 2013				



Indicators	Source	Achieved in 2012	Target for August 2014	Achieved by December 2012
<b>Indicator 3.3 – # of female and male children-years of education delivered in supported low-income settlements by level of education: primary school; secondary school.</b>	SEF Database	23,784	87,250	71,161
<b>Indicator 3.4 - % of beneficiaries in supported low-income settlements receiving: iron and folic acid; micronutrient powder.</b> This activity has not yet begun.				
<b>Indicator 3.5 – # of households saving and having access to credit through savings and credit groups (SCG).</b>				
# households in SCGs	SCG Database	59,231	262,500	376,777
% in SCGs		12	54	77
<b>Indicator 4.1 – # of programme towns where low-income settlements are officially recognised by Pourashava Mayors.</b>		0	22	4
<b>Indicator 4.2 – # of press reports covering urban poverty issues in low-income settlements</b>	UPPR records	75	240	126
<b>Indicator 4.3 – # of town-led partnerships and linkages established by the programme</b>	Partnerships and Linkages Database			
Partnerships		15	135	107
Linkages		51	750	406
<b>Indicator 5.1 – Amount of SIF budget delivered (in USD)</b>	UPPR Records			
USD		9,516,396	38,712,000	25,835,676
<b>Indicator 5.2 – Amount of SEF budget delivered (in USD)</b>				
USD		6,048,550	28,080,603	16,752,969
<b>Indicator 5.3 – % of project human resource positions staffed</b>		53	90	95
<b>Indicator 5.4 – % of new female staff recruited (yearly)</b>		7	50	20





**For further information  
please contact**

**Mr. Abdur Rashid Khan**

*National Project Director, UPPR*

Tel : 88 02 8141909, 88 02 8156495

**Mr. Per Olof Bertilsson**

*International Programme Manager, UPPR*

Tel : 88 02 8141909, 88 02 8156495

**Mr. Joseph Savage**

*Head, Research Evaluation and Learning Unit, UPPR*

Tel : 88 02 8141909, 88 02 8156495

**Mr. Ashekur Rahman**

*Programme Analyst, UNDP Bangladesh*

Tel: 88 02 8150088

