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### Learning from experience in urban programming: the case of the SHAHAR project in Bangladesh

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# Learning from experience in urban programming: the case of the SHAHAR project in Bangladesh

*Sanzidur Rahman*

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*The article offers a reflective analysis of various problems encountered and lessons learned in implementing a programme to improve the livelihood security of the urban poor in secondary cities of Bangladesh. The study is based on the author's involvement as an external action-research partner, and a review of relevant secondary literature. A number of key lessons emerge for the success of project operations. These are the need for (1) a clear understanding of the links between project activities and project objectives by all staff; (2) capacity building for all staff tailored to their needs; (3) clear targeting criteria and programme coverage; (4) a full complement of operational guidelines, work plans, and monitoring and evaluation design before implementation; (5) ensuring 'partnership of organisations' not 'partnership of activities'; (6) ensuring the real involvement of beneficiaries in all aspects of the project; (7) staff empowerment and a flexible approach to operations; (8) routine reflections on project progress; and finally (9) being ready to take bold steps and make necessary strategic changes, even if doing so requires significant deviations from pre-set activities and hypothetical schedules as featured in the project proposals.*

KEY WORDS: Aid; Civil society; Environment; Social sector; South Asia

## Introduction

Learning by doing is often regarded as the best form of knowledge creation and experience, and the SHAHAR<sup>1</sup> project is no exception. This article offers a reflective analysis of the various problems encountered and lessons learned while implementing a highly integrated programme designed to improve the livelihood security of poor people living in slums and low-income settlements in selected secondary cities of Bangladesh. The project addressed four major components: community mobilisation and institutional strengthening; income-generation activities; health, hygiene, and nutrition education; and infrastructure development. The project was delivered via local partnering NGOs (PNGOs) and the local municipal authorities (*Pourashavas*). The project was implemented in four municipalities across Bangladesh – Tongi, Jessore, Dinajpur, and Mymensingh – and reached approximately 35,000 households.

The project was one of the world's largest urban pilot projects, with an annual budget of approximately US\$ 3 million over a five-year period. It was considered a highly innovative programme in the CARE mission dealing with emerging and changing scenarios related to rights, governance, and mobilisation (CARE 2005; Khan 2004a).

Urban development projects tend to concentrate either on water, sanitation, and infrastructure (for example, Hanchett *et al.* 2003) or on institutional strengthening and/or improving governance (for example, Miranda 2004; Cavill and Sohail 2004; Cohen 2001), with little or no integration among these aspects. The innovation in this project was its attempt to integrate three key aspects affecting the livelihoods of the urban poor: promoting human rights and social justice (the rights of the slum dwellers); building local capacity (to enable the poorer segment of the community to mobilise resources); and improving and ensuring delivery of the basic goods and services by the responsible agencies, the *Pourashavas*. Also, the project aimed to link physical improvements or infrastructure to community processes and participation (such as community mobilisation), which are important to sustaining development (Cohen 2001). CARE-Bangladesh undertook this programme with action–research support from the International Food Policy Research Institute (IFPRI) to identify and develop best practices in urban programming.<sup>2</sup> The article is based on information gathered by the author through his active involvement in the day-to-day programme operation and participation in several meetings, workshops, and training sessions, as well as various internal project documents.

## The birth of SHAHAR: concept and design

CARE has worked in Bangladesh for nearly 60 years, initially focusing on relief assistance, moving towards rural income generation and primary health care from the 1970s (Sutter and Perin 1998), and entering the urban sector from the mid-1990s. CARE-Bangladesh was relatively inexperienced in urban programming, so the SHAHAR project was formed to gain a better understanding of this environment (Khan 2004a).

Before launching SHAHAR, in 1997 CARE-Bangladesh conducted a livelihood-security assessment of urban slum households in the cities of Tongi, Khulna, and Bogra, with technical assistance from IFPRI. The study identified five key inter-related problems facing the urban poor:

- household income is unstable and insufficient to meet basic needs;
- people feel disenfranchised, with no community initiatives to solve their problems;
- poor families live in extremely unhygienic environments;
- maternal health is poor, with women at risk before and after childbirth; and
- maternal and child malnutrition rates are significantly higher than elsewhere in the country (Sutter and Perin 1998).

The study also highlighted four basic constraints – income, health, and the environment, as well as lack of individual capacity/social cohesion to cope with the crisis – affecting the livelihoods of the urban poor (Sutter and Perin 1998). The SHAHAR project was developed to address these constraints, based on the 'Household Livelihood Security' framework that CARE now seeks to institutionalise in all of its programmes worldwide.

SHAHAR set its project goal as: *sustainable promotion and protection of the food and livelihood security of vulnerable households in underdeveloped high-risk urban areas of selected secondary cities in Bangladesh by year 2004*. Its four major components were (a) infrastructure improvements (such as community toilets, drains, footpaths, water points) in the project sites ('Infrastructure'); (b) health, hygiene, and nutrition education ('Health'); (c) income-generating

activities including vocational and skills training ('Income'); and (d) community mobilisation and institutional strengthening ('Community Mobilisation').

### *SHAHAR project activities, coverage, site selection, and implementation plans*

The Development Activity Proposal of the Integrated Food Security Program (IFSP)<sup>3</sup> outlined a list of 18 activities for SHAHAR, to be implemented in phases to reach 13 cities, involving 39 communities by the end of five years (CARE 1998: 41–6). However, SHAHAR ambitiously expanded its list of activities to 30 in order to establish a degree of 'household livelihood security' for urban vulnerable households. Also, the then SHAHAR project co-ordinator decided to select only four municipalities – Jessore and Tongi in the first year, and Dinajpur and Mymensingh in the second.

The proposal envisaged that SHAHAR would benefit approximately 70,000 households (386,000 people) via its 'Health' component, 35,000 households via the 'Infrastructure' component, and 5850 households via the 'Income' component, over the life of the project (CARE 1998: 46). However, SHAHAR decided to cover all slums and low-income settlements identified during the census survey, resulting in a total coverage of 11,228 households in 63 sites in Jessore and 13,664 households in 21 sites in Tongi. Approximately 60 per cent of these households were expected to benefit from the 'Income' component of the project, while all households would benefit from the remaining components.

PNGOs were the principal implementers of the 'soft components' (Income, Health, and Community Mobilisation), while the *Pourashavas* were responsible for delivery of the 'hard component' (Infrastructure). The selection of PNGOs followed a detailed process involving primary screening, appraisal, and a visit by SHAHAR staff. In all, 14 PNGOs (nine in Tongi and five in Jessore) were chosen.

## Implementation Phase 1: Jessore and Tongi

### *Start-up and general activities*

The start-up activities sequentially involved: (1) staff recruitment; (2) a three-week 'foundation training' course in urban programming for all SHAHAR staff; (3) selection of project sites, with assistance from the *Pourashavas*; (4) a census survey of all sites; (5) the signing of a Memorandum of Understanding (MoU) between the PNGOs and *Pourashavas*; and (6) baseline surveys in Jessore and Tongi, with lead input from IFPRI. From staff recruitment in July 1999 to completion of the baseline survey in September 2000, 14 months were spent on these activities.

*Activities in the 'Income' component.* These included the formation of savings and credit groups with one adult woman from each household; a three-month gestation period to develop a savings habit; and the offer of credit from the fourth month on the basis of a business proposal submitted for scrutiny. An environmental assessment was made mandatory for business/activity proposals that had a potential impact on the environment (the dyeing industry, for example).

*Activities in the 'Health' component.* These involved imparting health, hygiene, and nutrition messages and raising awareness of roof-top gardening in weekly 'Income' meetings; compiling a list of malnourished mothers and children for the nutrition programme; and listing pregnant mothers and Traditional Birth Attendants in the locality.

*Activities in the 'Community Mobilisation' component.* Activities in this component involved observing special days outlined in the MoU; and the establishment of a Community Resource

Centre, which became a centre for providing education for children who never attended school. Each PNGO set up one centre at a suitable location.

*Activities in the 'Infrastructure' component.* This was the most resource-intensive component of the SHAHAR project, and it was implemented by the *Pourashavas*. Here, the SHAHAR engineers were involved in identifying, prioritising, designing, budgeting, and monitoring the activities. The activities involved construction and/or repair of drains, footpaths, and community toilets; installation of water points (hand tube-wells); and detection and marking of arsenic-contaminated tube-wells in project sites.

### *Plan for capacity building*

SHAHAR emphasised the need for capacity building for all stakeholders and implemented it rigorously, mainly through training, exchange visits between project sites, participation in other urban programmes, as well as overseas visits to other urban projects. By September 2001, a total of 131 training sessions had been conducted, benefiting approximately 2026 staff members from all partners.

### *Monitoring and Evaluation (M & E) process*

The proposal envisaged the design of an M & E system using three levels of indicators (output, effect, and impact indicators), which would provide valid information on the success or failure of direct outputs; the intermediate effects of activities on knowledge, attitudes, or practices; and the long-term impacts or fundamental changes in the livelihood security of participating households (CARE 1998: 59). SHAHAR, responding to its consultation regarding the proposal and to USAID requirements, decided on the following M & E plan: progress monitoring of the project and PNGOs; quarterly/annual progress reports (including expenditures) for USAID's IFSP requirements: (a) evaluations – baseline 'for impact', mid-term, and final; (b) Time Series Surveys of seasonal livelihood monitoring (thrice-yearly); and (c) Participatory Monitoring and Evaluation of behaviour change. A strategy to systematise progress monitoring was eventually developed by March 2001, following a lengthy procedure (see Figure 1).

## Problems encountered

SHAHAR organised a series of brainstorming sessions at its field offices and at headquarters between June and September 2001, to reflect on the project's performance after its first year (which was already two and a half years since SHAHAR was born). Participants were asked to reflect on the accomplishments, key difficulties, and steps taken to resolve the problems. The workshops revealed several problems with the project, ranging from its conception down to operations and management. These are discussed below.

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

SHAHAR management felt that the project's design was largely focused on the *Pourashavas*. Therefore, if the *Pourashavas* failed to co-operate or to meet expectations, the total intervention was likely to fail. The management stressed the importance of a clear focus on governance, difficult to achieve but necessary to avoid constraining the project. Participants also emphasised that the project design had focused only on slums, thus ignoring the broader issue of urbanisation and the management of urban areas. Conventionally, slum dwellers were treated by the *Pourashavas* as unauthorised urban residents and were often neglected. Trying to promote a

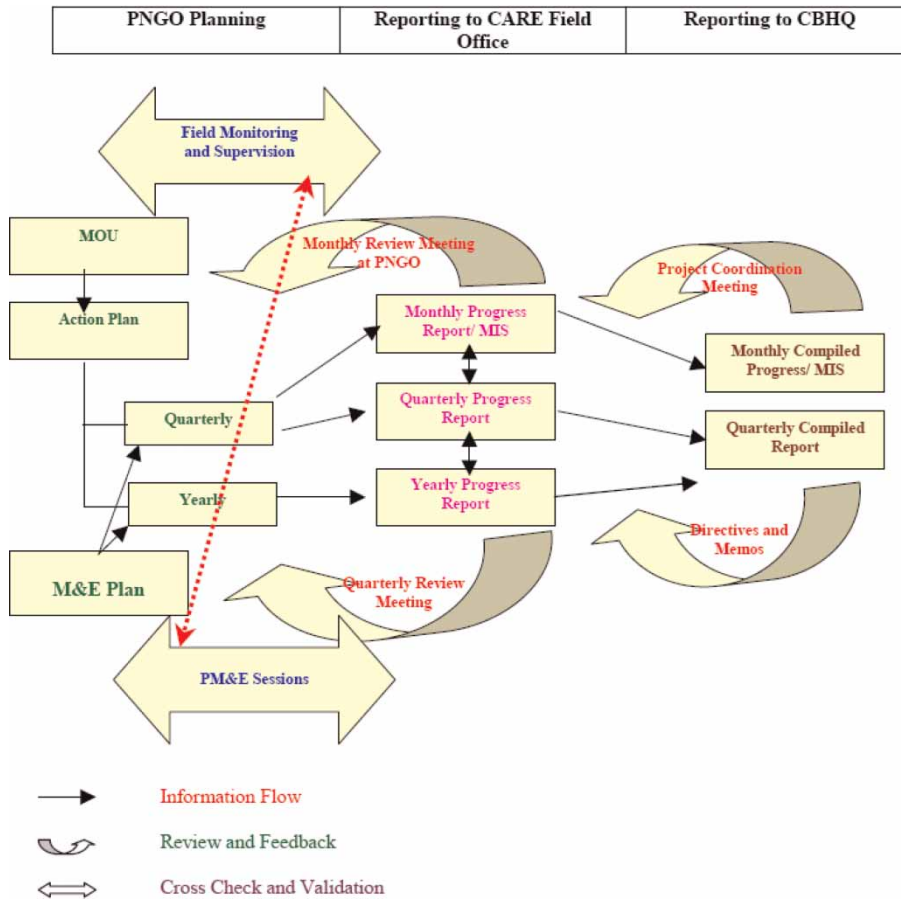


Figure 1. Flow chart of the Progress Monitoring Systemization Strategy

suitable urban service-delivery mechanism for them was, therefore, problematic. In some cases, the ‘threat of eviction’ became a reality in selected communities of Jessore and Tongi.

SHAHAR staff also felt that there was a general lack of civic awareness regarding cleanliness. Accordingly, a ‘cleaning day’ was observed in the communities in September 2001 as a way to develop such awareness.

Another problem was that the level and stages of involvement in the project by the various government agencies were not always plain. For example, although SHAHAR’s link with the Pourashava was clear, it was much less so with the local government and Engineering Department. Also, the approach undertaken by SHAHAR contradicted the approaches of other agencies engaged in similar interventions. For example, UNICEF implemented projects to provide individual latrines, whereas SHAHAR was promoting the ‘community latrine’ for similar types of beneficiary. The idea of establishing uniformity in project implementation by all PNGOs in all sites was itself a constraint, thereby preventing the use of PNGOs’ own experience in programme operations. Tensions also occurred within the community over the use of Geocode Cards, which had been issued to beneficiary households during the initial identification census. Some people assumed that it was a mechanism for getting huge benefits from CARE (mostly as relief assistance) and they traded the cards with non-eligible households.



### *Operational problems*

A key problem at the operational level involved both SHAHAR field offices and PNGOs, which were too absorbed in the 'Income' component of the project. The PNGOs rushed to form groups within the first three months of implementation, which led to haphazard selection of women without carefully identifying the truly needy and willing participants in the group. Also, with ambiguous targeting criteria, the groups contained a mix of poor and wealthy participants, which weakened group solidarity. High dropout rates put PNGOs under severe pressure to maintain the ideal group size. Also the involvement of the same women as members of other NGO groups was overlooked.

The lack of clear operational guidelines led to confusion and a lack of compliance in the screening of proposed business plans. The major thrust of the PNGOs was to provide loans to earn interest, minimising the necessary emphasis on vocational and skills training. The migration of some beneficiaries after taking out loans deterred PNGOs from providing further loans. In some cases, beneficiaries then stopped making deposits. And in some instances the eviction of beneficiaries from their homes meant that the group itself disappeared.

Since operational guidelines of the 'Health' component were not in place during the initial implementation phase, PNGOs were reluctant to implement the finalised 'Health' programme, which seemed bulkier than anticipated. The 'Health' education sessions at the 'Income' weekly meetings were instead preoccupied with loan collection and savings. In addition, the frequent revision of directives and memos regarding the operation of the 'Health' component demoralised staff.

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

### *Managerial problems*

According to the feedback, the team in charge of designing the SHAHAR project did not fully analyse its operational difficulties. Staff planning seemed inadequate, given the diverse and large-scale nature of project activities. In addition, there were weaknesses in management, and changes of senior management (the post of project co-ordinator) also affected the project. Furthermore, most of the staff recruited in SHAHAR had been promoted from other CARE projects, as well as from other agencies, and they themselves were still learning and not sufficiently experienced to work in an urban environment. In addition, the management's relationships with staff were weakened by the fact that the mechanisms for sharing experiences and problems had not been developed. There were also problems in the flow of information with PNGOs, with the *Pourashavas*, and between field offices and SHAHAR headquarters.

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

Staff shortage was identified as the key problem hindering the effective monitoring of the SHAHAR project. Since no specific plan for monitoring progress was in place prior to implementation, the staff found it difficult to assimilate its importance. There were weaknesses in streamlining performance indicators and in devising a practical strategy to feed these indicators from progress monitoring into project evaluation. In addition, there was little

commitment among PNGOs and the *Pourashavas* to monitoring, in terms of both degree and quality. Moreover, an essential step for strengthening the capacity of the *Pourashavas* and PNGOs, prior to implementing such a complex and intertwined set of interventions, was ignored; consequently, their involvement in monitoring was delayed. The key position of Project Development Officer (Management Information Systems) in the headquarters (crucial to the success of the project) remained vacant, which led to major drawbacks in the organisation and synthesis of available information. The emphasis on meeting 'environmental sustainability' increased the workload of all partners.

By the start of Year 3, there was a major change in M & E design. Previously, each project of IFSP had been responsible for its own M & E activities and therefore had its own personnel. However, the CARE mission management decided to centralise the M & E system, meaning that all M & E staff were transferred to a central Technical Support Unit. The role of this centralised system and its link with SHAHAR soon became unclear.

### *Problems related to partnering with PNGOs*

It is clear in this case that true participation was not put into practice and the actual strategy was one of 'partnership of activities', not 'partnership between organisations'. PNGOs were basically working as sub-contractors, with SHAHAR dictating the ideas and activity plans, and PNGOs abiding by the instructions. The overall mechanism was affected by a lack of capacity among the partners, as well as a lack of a unified approach to partnership. Traditional PNGO micro-credit practices affected the project. All PNGOs showed a tendency towards maximising financial gain rather than improving the plight of the urban poor. Also, there were time and manpower constraints, in terms of both quality and quantity. High turnover and unskilled staff in PNGOs also affected the quality of implementation. Some staff felt that the process of selecting the PNGOs had been flawed, leading to the inclusion of weak NGOs as partners. For example, the arrangement with one of the PNGOs in Tongi was terminated, as it did not pass SHAHAR's internal audit.

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

Local government bureaucracy also plagued the *Pourashava* officials. Often the *Pourashavas* lacked personnel, or their staff were not of a sufficiently high calibre and tended to focus on large visible activities, such as building big drain networks and long footpaths. In addition, the coverage was huge: 63 sites in Jessore and 21 sites in Tongi, which raised the question of whether this was manageable with so few staff.

### *Problems at the beneficiary level*

The activities of the SHAHAR project in these neglected locations inevitably raised community expectations. However, a number of significant problems arose which compromised the effectiveness of the project. For example, some beneficiaries did not provide correct information during the census surveys, perhaps the result of bitter past experience with NGOs. Beneficiaries hid their multiple involvements with other NGOs. Serious misunderstandings arose also between beneficiaries and contractors (for the 'Infrastructure' component), which meant that even good work was not recognised. Moreover, members of staff were largely engaged in accomplishing specific activities while neglecting interaction with the community, with the result that they spent only minimal time with the beneficiaries. Lack of group cohesiveness also seemed to be a major problem, caused in part by a number of beneficiaries who fled



after receiving loans, ultimately affecting the entire group. This result could have been avoided if community mobilisation had been prioritised from the start.

### *Problems related to the 'Infrastructure' component*

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

### *External influence*

Various tensions were created by the interference of staff external to the project, which somewhat demoralised SHAHAR staff. Everyone wanted to offer advice – without first understanding the complexities, needs, and requirements of the project. SHAHAR staff, confused by such a diversity of suggestions, quickly became frustrated. Also, major changes in the IFSP M & E system, in its initial stage, created a vacuum in M & E activities.

## Lessons learned

Important lessons were learned by the mid-term of the project cycle.

1. The first was the realisation that each of the SHAHAR components could have been an individual project in itself. Therefore, unless each activity of each component was clearly demarcated, staff would stray from the project goal and be burdened with complex unforeseen problems. This led to an understanding of the importance of having all component guidelines in place. The initial idea of starting the project by keeping up with the hypothetical schedule set out in the proposal, and then developing the programme activities at leisure, proved to be seriously flawed.
2. The component guidelines needed to delineate each activity and focus on the achievement of project objectives. Since there were many staff of varying capacity implementing the project activities, only clearly defined operational guidelines could meet the need for standardised implementation strategies that everyone should follow. Such a realisation led SHAHAR to spend several months in developing and finalising these guidelines. SHAHAR also felt a need to revise the 'Income' guideline after a year, concerned mainly about the security of huge savings and insurance premiums collected by the PNGOs from their group members. Another tripartite arrangement between the *Pourashavas*, PNGOs, and the beneficiary representatives became necessary to ensure that savings and insurance were properly protected, and to ensure the continuance of this 'Income' package once SHAHAR had been phased out in 2004.
3. The importance of understanding the link between the components and the project objectives required a thorough internalisation of the logic and mechanism by which each activity contributed to the overall project goals. For example, the 'Infrastructure' component was implemented by *Pourashavas*, involving only engineers from SHAHAR, with

minimal contact with the PNGOs who were responsible for implementing the remaining three 'soft components' for the same target beneficiaries. However, when infrastructure-maintenance committees of representatives of project beneficiaries were formed, the situation improved.

4. The scope of the project, in terms of numbers of sites and beneficiaries, did not match the available resources. SHAHAR was implemented at 63 sites in Jessore and 21 sites in Tongi, covering 25,000 beneficiary households. This was a huge number of people for a limited staff to cover, especially when they had minimal knowledge of how to implement various components of the project.
5. The number of partners was also an issue, because a total of 14 PNGOs were selected (nine in Tongi and five in Jessore), which in turn varied considerably in size, experience, and competence in urban programming. This posed the additional problem of ensuring continuous dialogue and interaction.
6. The MoU specified too many items without proper justifications. Since this was the first legal document with which SHAHAR went into partnership with PNGOs and the *Pourashavas*, making amendments was not easy. The partners usually tended to use the benefits specified in the document, rather than focusing on their own contribution and commitment to the poor.
7. The components were unevenly sequenced, with a rush to start the activities in order to stay on schedule. The 'Income' component activities were therefore implemented first at full throttle. Infrastructure improvement with the *Pourashavas* followed, leaving other components behind. 'Community Mobilisation' was deferred for a year, and the 'Health' component could not be fully implemented, owing to the apparent lack of direction and guidelines. This resulted in complete absorption of all the activities, including human resources, by two components, covering essentially only one of the three strategic objectives of the project.
8. While M & E activities are essential for successful implementation, the initial Logical Framework tended to be all-inclusive, resulting in a plethora of diverse activities under each component. After a few months of implementation in Jessore and Tongi, it was felt vital to streamline the Framework in order to keep the project on track and to produce valid performance indicators. At the same time, the overall IFSP programme decided to streamline all of its projects within a unified Logical Framework, aimed at contributing relevant indicators, so that they collectively achieved the overall goal set out in the original proposal. This streamlining enabled SHAHAR to rationalise its own Logical Framework.

## Expansion Phase 2: Mymensingh and Dinajpur

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

### *Entering the community*

SHAHAR had learned hard lessons about the need for strategies to understand the community; effective targeting; streamlining the volume and nature of activities; and strategies for selecting faithful and capable implementing partners. Consequently, SHAHAR decided to initiate a rigorous process of activities aimed at understanding the diverse community needs and priorities before embarking on project implementation in Dinajpur and Mymensingh. The overall strategy consisted of five stages, in the following sequence: (a) widespread inception sessions in the community, introducing the project with involvement of all partners and other government officials; (b) a complete census of households in project sites, using a revised questionnaire;

(c) preparation of community profiles based on information collected from each site; (d) intensive Participatory Learning and Action sessions for each component of the intervention; and (e) a baseline survey of the project sites, with representative sampling. It is worth noting that SHAHAR had also been through similar stages in Jessore and Tongi, but with limited focus and unplanned sequencing of activities.

### *Downsizing the coverage of beneficiaries*

Based on the knowledge that extensive coverage posed problems for monitoring progress, it was decided that the number of households would be limited to 4000 in each city. Therefore, after careful scrutiny, SHAHAR decided to select 13 sites (out of 59) in Dinajpur and 17 sites (out of 83) in Mymensingh deemed to be the most vulnerable in terms of overall livelihood security. The total number of households stood at 3744 (15,866 persons) in Dinajpur and 4413 (20,091 persons) in Mymensingh – far lower than the number of beneficiaries targeted in the Jessore and Tongi sites.

### *Selecting the partners*

After SHAHAR adopted a strategy of allocating approximately 2000 households for each partner NGO, the number of partners in Dinajpur and Mymensingh was reduced to only three per city. The selection criteria for partners were also revised substantially.

### *Sequencing of activities*

Since the sequencing of activities posed a problem in Jessore and Tongi, it was decided to change the order of implementation. First, preliminary work on assessing the need for infrastructure improvement was begun. Once the PNGOs got on board, the primary focus was on forming groups for delivery of the 'Income' and the 'Health' components, with simultaneous implementation of the 'Community Mobilisation' component. The dissemination of loans was initiated at a much slower pace, beginning five to six months after the groups had been formed. Moreover, maintenance committees were formed before the infrastructure schemes were implemented, so that resources could be properly used and the beneficiaries could develop a sense of ownership.

### *Project preparation prior to implementation*

Again learning from Phase 1, SHAHAR accorded high importance to having all of the operational guidelines in place before activities began in Dinajpur and Mymensingh, and the field staff thus enjoyed the privilege of attending all the important initial meetings with the partners, acquainting them with the strengths and weaknesses of the project implementation in Jessore and Tongi. The results of the census surveys and community-profile exercises of these two cities were disseminated to the stakeholders, so that the PNGOs and the *Pourashavas* were fully aware from the start of the situation of the sites.

### *M & E design*

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

### *Learning strategy*

The project activities and action plans in Dinajpur and Mymensingh progressed according to a carefully prepared schedule and close co-ordination between the headquarters and field offices. The pace of the project activities was optimised after realising the difficulties that arise when implementation is rushed to meet hectic schedules. High importance was also attached to learning from experience during implementation. Therefore, a learning strategy was developed which equipped the implementers to detect problems quickly and devise solutions to overcome them.

### **Further strategic changes in SHAHAR**

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

Four key strategic changes were devised and implemented over the remaining life of the project. The first was the removal of segregation between the 'hard components' (i.e. infrastructure) and the 'soft components' (i.e. 'Income', 'Health', and 'Community Mobilisation'). Such barriers had previously confined engineers to the construction activities without any interaction with staff from 'soft components', which led to problems in maintaining the new facilities.

The second strategic change was in the structure of SHAHAR itself. The project was divided into strategic, tactical, and operational levels. At the operational level, a team approach was adopted, with an Area Team Leader and four or five Facilitators, consisting of staff experienced in engineering as well as in aspects of the 'soft components'. Training sessions were provided, tailored to staff needs, so that each team could operate competently in all project components. At the tactical level, field management, comprising an Area Manager and the Area Team Leaders, provided support for the area teams. Finally, at the strategic level, the co-ordination unit was set to oversee the project and to deal with strategic and policy-level issues, by improving and strengthening reporting structures. (For details of the new organogram, see Khan 2004b.)

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

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

## The effectiveness of the SHAHAR project and its strategic changes

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

*[A] new spirit of enquiry and reflective practice is emerging among staff and the positive impacts of this are already being witnessed. Intervention strategies are being explored and tested in different ways, flexibility exists in implementation activities, data is being used more to guide decision making, and staff are developing a richer understanding of the social, economic and political context of urban areas. (CARE 2003: 33–4)*

Use of the 'Pressure Plate Model' was also successful, as evidenced by several examples where communities took an increasing role to determine their own future. Two examples worth mentioning are, first, the eviction of 77 households who had lived in a site in Jessore for 20 years. The community, through the Community Resource Management Committee, placed sufficient pressure on the local administration that they not only achieved relocation of these households, but also secured rights of tenure in that relocated area (CARE 2005: 19–20). The second positive example concerns the exclusion of individual households in two sites of Dinajpur: they were later granted leasing rights by the municipality. These were significant successes for the project, as they were among the first examples in Bangladesh where communities had fought for rights of tenure and won (Khan 2004b).

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

## Summary and conclusion

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

The key lessons to be drawn from this reflective analysis may be summarised as follows. (1) Every member involved in the project must fully understand the links between each project activity and the project objectives. (2) Capacity building of all members is a must. (3) Targeting criteria and programme coverage must be clearly decided in advance. (4) Project management must be fully prepared with all necessary operational guidelines, work plans, and M & E processes prior to implementation. (5) When multiple agencies are involved, 'partnership of organisations' should be ensured rather than 'partnership of activities', which is essentially no different from sub-contracting, with a consequent loss of commitment. (6) The number of

partners should be kept to a minimum, and they should be of adequate quality. (7) Project beneficiaries should be involved in real terms in all phases of the project in order that they develop a clear sense of ownership and acceptance of the project. (8) Staff empowerment and a flexible approach to operation are more rewarding and produce dividends in terms of project outcomes. (9) Thorough reflective exercises on the project's progress should take place routinely. And finally (10) project management should not hesitate to undertake major strategic changes, even if these require significant deviations from pre-set activities and hypothetical schedules laid down in the proposal. Such proposals are often written by consultants in order to make funding applications. In practice they are likely to take precedence and dictate subsequent actions, because donor agencies like to hold on to these documents while evaluating project performance, which in turn may eventually restrict and/or inhibit well-conceived projects from being as effective and successful as they might be. The SHAHAR project overcame such conventional practice and, therefore, eventually succeeded in its endeavours.

## Notes

1. SHAHAR is the acronym of Supporting Household Activities for Hygiene, Assets and Revenue.
2. Since 1997, CARE and IFPRI have collaborated to increase knowledge about urban livelihoods in a number of countries, including Tanzania, Mozambique, Peru, and Ethiopia (Garrett 2004).
3. IFSP is the core five-year programme (1999–2004) with four distinct projects, of which SHAHAR is one and is also the only urban project.

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