BANGLADESH

THE SHAHAR PROJECT

IFPRI is collaborating with CARE-Bangladesh to provide research and support for its SHAHAR project for improving urban livelihoods.

The staggering growth of cities in developing countries has contributed to widespread urban poverty. Many of the urban poor live in unsanitary environments, have uncertain incomes, and lack necessary financial and health care services. These conditions exist in Bangladesh and appear likely to worsen. The populations of the cities in Bangladesh increase by more than 1 million every year. Many cities are growing at more than 8 percent per year, and they will double in size in less than 10 years.

In 1997 CARE-Bangladesh undertook an assessment of the livelihood security of slum households in three cities in Bangladesh: Bogra, Khulna, and Tongi. Based on the findings of that study and a review of secondary literature, CARE-Bangladesh created the SHAHAR (Supporting Household Activities for Hygiene, Assets, and Revenue) project. (Shahar means “city” in Bangla.) A component of the Integrated Food Security Program (IFSP) of CARE-Bangladesh, the project was launched in mid-1999 and financed by the U.S. Agency for International Development.

The SHAHAR project seeks to improve livelihood security in some of the major secondary cities of Bangladesh. The project’s major activities are:

- Infrastructure improvements, such as community toilets, drains, footpaths, and water points in the project sites;
- Health, hygiene, and nutrition education;
- Provision of credit and vocational training; and
- Community mobilization and institutional strengthening, especially of the local nongovernmental organizations (NGOs) that implement the project.

RESEARCH FOCUS

Project Leader: James Garrett

IFPRI has provided research and technical assistance to help CARE with SHAHAR’s program approach. IFPRI led baseline surveys in the first two cities where SHAHAR worked, Jessore and Tongi. IFPRI staff also helped SHAHAR plan and institute strategies for institutional learning and for monitoring and evaluation. IFPRI staff organized exercises and workshops for CARE staff to review and apply lessons learned from survey and program operations. In addition, IFPRI and CARE have created a library for SHAHAR of more than 400 items on urban livelihoods and urban programs.

In spring 2002 the IFPRI team redirected its collaboration with CARE to focus less on technical assistance and more on improving understanding of urban livelihoods for strategic use in program development. This phase of IFPRI’s work will include a three-round quantitative livelihood survey in the city of Dinajpur and additional complementary qualitative work in Dinajpur and other cities. The work will focus on six key areas:

- The dynamics of urban poverty and livelihood security;
- Land rights and land tenure;

“I JUST SEE THE FOOD COOKING, NOT EATING.”

(Woman commenting on how food is distributed within the household, Khulna, Bangladesh)
• Urban governance, including community interaction with both formal and informal authorities;
• Crime and violence;
• Women’s social status and its relation to the nutritional status of women and children; and
• An assessment of CARE’s approach to community-driven development.

**KEY FINDINGS AND IMPACTS**

To learn more about urban people’s livelihoods, IFPRI and CARE conducted baseline surveys in the slums of Jessore, a secondary city whose primary economic activities revolve around trade with India, and of Tongi, a “suburb” of the megacity of Dhaka. These surveys revealed the following:

- Although the overall level of livelihood security in both cities is poor, households in Tongi are more vulnerable across a range of basic needs, despite the fact that household incomes in Tongi are higher than those in Jessore. This finding makes clear that income is only one part of livelihood security.
- In both cities most men are employed. In comparison, only about 20 percent of women in Jessore and 30 percent of women in Tongi have paying jobs outside the home. The average monthly income from employment for females is about one-third that of males in Jessore. Total income declines significantly during the rainy season.
- Household composition and demographics are similar in the two cities. Although income levels are higher in Tongi than in Jessore, health, hygiene, and nutrition are worse in Tongi.
- Female-headed households are smaller than male-headed households.
- Food security is poor in both cities. Many women skip meals each day to make ends meet. Families also have a low intake of protein-rich foods and little dietary diversity. Overall, intake of protein-rich foods (such as meat, fish, and eggs) is lower in Tongi than Jessore.
- A higher percentage of children under five years old are malnourished in Tongi than in Jessore, although rates in both cities are alarming. Thirty-six percent of children have low height-for-age (stunting) in Jessore, as do 45 percent of children in Tongi. Illness among children under five years old is high in both cities, compared with other age groups. About one-third of all women in both cities are malnourished.
- Hardly anyone has access to a registered physician in Tongi, perhaps for economic reasons. Prenatal and postnatal health care practices are worse in Tongi, indicating greater risk and consequently poorer health security.
- The living environment is unsanitary, even hazardous. SHAHAR sites are not served by proper sewer systems, forcing the residents to make their own provisions to dispose of waste.

- Despite these challenges, social relations appear good. About 70 percent of respondents in Jessore and 60 percent of respondents in Tongi say they can rely on relatives to help them through difficult periods.
- However, very few residents express a significant degree of trust in community leaders.

In 2001 SHAHAR expanded its activities to the cities of Dinajpur and Mymensingh. In preparation, IFPRI and CARE staff prepared community profiles of these two cities based on qualitative interviews. IFPRI staff also wrote a project history that described lessons learned about urban programming from SHAHAR’s experiences in Jessore and Tongi. Based on these lessons, CARE gave greater attention to understanding the community context and encouraging a more participatory approach when it began activities in Dinajpur and Mymensingh. Specific changes that CARE is now putting into practice in these new cities include:

- Reducing the number of beneficiary households, the number of community partners, and the number of sites in each city;
- Ensuring that guidelines for project components are ready before starting implementation;
- Launching a qualitative community survey to understand the community and the place of the interventions in the community; and
- Streamlining performance indicators.

Findings on the six key topics in IFPRI’s current phase of research should begin contributing to CARE’s programming strategy in early 2003.

**COLLABORATOR**

- CARE-Bangladesh

**DONORS**

- CARE-Bangladesh
- U.S. Agency for International Development

**PUBLICATIONS**