SRC pilot project: Urban Health and Empowerment

Swiss NGO DRR Platform

Global Market Place on urban DRR practices

Why a project in an urban area?

What and where and how?

What is the DRR component?

Challenges and lessons learned

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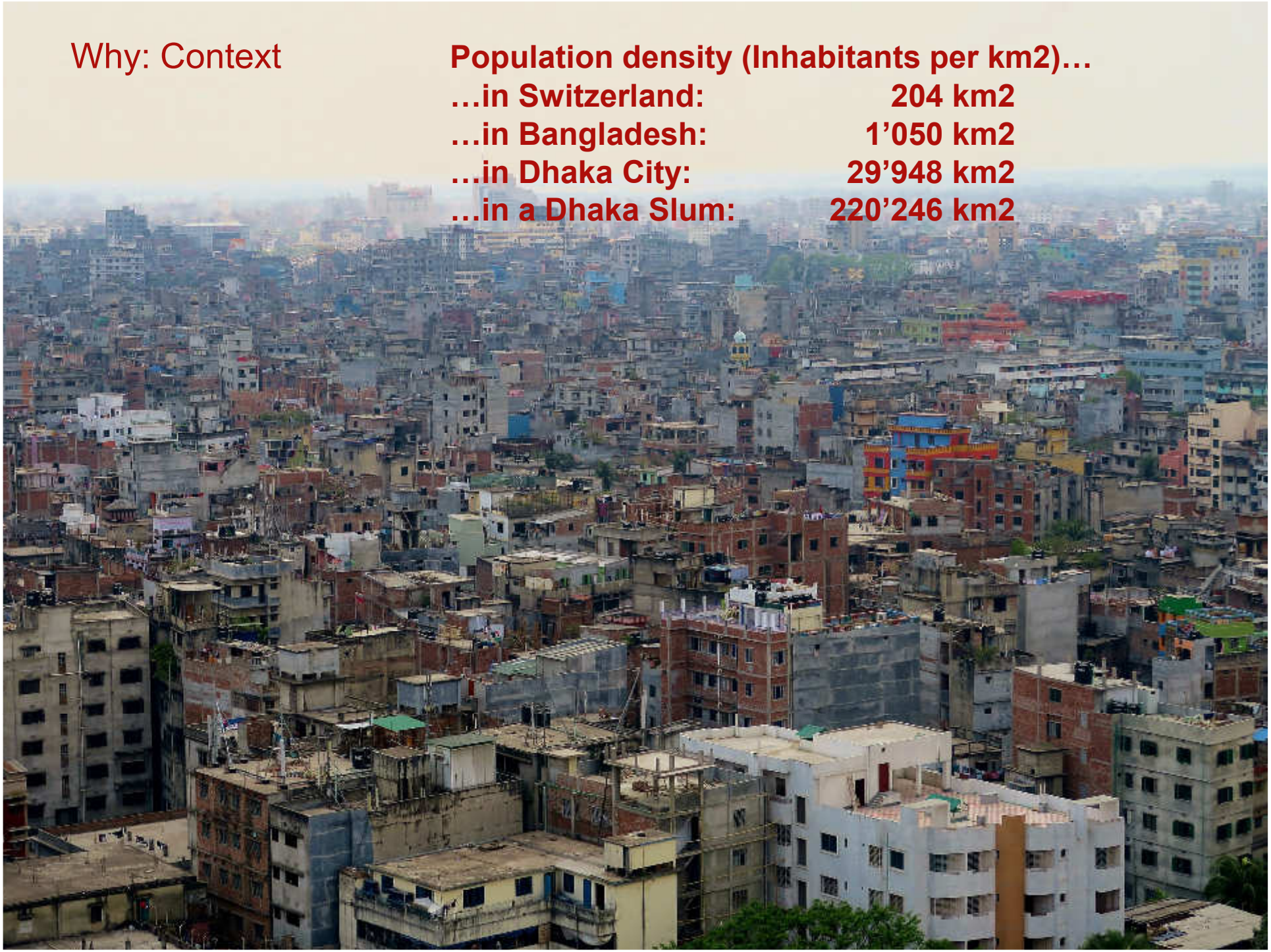
Why: Context

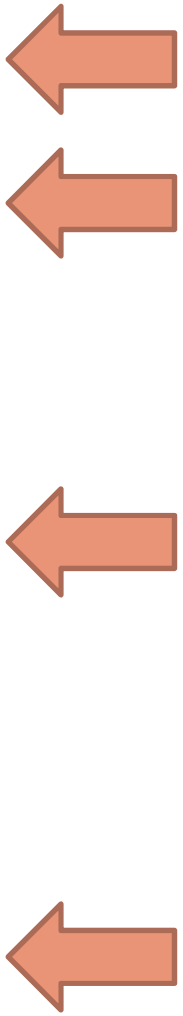
Population density (Inhabitants per km2)…

…in Switzerland:	**204 km2**
…in Bangladesh:	**1’050 km2**
…in Dhaka City:	**29’948 km2**
…in a Dhaka Slum:	**220’246 km2**



Why: Context

Indicator	Urban	Rural	Slum	Slum worse than rural %
U5MR (per 1,000 live births)	53	66	95	44%
Skilled attendent at birth	45%	19%	15%	-21%
Population using an improved sanitation facility	54%	54%	9%	-83%
Net attendence ratio in pre-school education	26%	22%	13%	-41%
Net attendence ratio in primary education	84%	81%	65%	-20%
Pupils starting Grade 1 who reach Grade 5	80%	80%	48%	-40%
Drop out in primary education	1%	1%	8%	700%
Net attendence ratio in secondary education	53%	48%	18%	-63%
Youth literacy (women aged 15-24 years)	77%	70%	51%	-27%
Adult literacy (women aged 15-49 years)	66%	48%	35%	-27%
Gender parity index in secondary education	1.08	1.18	1.26	7%
Birth registration	53%	54%	28%	-48%

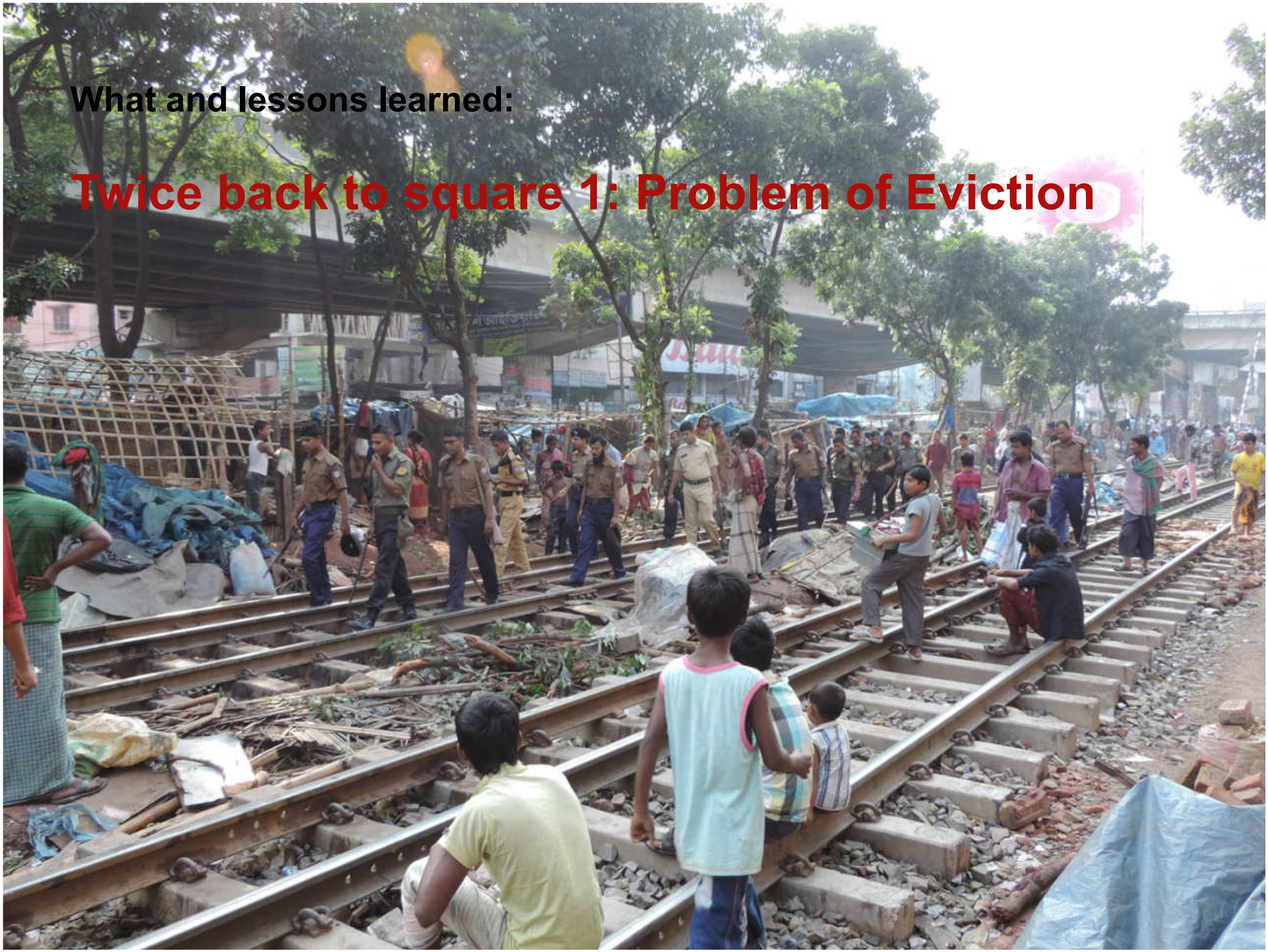


Where?

- **Selection Criteria**
  - No of households
  - Legal status / threat of eviction
  - NGO involvement
  - WASA recommendation

- **Joint field assessments of BDRCS & SRC for new slums**
  - 16 slums in downtown Dhaka and peri-urban Dhaka
  - several slums in other districts outside Dhaka

- **VCA and small baselines**
  - To assess the need…


What and lessons learned:
Twice back to square 1: Problem of Eviction

Where: 2 slums central and northern Dhaka (Gazipur and Mirpur) with around 300 HH (1500 inhabitants) each

Common characteristics:

- Waste management problem
- Lack of acceptable access to drinking water
- Regular water logging
- Drainage system not maintained
- Lack of hygienic toilets
- Average daily income around 300BDT (3-4CHF) per day
- Child labour
- Early marriage
- Lack of health awareness

What: Prioritized problems brought up during the VCA

- Scarcity of safe water
- Non-functional sanitation system
- Unplanned housing / living conditions
- Unemployment
- Child labor
- Deprivation of women's rights

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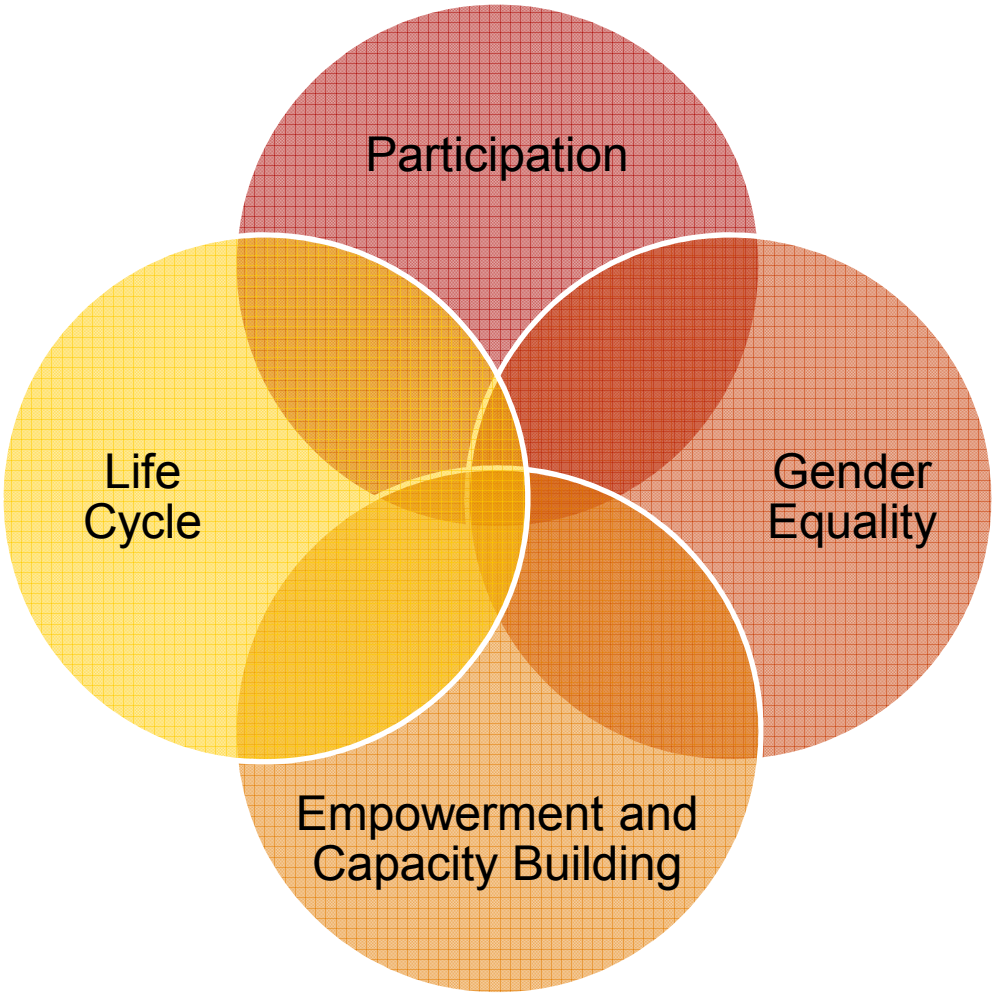
Capacities of the two slums identified in the VCA

- Experience of working with NGOs (DSK, TdH, CARE etc.)
- Community based organisations (WASH and microcredit)
- Understanding of problems and potential solutions
- Evidence of municipal support
- Basic infrastructure in place (WASH, drainage, electricity etc.)
- Basic public services are within reasonable distance

What: Baseline Results

Indicators	Pukurpar	Baganbari
No. of HH	303	342
Average size of HH	3.7	4.1
% of women (≥19 years old)	32%	26%
% of women unemployed	34.4%	46%
% of men unemployed	15.9%	35%
% of children under 18 years	36.5%	46%
% of child labour	6%	16.4%
% Dropout rate of primary school	20.5%	24.5%
% of people with disabilities	2.25%	2.25%

How: Project Approach



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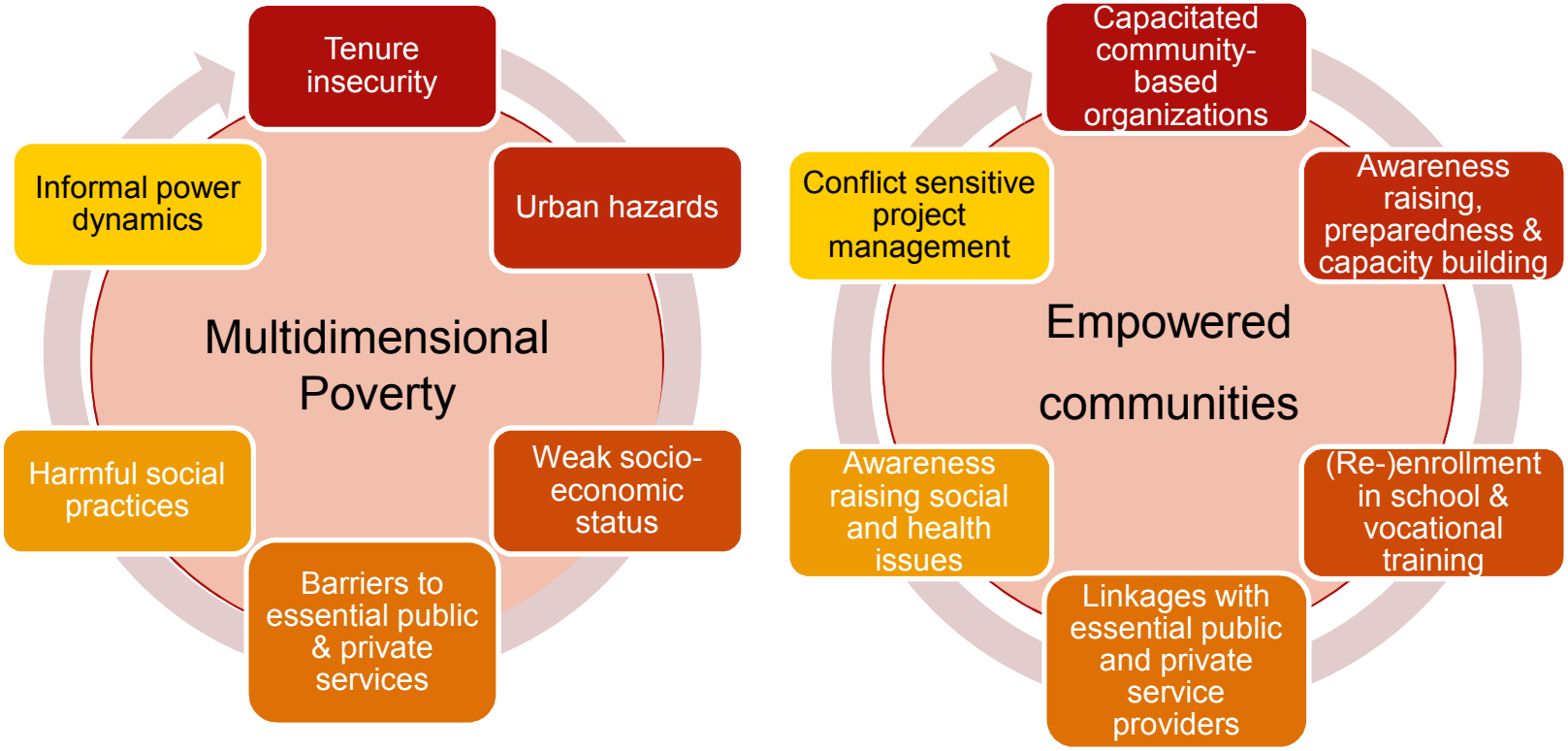
How: Vicious Cycle of multidimensional poverty



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What: Improve equitable access to essential services for all

Outcome 1: Communities are organised and equipped to claim their rights and entitlements.

- Community Management Committees (CMC) are formed and active.
- CMCs financial management systems are in place.
- Coordination mechanisms/linkages with local stakeholders are established.

Outcome 2: Specific social, individual and physical health determinants are improved.

- Communities are trained in first aid and health promotion.
- Communities have improved WASH facilities and support waste management through collaboration with the City Corporation and WASA.
- **Communities and schools are trained in DRR preparedness and hygiene.**

Outcome 3: Communities access to education and to the private labour market has improved.

- Children and adolescens are (re-)enrolled into formal education.
- Community members, with a special focus on women, have been trained and acquired new skills to contribute to the household income.

Outcome 4: BDRCS utilises its capacity to expand its engagement in urban context/development.

- BDRCS capacity is fostered in urban development work.
- Local unit is strengthened on BOCA recommendations.

Challenges: DRR - A question of labelling?

Urban hazards may not fundamentally differentiate compared to rural hazards, but the urban context – the population density, the infrastructural complexity and the social dynamics - worsens the impact for the urban poor!

We decided to:

1. Build the community's capacity (empowering)
2. Link them to (available) service providers
3. Go for a "Holistic" approach: unable to ignore certain hazards

Questions for the group: Where does DRR start, where does it end?

Especially in the slum context: How do you manage to leave certain problems aside and yet have a motivated and participating community?

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