

AN ASSESSMENT
OF
THE SLUM IMPROVEMENT PROJECT
JULY 1985 - JUNE 1988

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COMMUNITY DEVELOPMENT
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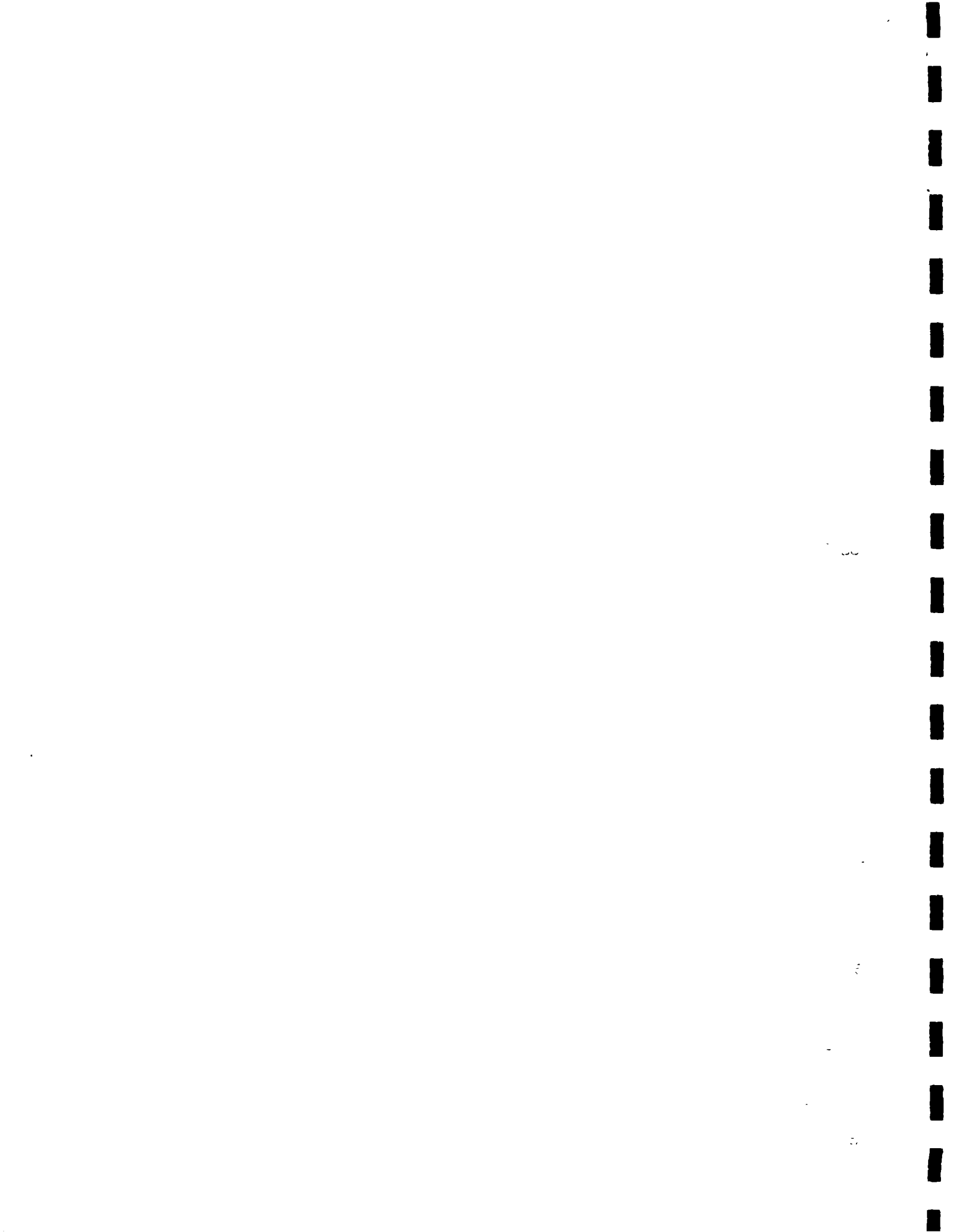
3.2 **ACTIVITIES AND TARGETS:** To meet these objectives, the following activities were planned: 1) community organisation and participation of 30,000 urban poor families through the establishment of functional committees and community-level training; 2) the improvement of the physical environment for 7100 families in five pourashavas, including providing income generation loans to 3000 women; 3) training 200 women as community health volunteers (CHVs) to provide primary health care; and 4) improving the service delivery capacity of Government (national and local).

4.0 **OVERALL EXPERIENCE:** The objectives as stated in 3.1 were achieved, on the whole, although original project targets were not met. The targets were overly ambitious for a pilot project, and it was unrealistic to expect to organize communities in 16 pourashavas/municipal corporations offering only training of community health volunteers. Eventually, the PP was revised to reflect more realistic targets.

4.10 **ASSISTING URBAN POOR:** The urban poor in five towns have worked to improve their living conditions. Although the numbers achieved (1450) do not meet the original target (7100), they exceed the revised one (1100). The organisation of these slum dwellers and their involvement in project activities was no mean feat. It is difficult to conduct surveys among the urban poor, let alone organise them into action. The original targets in the project proforma were soon recognised to be overly ambitious, if not impossible to achieve, and UNICEF and the Government agreed to focus efforts on five towns (target 7100 families) where physical improvements and income generation loans were called for, rather than on all 16 municipalities. It was also felt that organising families solely around health care would not be an easy task. (The original PP did not provide funds for physical improvements and income generation loans outside five towns of Kushtia, Sylhet, Dinajpur, Noakhali, and Mymensingh.)

The following table summarizes project achievements by activity compared to targets:

COMPONENT	TABLE TARGETS		ACHIEVEMENTS
	ORIGINAL PP	REVISED PP	
Communities organized			
No. of groups	710	110	142
No. of households	7100	1100	1450
No. of SPICs	(depends on size of slum/number of slums)		
<u>CHVs trained</u>	220	110	142
Physical improvements			
Tubewells	710	142	142
Latrines produced	7100	500	418
" installed	7100	500	196
Streetlights	254	40	13
Drains (m)	4847	1500	990
Footpath (m)	4847	2000	1728
Garbage disposal			
CI dustbins	710	110	60
Masonry dustbins	72	11	9
Pushcarts	182	22	16
Income generation loans	3000	150	114



4.20 INCREASING GOVERNMENT CAPACITY: Although there is significant room for improvement, great strides have been made in involving municipal and LGRD staff in planning and providing basic services to the urban poor. Many of the government workers had never visited a bustee before their work on SIP. SIP brought elected officials (Chairmen and ward commissioners) into bustees for site visits and meetings with slum committees; LGEB and pourashava engineers met with the poor to plan, provide technical assistance, and monitor project activities; and pourashava sanitary inspectors met with community health volunteers to assist in the provision of preventive health care.

4.21 Furthermore, the project has provided government staff with a new orientation towards social development. Previously, emphasis had been solely on physical targets and achievements, with the government providing what little it could to bustees. One of the major achievements of SIP was the introduction of the concepts of community development, organisation and participation and of social development. Although results are not seen as readily nor as quickly, many of the government workers assisting SIP now understand and appreciate the longer term benefits of community involvement. Particularly where resources are scarce, the community must be involved to ensure maintenance.

4.30 DEMONSTRATING: SIP was a successful demonstration, to both Government (national and municipal) and to other donors of the benefits of extending basic services to slums. It has stimulated the expansion of national programmes into urban slum areas as well as increased Government and donor interest and attention to the problems of the rapidly growing urban slums. The expanded national programme on immunization is moving into urban areas, as is the Vitamin A capsule distribution and nutritional blindness prevention programme. A new Water Supply and Sanitation in Urban Slums and Fringes Project will begin in July 1988. The experience provided by the Slum Improvement Project has helped in the planning of these programmes.

4.40 Based on this positive experience, the Government and UNICEF agreed to continue and expand the slum Improvement Project in the next five years.

5.0 MANAGEMENT STRUCTURE:

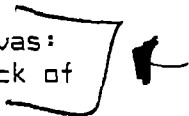

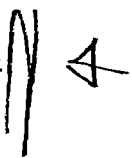

5.10 NATIONAL LEVEL COMMITTEES: Of the two national committees (Central Coordination and Central Project Executive Committees), only one has met, the interministerial Central Coordination Committee, and that has only met twice over the course of the project rather than the prescribed once every six months.

5.11 It is recommended that only one national committee, the interministerial Central Coordination Committee, be formed, to meet every six months to review progress and advise on policy.

5.12 NATIONAL LEVEL MANAGEMENT: The PP called for a Project Director (LGEB) and for the assistance of an Executive Engineer and necessary administrative staff. This was the actual management structure of the project, with the addition of a Sociologist.

5.13 It is recommended that a Project Implementation Unit be formed at LGEB HQ to manage and coordinate the project. This unit would consist of the above personnel, with the addition of an Assistant Engineer. This is necessary if the project is to expand to 20 municipalities.



- 5.21 MUNICIPAL LEVEL MANAGEMENT: In the original PP, the project management at the municipal level is the responsibility of the pourashava Chairman, with the assistance of the LGEB Executive Engineer, who is the local Project Manager. Very early on in actual implementation, it was found necessary to designate a Deputy Project Manager (DPM) who is a pourashava employee, usually an Assistant Engineer. The DPM has played an important role in project implementation.
- 5.22 Besides the LGEB XEN and the DPM, other project staff at the municipal level included the community organiser(s), Sanitary Inspectors, and Sub-Assistant Engineers. Two problems were chronic in most pourashavas: lack of interest and/or time to fulfill SIP responsibilities, and lack of coordination. 
- 5.23 The involvement of the pourashava Chairman in ensuring successful implementation cannot be overstated and is critical. He must ensure that his staff are performing their responsibilities and that coordination with other ministries (Civil Surgeon) and agencies (DPHE) occurs. However, even when the Chairman is enthusiastic, it may not be possible to properly motivate all his staff. Many of the workers do not feel that SIP work is truly their responsibility and see it as "extra" work that difficult to do. 

- 5.24 Coordination of efforts among pourashava staff and between LGEB and the pourashava is not always easy, as travel schedules and other duties intervene. But coordination and regular meetings of all project staff are essential to facilitate rapid implementation. For when implementation slows (or stops all together), the community can quickly lose interest.
- 5.25 There are no easy solutions to the above problems. Regarding motivation, continuous efforts must be made to encourage involvement. Perhaps some system of award certificates for the best pourashava or best project staff would help. SIP is the pourashavas' project: this must be stressed to all, so that SIP activities are not seen as extra work. 
- 5.26 It is recommended that, at some future time, slum improvement cells be set up in municipalities, staffed by a social scientist. This would alleviate some, if not most, of the above problems, as the job description could be tailored to requisite activities. In these early stages, the use of part-time staff is possible, but if the project activities were to continue and expand greatly, full-time pourashava staff will be required.



5.30 SLUM LEVEL COMMITTEES: A Sub-Project Implementation Committee (SPIC) was formed in each bustee, as per the PP. They are responsible for managing project activities in the bustee and most functioned quite well. The PP designated either the Ward Commissioner or a respected slum resident as Chairman of the SPIC. This was not followed in all cases, as some problems arose. In practice, we found that an elected beneficiary was the best choice, and we asked those SPICs chaired by ward commissioners to hold elections after 6 months. Otherwise, the SPIC tended to be dominated by the ward commissioner.

5.31 At least 50% of the SPIC was to be female. If bustees were small enough (50-70 households), all group leaders could be represented. However, if bustees were larger, then some decisions had to be made to make the SPIC manageable. Some guidelines were provided, but flexibility in interpreting the guidelines was allowed. This resulted in a great variety of SPICs: some were all female, some were 50% male and female, others had a majority of women with a few men.

5.32 Given the range of SPICs and the range of conditions in the various bustees, it is difficult to determine which "mix" of male/female is best. Problems were noted in the field with committees composed of all female (Kushtia: resentment by the men for not being included) and where there were a few men (Dinajpur: the SPIC chairman dominated the group). Other SPICs seem to work quite well with only a few men, e.g., Mymensingh: male SPIC chairman, majority female. The concern is to ensure that the women are not dominated and prevented from expressing themselves, while ensuring that the men do not hinder project activities.

5.33 After much discussion, it is recommended that the SPIC chairman be a beneficiary, elected by a general vote of all beneficiaries. The SPIC should be comprised of the female group leaders and representatives from the male beneficiaries, such that a ratio of no more than 1 male to every 3 females be maintained.

6.0 SELECTION OF PROJECT BUSTEES AND BENEFICIARIES

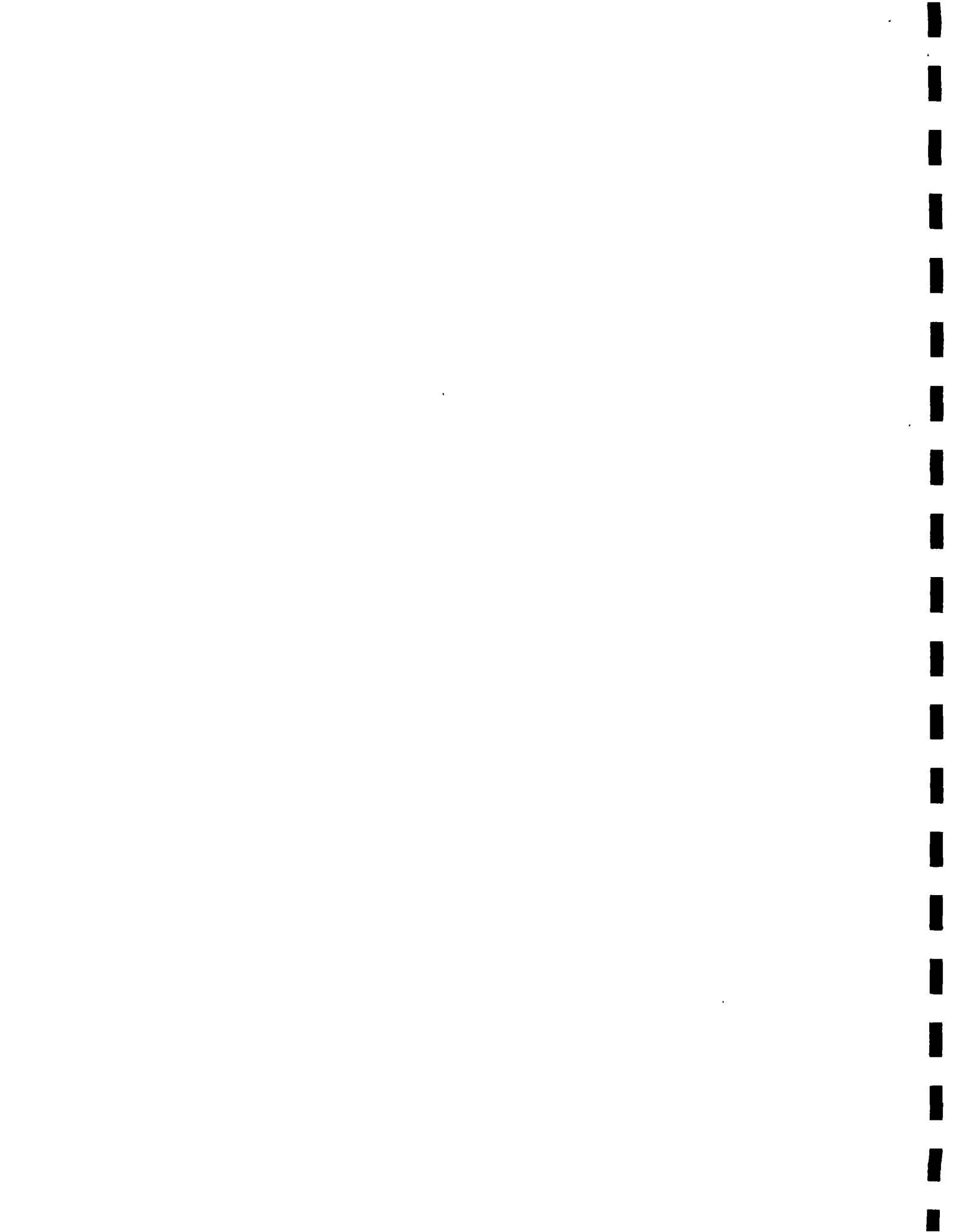
6.10 SELECTION OF BUSTEES: Criteria and guidelines for selection of project bustees were included in the PP. The criteria for selection were:

- Congested areas of high densities having a minimum of 50 poor households.
- Bustees having distinct limits.
- Bustees where the majority of people live in one-room kacha (temporary) housing and earn their living in unskilled labor.
- Bustees having grossly inadequate or non-existent water and sanitation facilities.
- Before work begins, signed land agreements must be executed with landowners.

6.11 The procedures for selection were a rapid assessment of bustees by pourashava, LGEB, and UNICEF staff, followed by a prioritization. The list was discussed with ward commissioners. The project was to be implemented at first only in one or two bustees (no more than 150 households) and would expand to new bustees once project activities were well underway.



- 6.12 In practice, the rapid assessment was performed in all pourashavas, but a complete prioritized list was not made in every pourashava until a later date (when expansion was imminent). The land agreement was a complicating factor. In Sylhet, the first bustees selected had a landlord that would not sign the land agreement, although he verbally agreed. Much time was lost as the community survey had already been conducted. So in selecting the second bustee, the willingness of the landlord to enter into a land agreement was a criteria. But even in the second bustee, the landlord signed the agreement and then broke it by evicting the trained community health volunteer and raising the rents. Work stopped in this bustee while the pourashava Chairman and ward commissioners tried to persuade the landlord (the matter is still not resolved).
- 6.13 In other pourashavas as well, the ability to secure a land agreement was an occasional obstacle. Work was easiest where the landlord was the pourashava (Mymensingh Harijan Palli), or where at least some of the beneficiaries owned their houses and land (Noakhali, Kushtia, Dinajpur). This is unfortunate as it inevitably omits the poorer bustees. However, now that the first bustees selected are implementing the project, it seems that landlords are more willing to sign the land agreement and communities are coming forward and requesting assistance.
- 6.14 In Sylhet, once difficulties regarding land agreements arose, project staff agreed to move to other bustees until the matters were resolved and funds were switched to other bustees. Thus, pressure is not necessarily maintained on the landlord to comply and the beneficiaries become discouraged.
- 6.15 Another problem in the selection was the size of many bustees. Many poor clusters are under 50 households. It is possible to group the clusters in a given area under one SPIC, as long as it is possible to develop a community feeling, e.g., the distance between clusters should not be great and they should live in the same neighborhood.
- 6.16 Politics is another factor, especially in selecting the first bustee(s). Most ward commissioners were eager to have the project in their ward, but we could only begin in one or two, which created some difficulties for the pourashava Chairmen. However, as UNICEF and LGEB were also involved in the selection and prioritization, this provided a way out for the Chairmen.
- 6.17 It is recommended that the same criteria and selection process be kept and strictly followed. While the beneficiaries must have land tenure (squatters are omitted), the ability to secure land agreements should not be a criteria. The list, once approved by the pourashava chairmen and ward commissioners, UNICEF, and LGEB, should be fixed and funds allocated to specific bustees. This allocation can be made on an annual basis, and may not be changed. Thus, if problems in securing land agreements arise, they must be resolved before the allocated funds can be spent.



6.20 SELECTION OF BENEFICIARIES: The beneficiaries were selected on the basis of income, which was derived from a community survey. The survey was conducted by the community organiser, with occasional assistance from pourashava staff. The survey was meant to provide some baseline information and to provide an opportunity for the community organiser to familiarize him/herself with the community. The basic selection criteria was household income. Originally the upper limits were set at Tk.800, but were later revised to Tk.1500/month.

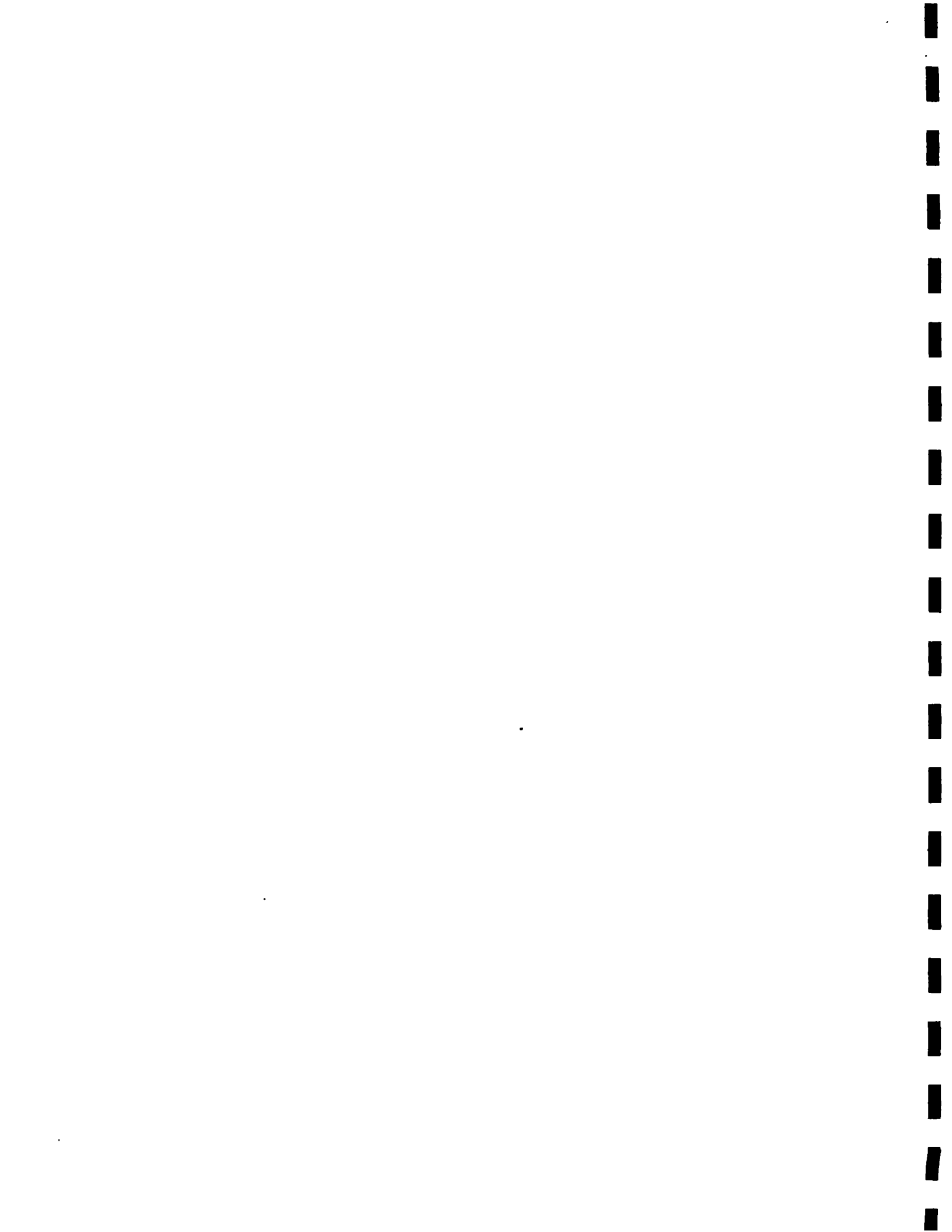
6.21 Obtaining accurate information was not easy. In Harijan Palli (Mymensingh), the respondents at first overstated the number of households as they hoped the project would provide housing. But once collections started for tubewells (Tk.43 per household), the number of households dropped to a more accurate level. There is no easy solution to this problem. The community organiser must be sensitive to the perceptions of the community and must continuously cross-check data and information.

6.23 After selecting the beneficiaries, a summary sheet was supposed to be prepared after compiling the data. This was a time-consuming process that was often long delayed. Headquarters has not received all summaries of baseline surveys.

6.24 In some bustees, all inhabitants were beneficiaries (Harijan Palli). In others (Kushtia), there was a more usual mix of middle income and poor: only the poor were included in project activities. Even with the criteria, those households with a slightly higher income or more possessions tend to dominate, and end up receiving more of the project benefits.

6.25 It is recommended that the same criteria be kept (household income of Tk.1500 or less) and strictly followed. The same method of selection (baseline survey) should also be continued. Project funds may be used to assist in the data compilation and preparation of the summary sheets to expedite their receipt by headquarters. Headquarters should also receive a list of project beneficiaries (including household income).

7.0 COMMUNITY ORGANIZATION AND PARTICIPATION The organization of communities and their participation in all project activities is fundamental to the success of SIP. Community organization is the first and most crucial step. The concept of community organization and participation is, at the same time, most foreign to government staff. Just as the actual organization of communities is a lengthy process, so is the understanding and appreciation of the concept by government workers. This understanding is also critical to the success of the project. The process is made more difficult, because the benefits are not immediately evident, nor do the professional training and work background of pourashva staff prepare them for social development projects.



7.10 COMMUNITY ORGANIZATION: Insufficient attention and funds were given to this component in the PP. When the PP was written, it was assumed that pourashava staff would be the community organizers and funds were allotted only for the baseline surveys. Once field visits were made to identify staff who could act as organizers, it was evident that pourashava staff had neither the time, background, training nor motivation to organize communities. In order to facilitate implementation, it was agreed that the cooperation of local NGOs be sought. NGOs in four pourashavas were identified who were willing to provide one experienced community organizer each for the life of the project. Project funds would support this worker, first paid directly by UNICEF and later channeled through the pourashava. Supervision would continue to be provided by the NGO. In one pourashava, Kushtia, we were unable to find a suitable NGO and used an LGEB staff member.

7.11 This had its advantages and disadvantages, though the former definitely outweighed the latter. With experienced organizers, work could begin sooner than if new recruits had to be trained. Working with the NGO worker would help the municipal and government workers better understand the concept of community organization and participation. The disadvantages were the occasional adversarial relationships between NGOs and pourashavas, which had to be mediated by UNICEF. NGOs and government rarely work together and mutual mistrust had to be overcome. Both have very different approaches and methods. Plus, coordination became more of a problem.

7.12 In the beginning, there were no guidelines or methodology for organizing the community, other than first conducting the baseline survey, and then the organizing of female (10 members each) and male groups before forming the SPIC. More informal guidelines developed once work got underway in Mymensingh (work began there about six months before the other pourashavas). But each NGO had its own slightly different approach and 3 were rural-based and unfamiliar with urban slums.

7.13 Shortly after community organizers were identified in all pourashavas, a workshop was held in Dhaka to orient community organizers to SIP, to discuss problems of organizing in urban slums, and to develop a common approach and methodology. Steps in community organizing were identified and later a videotape (based on the Mymensingh project) was made.

7.14 The basic groups of the project were the female groups of approximately 10 women each, who selected a community health volunteer, a group leader, and a group secretary. The men were to be organized in some fashion, though it was not necessary (nor desirable) to organize them into small groups. Before any organizing began, however, one or two meetings were held with the community, the pourashava chairman and ward commissioners to discuss the project.

7.15 Organizing the groups required a focus of activity, such as providing tubewells (Mymensingh) or weekly savings (Dinajpur, Kushtia). Not all groups formed at once. Some were more reluctant to join until there was some physical achievement or benefit. It is easiest to form groups on the basis of geographic clusters, though this caused problems in Mymensingh when mixed caste groups were formed. Project staff had to be very firm in ensuring that all members of the "mixed" group had equal access to the group tubewell.



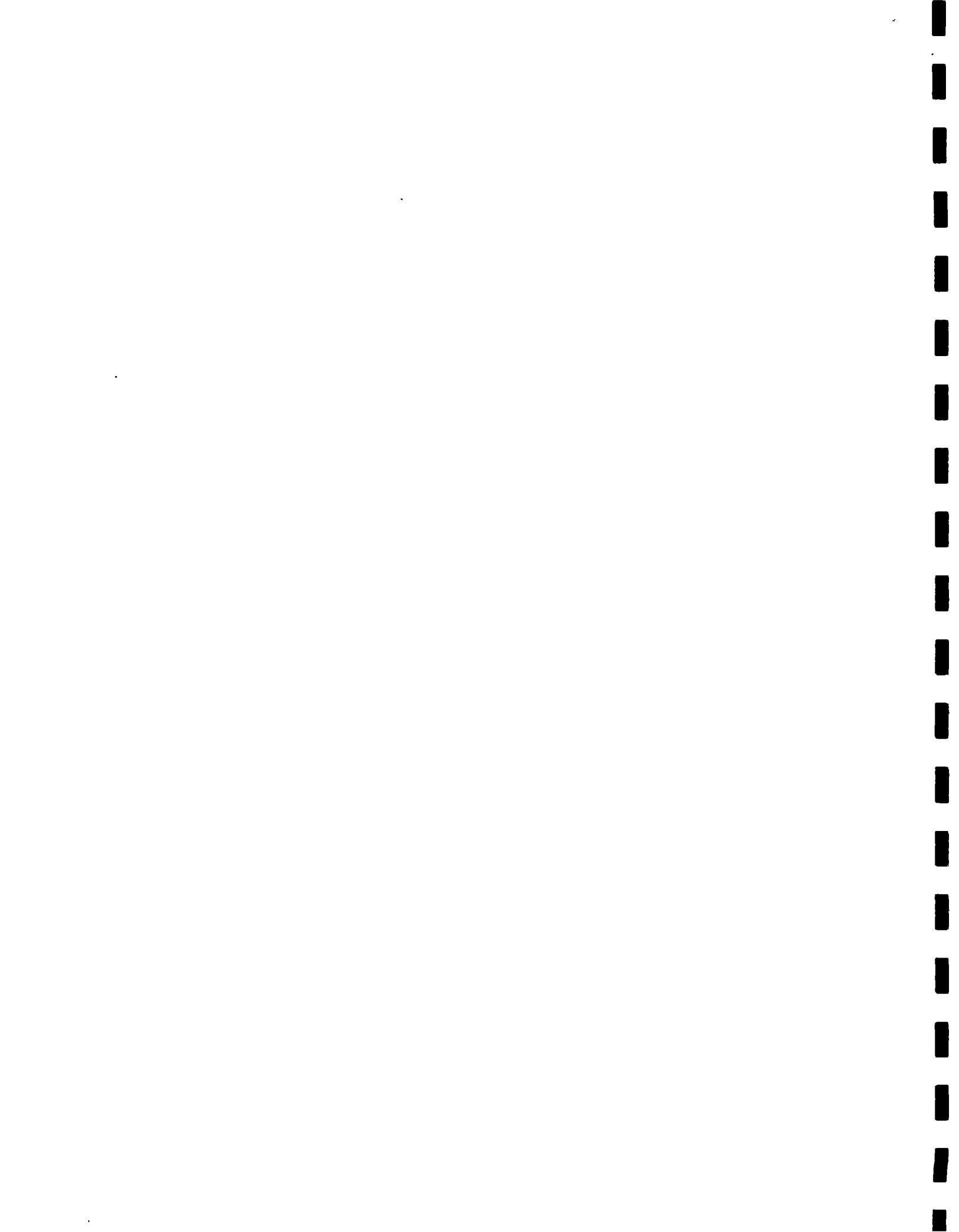
- 7.16 As the project expanded in pourashavas, more community organizers were required. It was agreed that additional organizers be hired by the pourashava, using project funds. The pourashava would identify candidates to be interviewed by a panel consisting of the pourashava Chairman, the Project Manager, the community organizer (if one is already working), and a UNICEF zonal officer. It was strongly suggested that the second community organizer be of the opposite sex to the senior (NGO) organizer. On-the-job training would be provided by the senior community organizer and the project would fund additional training if necessary.
- 7.17 Other problems/issues related to the community organizer which arose were reimbursement for transportation costs or the provision of bicycles and the role of the community organizer. The project agreed to pay salary and transportation costs to community organizers and provided one bicycle. The community organizer, being an employee in a sense of both the NGO and the pourashava, had to perform a difficult balancing act at times. By training and background the organizers were inclined to identify closely with the communities and treat the pourashava as an adversary. This was occasionally reinforced by the attitude of pourashava staff toward the project: many considered it of minor importance and were slow to respond to the requests of the communities.
- 7.18 The general guidelines for forming the SPIC were that the Chairman would be either a ward commissioner or a respected slum member and that at least 50% of the members be female. In implementation, more guidance was needed. Some SPIC chairmen were elected, others were ward commissioners: all were male. Some SPICs were all female (except for the chairman); others were half male and female; others had a majority of women. SPICs also functioned quite differently: in some, the women were quite vocal; in others the chairman dominated the group; and the men in the community with the all female SPIC felt excluded from project activities.
- 7.19 The project aims to develop the capacity of women to participate in project activities and so it is important to ensure that the women actively participate in the SPIC. At the same time, given the general status of women, the support of the male beneficiaries must be secured.
- 7.20 It is recommended that local, experienced (if possible) community organizers be hired by the municipalities and trained by a local NGO/training institute. The final selection will be made by a panel consisting of the pourashava Chairman, Project Manager, a community organizer (if one is already working), and a UNICEF zonal officer. Training should involve both classroom and on-the-job training. The salaries of the organizers would be paid in full by the project for 3 years and in part for an additional two years (half salary). The pourashava would pay the other half for the two years. After 5 years, the community organizers would become pourashava employees. Bicycles should be provided for males (and for women if they will use them) and transportation costs for females.

It is also recommended that general community meetings be held at the beginning of the project with the pourashava Chairman, ward commissioners, Project Manager, Deputy Project Manager, and community organizers. These meetings should be held in the community to ensure greater participation. The communities should be organized into groups of 10-15 females and larger groups of men. The female groups would meet weekly to conduct project activities. The male groups would meet less frequently (once a month) to discuss and be informed of project activities. The beneficiaries (both men and women) would elect a



Chairman, who would sit for two years. Succeeding elected Chairmen would have one year terms. The SPIC should include no more than 16 members. If possible, all female group leaders should be members of the SPIC and male representatives should be selected by the male group(s). Male SPIC members will be limited in number such that they do not exceed the ratio of one male to every 3 females.

- 7.21 COMMUNITY PARTICIPATION: On the whole, the level of participation was quite high, both of women and men. The minimum level of participation was clearly stated in the PP and succeeding guidelines: Group leaders and CHVs were to be selected; funds collected for tubewells and latrines, physical labour provided for latrines (pits), drains, and footpaths (earthworks). The SPICs were to be involved in selecting contractors, and in handling funds. The communities were to be involved in planning and site selection of all physical improvements.
- 7.22 Community involvement was made more difficult when the communities articulated priorities which were beyond the scope of the project. Some could be addressed, others, most notably housing, could not. This highlighted a basic inconsistency in the project: as a centrally planned project, SIP was trying to respond to the need of quite varied communities. To put it another way, SIP was a top-down project attempting to be community-based. A basic principle of community development projects is that one must respond in some way to the felt needs of the community, and that the response should be fairly immediate. This SIP was not able to do. While we encouraged the community to discuss and develop solutions to their own problems and occasionally assisted in meeting these needs (community centre, adult literacy training), we failed to address the most frequently mentioned problem of housing.
- 7.23 In some cases, collecting community contributions was very difficult. In others, contributions were accepted from one individual on behalf of the group (contrary to guidelines). Unskilled labour was usually forthcoming. The communities were involved in planning the physical improvements, but there were fairly consistent problems in devolving financial control from the pourashava to the SPIC. The pourashavas invariably had reservations about the capability of the SPICs to handle funds, but money was eventually deposited in SPIC accounts.
- 7.24 Sometimes community participation was not complete, in the sense that decisions were made by the entrenched power structure: tubewells were bought privately and not by the group; income generation loans went to the better off women and not to the neediest; less powerful castes or women were ignored. In these cases, the vigilance and perseverance of the community organizer to work with the groups and ensure full participation is essential. Project staff must visit the community frequently to become aware of the various problems that arise, so that a quick response can be made. Mymensingh had problems not only with its mixed caste groups (lower caste was not allowed to use the tubewell they had contributed to at first), but also with new residents moving into Harijan Palli. These were sweepers instructed to move by the pourashava, who were treated as unwelcome intruders and harassed. The community organizer and SPIC chairman had to work to integrate them into the community and the project. || *



7.4 It is recommended that a block grant fund be created to provide some flexibility in responding to community priorities beyond set project components. This fund will be used only for schemes which benefit the entire community, e.g. community centres. Communities must bear any recurring costs such as maintenance. Community organizers and other project staff must be committed to the principle of full community participation and work together to achieve it.

8.0 PHYSICAL IMPROVEMENTS

8.10 TUBEWELLS: Out of the original target of 710, 142 tubewells were installed. There was no national tubewell programme in urban areas and so procedures were developed in Mymensingh, the first project site. Most followed the guidelines and procedures. Tk.500 was to be collected from the group, to be deposited in the pourashava project account. Materials were collected by the beneficiaries from DPHE and the pourashava/LGEB/DPHE were to provide technical supervision of local contractors selected by the beneficiaries. The project would pay the cost of installation. One caretaker would be trained per tubewell. In some pourashavas, the pourashava selected the contractors with varying degrees of supervision. The beneficiaries were not always aware of installation procedures and could not therefore ensure proper compliance. This resulted in difficulties in Noakhali, where the contractors used one instead of three bags of cement. Caretaker training was delayed in all pourashavas: in many cases this was due to the unavailability of wrenches from DPHE, and in some due to lack of expertise.

8.11 Tubewells are perhaps the most generally valued and direct benefit to the slum dwellers. Therefore, it is very important to implement this component correctly.

8.12 It is recommended that, wherever possible, SIP use the UNICEF-assisted Water Supply and Sanitation in Urban Slums and Fringes Project, following its procedures and guidelines. SIP may provide an additional subsidy, as it is working only with the urban poor.

8.20 SANITARY LATRINES: Out of the original target of 7100 latrines, 418 double pit latrines were produced, and 196 were installed. The original target was impractical, given the constraints of slum space. Most bustees do not have sufficient space for one latrine per household. The ratio was later modified to one latrine per three households. Latrine production centres were set up in each pourashava. Quality varied and the latrines remain expensive. The required TK.500, even when split among three families, was still an inhibiting factor. People were content with the service latrines, rather than spending money on a sanitary latrine. In some cases, the latrines were installed, but not used for lack of a superstructure. Some beneficiaries were trying to save Tk.1000 to construct a pucca superstructure far superior in quality to their house. Very few were willing to put up a kacha superstructure.

8.21 To facilitate the use of the latrines, the project agreed to provide cement and labour for the superstructures, if the beneficiaries provided the bricks. This has worked satisfactorily in some bustees, but in others, the beneficiaries have not yet supplied the bricks.



- 8.23 It is recommended that SIP, wherever possible, refer beneficiaries to the Water Supply and Sanitation in Urban Slums and Fringes Project, following their procedures and guidelines. The beneficiaries would purchase the latrine components, dig the pits, and be responsible for the superstructure. SIP would subsidize the installation cost.
- 8.30 REFUSE DISPOSAL: The original targets were 72 masonry dustbins, 710 CI dustbins, and 182 pushcarts. To date, 9 masonry and 60 CI dustbins have been provided, along with 16 pushcarts. The CI dustbins are not well utilized and seem to be too large, occupying too much space. Only one pushcart per concrete dustbin is needed.
- 8.31 It is recommended that fewer CI dustbins and pushcarts be provided. Dustbins should only be provided if the community has expressed a desire to have them and if they have discussed how they will be used and emptied.
- 8.40 STREETLIGHTS: Streetlights were to be provided for 7100 families. To date, only nine streetlights have been installed. This is due to a lack of suitable structures or poles. As the project only provides lights, they cannot be installed unless there is something to put them on. Only in Mymensingh's Harijan Palli were poles present, and even then, the project had to pay for their repair and reinforcement. Specifications for low cost poles are being developed. The long-life tubular lights proved impractical as the shifts in pourashava power supply fused them frequently.
- 8.41 It is recommended that funds be provided for streetlights and poles, and that only incandescent bulbs be used.
- 8.50 DRAINS AND FOOTPATHS: The project provided for 16,000 rft each of open drains and 0.91m wide footpath. 990 m of drains and 1728 m of footpaths have been constructed. Footpaths have a very visible impact on the physical environment and drains are important in environmental hygiene. Unfortunately fund constraints limited the amount of drains and footpaths allotted to each bustee. In some cases, footpaths stopped short of tubewells or did not reach all parts of the bustee. Drains sometimes led nowhere or into an adjacent (non-project) bari, transferring the same problem to another area. Maintenance of drains was sometimes lacking.
- 8.51 It is recommended that more attention be paid to the technical problems in planning drains and footpaths by the pourashava and LGEB engineers. If there is not sufficient footage to adequately provide drains and footpaths in a community, other options should be explored, e.g., not all communities may need both or any and the block grant fund could be used to extend footage if the community wishes. Furthermore, the communities should discuss and develop a plan for their maintenance before work begins. The community must contribute labour for the basic earthworks.



- 9.0 PRIMARY HEALTH CARE The original PP called for the nomination and training of 200 community health volunteers (CHVs) in the 20 municipalities. The CHVs were to be predominantly female and each would be responsible for the health of 150 families. The CHVs would be supervised by municipal health staff and would receive training in primary health care. They would also have 6 medicines available and would keep records. Incentives were to be arranged.
- 9.01 Given the voluntary nature of their work, and because most of the CHVs were illiterate, one CHV was trained from each female group, for a ratio of one CHV per 10 households. No drugs were distributed after training, although some medicines (e.g., benzyl benzoate) were arranged locally in Mymensingh through the Civil Surgeon in response to a request from the community.
- 9.02 A total of 142 CHVs were trained in the pourashavas. Efforts were made to develop a liaison with the Civil Surgeon in most pourashavas and to ensure that appropriate referrals were made. An immunization campaign was carried out in Harijan Palli, Mymensingh and in Kushtia; children and women were encouraged to be immunized at local clinics. A chronic problem was lack of funds, either for medicines or for transportation to clinics. In many cases, people were reluctant to go to clinics because of previous bad experiences and the pourashava staff could play important roles in facilitating referrals. In Kushtia, the pourashava Chairman played a strong role in ensuring treatment by following up with his staff (staff members accompanied people to the hospital).
- 9.10 SELECTION OF CHVS: CHVs were to be married female members of the groups, between the ages of 18 and 45 years. They were to be motivated individuals, willing to provide voluntary services, and, if possible, mothers and literate. The CHVs were to be selected by the groups and approved by project staff to ensure that the criteria were followed.
- 9.11 Overall, the selection criteria were followed quite closely given the constraints imposed by the beneficiaries. Most were not literate as few slum women are literate. An honorarium was provided for training.
- 9.12 It is recommended that the same selection process and criteria be continued. The CHVs will be selected by the beneficiaries, following the criteria. The Project Manager, Deputy Project Manager, and community organizer will review and give final approval. The UNICEF zonal officer will also review the selection on a random basis.
- 9.20 TRAINING OF CHVS: The training was conducted in the pourashavas by female trainers from Concerned Women for Family Planning (CWFP). The curriculum followed was developed by UNICEF in consultation with five training institutions (including CWFP). The training took four weeks, conducted in two phases. Later training was conducted in three phases of 10 days each. It was a conscious decision to train only in the pourashava, as it was felt that the slum women would feel more comfortable and it would be less disruptive to their lives. On-site training had its advantages and disadvantages. More women could participate who may otherwise have found it difficult to leave their homes for weeks at a time, especially mothers with small children or who were employed (e.g., sweepers). Disadvantages were the distractions from families, husbands and children, and the occasionally cramped quarters.

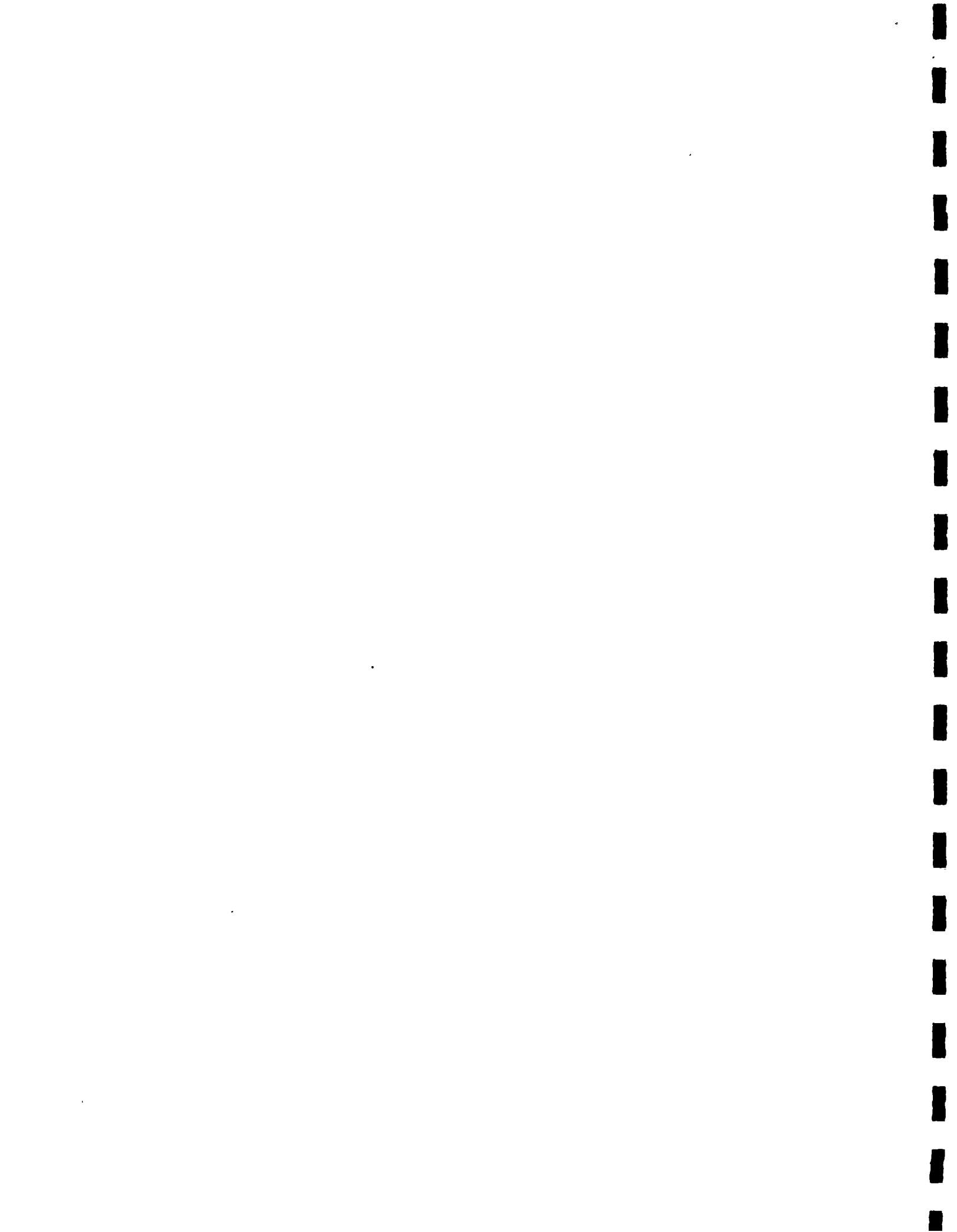


The trainers had to have a great deal of flexibility and high tolerance level. Female trainers were a definite plus, both because of their empathy and because they provided role models.

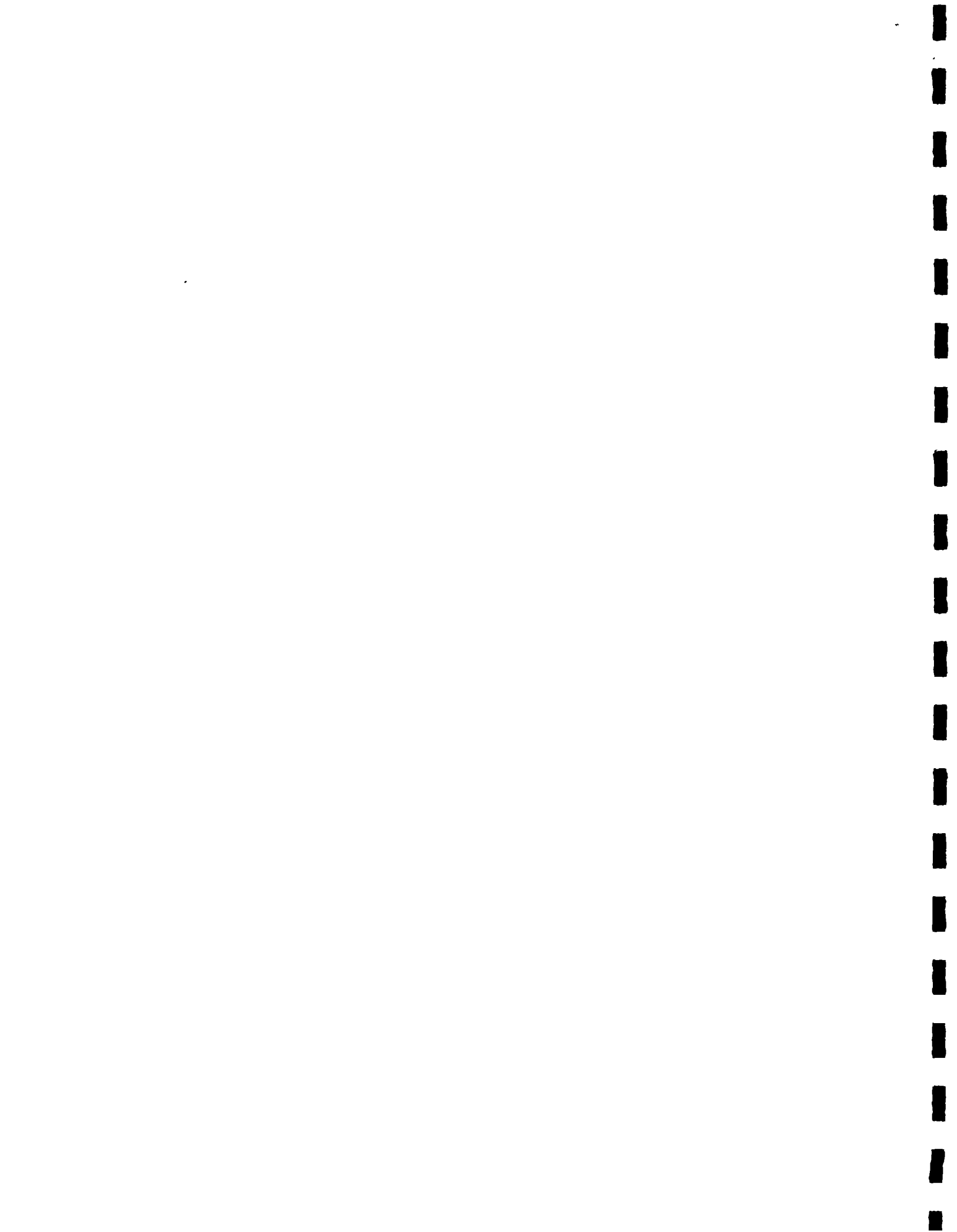
- 9.21 The training manual itself was not finalized, but continued to be revised somewhat during training, as some methods did not work with illiterate women. Growth monitoring was not originally included because the growth chart was not available, nor had a decision been made on the most appropriate scale. It was to be added at a later date. As medicines were not provided, their use was discussed where appropriate in the curriculum, but they were not discussed at great length.
- 9.22 It is recommended that all elements of primary health care be included in the project. Growth monitoring will be added to the training, as well as the provision of basic medicines. This will be phased in after a management system is developed to support the provision of basic medicines. Given the increased responsibilities of the CHVs, they should receive some remuneration from the project. Such support would be phased out so that the community will be able to sustain them after project assistance ends.
- 9.30 MONITORING AND RECORDKEEPING: This was a major weakness. The records developed were not designed for use by illiterate women, and were not adequately maintained by most CHVs. Some were quite resourceful in obtaining assistance from literate family members or neighbours, but the overall quality of records was poor. In some cases, the supervisors assisted, but most did not have the time, nor did they think it important enough to make the time. Work is underway to develop a monitoring system for use by illiterate CHVs. The monitoring of the use of medicines will also be added.
- 9.31 SUPERVISION has been a problem, as pourashava staff feel the monitoring of CHVs is an extra added burden. Many are reluctant to visit the bustees on a regular basis and have to be oriented in how to relate to slum women. A two week training course was given, but more time could be used. Primary health care is a new area for pourashava staff. Assistance has been sought on occasion from the Civil Surgeon, many of whom have been quite cooperative. Regular coordination and support of the CHV activities needs to be set up with the Civil Surgeon's office. The Civil Surgeon's staff usually do not work in the pourashavas, and the pourashava staff have no experience in primary health care.
- 9.32 It is recommended that a monitoring system for use by illiterate CHVs be developed and implemented, to include monitoring pregnant women, children under the age of 2, growth monitoring, incidence of diarrhoea, and use of medicines. Literacy training for CHVs should be provided to assist them in recordkeeping.
- 9.33 It is also recommended that strong linkages between the Civil Surgeon and pourashava health staff be developed and maintained. The assistance of the Civil Surgeon's office in supporting the work of the CHVs should be secured by the pourashava. To reduce the workload of the CHV supervisors and in light of the proposed remuneration of CHVs (to be changed to Community Health Workers - CHWs), the ratio of CHWs to households should be increased to 1 CHW for every 50 households.



- 9.40 CHV PERFORMANCE: The performance of the CHVs is directly related to the degree to which they are supported and supervised. Their most generally notable impact has been on the improved cleanliness of the environment. In a few bustees they have assisted in immunizing women and children. But in too many bustees, obviously diseased and/or malnourished children remain with little efforts by the CHVs to address their problems. In Balubari, Dinajpur, a CHV died in childbirth, malnutrition was a possible factor.
- 9.41 It is recommended that adequate support (from Civil Surgeon) and supervision (from pourashava) be provided. Weekly visits by supervisors are necessary.
- 9.50 INCENTIVES: The incentives provided included training in health care, honorariums during training, literacy training (upon request by the community in Mymensingh, Noakhali, Dinajpur, Kushtia), preference in receiving an income generation loan, and a reduced interest rate (5% rather than 15%). The psychological incentives of improved self-image, self-confidence, and status in the community should not be ignored.
- 9.51 At different times, however, CHVs in all of the pourashavas have requested remuneration. As their work was supposed to be voluntary and their workload purposefully kept small, no remuneration was provided. Instead they received incentives, as stated in 9.51.
- 9.52 It is recommended that CHVs receive monetary remuneration for their services. No other incentives except preference in receiving income generation loans will be given. This will increase their accountability to the SPIC: if they are not satisfactorily performing their duties, they will not be paid.
- 10.0 INCOME GENERATION This project activity was the last to be implemented as it was an area where little experience exists. All of the major programmes in this field (e.g., Grameen Bank, BRAC, Proshika) are rural-based and cannot move into urban areas. After visiting some of these projects and reviewing their procedures and success rates, it was agreed to adapt the Grameen Bank model to urban areas. Procedures had to be simplified, as the available administrative personnel in SIP are limited. This activity is currently underway in four of the five pourashavas, but is still too new to be adequately assessed.
- 10.10 Procedures and records are still complex and require much time from the community organizer. This presents a problem when the project expands, and the community organizer is needed elsewhere. At some point, the community (SPIC) must take over the entire responsibility for implementing the project.
- 10.11 A common problem is in identification of schemes. Most of the women need help in assessing money-making schemes. An attempt was made to work with BSIC in Dinajpur, but the women rejected the schemes suggested. Social constraints on women in some areas are severe. For example, in Harijan Palli, women cannot sell cooked food items and find it difficult to market any products outside their own community.



- 10.12 The guidelines were not always followed. In Mymensingh's Harijan Palli, women were given the maximum amount, even though they needed far less, which increases the likelihood of default. In other communities, the better-off women received loans first (the guidelines say the neediest should receive preference). This is a complicated situation, because groups were reluctant to give the money if they felt women, e.g., poor women, would have a hard time re-paying the loan. The guidelines state that new loans will not be given unless the first loans are being regularly re-paid.
- 10.13 It is recommended that the procedures be reviewed and stream-lined, if possible. Some assistance, perhaps under contract from a consultant, should be provided to groups in identifying income generation schemes. Some steps should be taken to ensure that the better-off are not always the first benefited by loans. Perhaps the first loanees could be selected by lots, which would at least ensure a fair chance to all.
- 11.0 MONITORING AND REPORTING (HEADQUARTERS-FIELD, FIELD-HEADQUARTERS)
Chronic difficulties afflicted the project in this area. Headquarters staff had a very difficult task in extracting quarterly workplans, progress reports, and vouchers from the pourashavas. The local project staff, in turn, complained about delays in receiving funds, and in lack of information. Communication is an area with much room for improvement on all parts.
- 11.10 MONTHLY REPORTS: These are required by the Ministry, and should be supplied in a given format. Forms are mailed to the pourashavas monthly, with follow-up phone calls where necessary. As these are beyond the purview of the project to change, no recommendations are made.
- 11.20 QUARTERLY WORKPLANS AND PROGRESS REPORTS: Six monthly workplans and progress reports are required by Government and UNICEF. They form the basis for the release of funds by UNICEF to the project. Because the project was new, it was decided to require quarterly reports. The reports were to be prepared and sent to headquarters by the 20th of the preceding month. The receipt of a workplan and progress report by the 1st of the new quarter was a very rare occasion. Reports were more likely to be received one to three weeks late, and were incomplete all too often, requiring phone calls to compile the requisite information.
- 11.21 The format was provided by UNICEF and some training was provided to Project Managers and Deputy Project Managers. The procedures were to have a separate draft workplan and progress report prepared by each pourashava in consultation with project staff, especially the community organizer. These workplans and progress reports were to be signed by the pourashava Chairman, Project Manager, and UNICEF zonal officer. UNICEF zonal representatives were to assist in the preparations, though many times they were unable to do so.
- 11.22 It was difficult, especially in the early stages, to set realistic targets, and the problems encountered in the field were many, ranging from weather to political disturbances to other demands on the project staff. Headquarters compiled the workplans and occasionally changed targets, most frequently revising them downwards, and sometimes had to fill in blanks where no information was provided. Sufficient explanation was not always given, which led to misunderstandings.



- 11.23 It is recommended that the overall workplan be compiled with the direct assistance of all Deputy Project Managers at quarterly meetings. The project staff would prepare a draft workplan and progress report before coming to Dhaka to attend a joint planning session at headquarters. The consolidated quarterly workplan and progress report will thus be jointly prepared by all project managers and headquarters staff.
- 11.30 FINANCES: All funds are released by UNICEF to the Project Manager-HQ on the basis of the quarterly workplan. The Project Manager-HQ then releases requisite amounts for each project activity to the pourashavas. The pourashava uses the advances to fund project activities, either through direct payment, or indirectly through the SPICs. Vouchers for activities completed are then submitted by the pourashava to the Project Manager-HQ, who checks them before submitting them to UNICEF.
- 11.31 Per UNICEF accounting procedures, all advances should be liquidated within 90 days. Advances not liquidated after 180 days are considered "C" category and further advances for that activity should not be released.
- 11.32 Pourashavas were slow in submitting vouchers, and occasionally they were incorrectly submitted and had to be returned. The situation improved somewhat, but currently 43% of the advances (11% of the total funds advanced) are in "C" category. This has been repeatedly called to the attention of the Project Manager-HQ and to the individual pourashavas, as well as to the Joint Secretary-LGD.
- 11.33 Some pourashavas are relatively prompt in submitting workplans, progress reports, and vouchers. Unfortunately, they are penalized by the consolidated workplan and financial system: unless workplans are received from all pourashavas, the workplan and consequently release of funds is delayed for all. Similarly, if vouchers for a particular activity are not submitted by all pourashavas, all may suffer from non-release of funds, even if some have correctly submitted their vouchers.
- 11.34 It is recommended that necessary actions be taken to facilitate preparation of the consolidated quarterly workplans and progress reports, as well as the prompt liquidation of advances in order to ensure that finances are provided and accounted for in an expeditious manner. The receipt and liquidation of advances should not be an impediment to project implementation.
- 11.35 Specific recommendations are:
- To facilitate release of funds, a joint meeting of all deputy project managers and headquarters staff (including UNICEF) be held quarterly in Dhaka with the Project Manager-HQ and the UNICEF urban officer. Deputy project managers would prepare a draft workplan and progress report for their respective pourashava and bring that with them.
- To facilitate liquidation of advances, deputy project managers would bring all vouchers with them to the quarterly meetings, if they had not been sent earlier. Each pourashava must submit vouchers at least once a quarter.



LIST OF RECOMMENDATIONS

Management Structure

- 1.0 Only one national committee will be formed, the interministerial Central Coordination Committee, to meet every six months to review progress and advise on policy.
- 1.1 A Project Implementation Unit will be formed at LGEB HQ to manage and coordinate the project. This unit would consist of the above personnel, with the addition of an Assistant Engineer. This is necessary if the project is to expand to 20 municipalities.
- 1.2 At some future time, slum improvement cells should be set up in municipalities, staffed by a social scientist. This would alleviate some, if not most, of the above problems, as the job description could be tailored to requisite activities. In these early stages, the use of part-time staff is possible, but if the project activities were to continue and expand greatly, full-time pourashava staff will be required.
- 1.3 The SPIC chairman is to be a beneficiary, elected by a general vote of all beneficiaries. The SPIC should be comprised of the female group leaders and representatives from the male beneficiaries, such that a ratio of no more than 1 male to every 3 females be maintained.

Selection of Project Bustees and Beneficiaries

- 2.0 The same criteria and selection process for project bustees followed in the first phase will be kept and strictly followed. While the beneficiaries must have land tenure (squatters are omitted), the ability to secure land agreements should not be a criteria. The list, once approved by the pourashava chairmen and ward commissioners, UNICEF, and LGEB, should be fixed and funds allocated to specific bustees. This allocation can be made on an annual basis, and may not be changed. Thus, if problems in securing land agreements arise, they must be resolved before the allocated funds can be spent.
- 2.1 The same criteria for selection of beneficiaries will be kept (household income of Tk.1500 or less) and strictly followed. The same method of selection (baseline survey) should also be continued. Project funds may be used to assist in the data compilation and preparation of the summary sheets to expedite their receipt by headquarters. Headquarters should also receive a list of project beneficiaries (including household income).

Community Organization and Participation

- 3.0 Local, experienced (if possible) community organizers are to be hired by the municipalities and trained by a local NGO/training institute. The final selection will be made by a panel consisting of the pourashava Chairman, Project Manager, a community organizer (if one is already working), and a UNICEF zonal officer. Training should involve both classroom and on-the-job training. The salaries of the organizers would be paid in full by the project for 3 years and in part for an additional two years (half salary). The pourashava would pay the other half for the two years. After 5 years, the community organizers would become pourashava employees. Bicycles should be provided for males (and for women if they will use them) and transportation costs for females.



- 3.1 General community meetings are to be held at the beginning of the project with the pourashava Chairman, ward commissioners, Project Manager, Deputy Project Manager, and community organizers. These meetings should be held in the community to ensure greater participation.
- 3.2 The communities should be organized into groups of 10-15 females and larger groups of men. The female groups would meet weekly to conduct project activities. The male groups would meet less frequently (once a month) to discuss and be informed of project activities.
- 3.3 The beneficiaries (both men and women) would elect a Chairman who would sit for two years. Succeeding elected Chairmen would have one year terms. The SPIC should include no more than 16 members. If possible, all female group leaders should be members of the SPIC and male representatives should be selected by the male group(s). Male SPIC members will be limited in number such that they do not exceed the ratio of one male to every 3 females.
- 3.4 A block grant fund will be created to provide some flexibility in responding to community priorities beyond set project components. This fund will be used only for schemes which benefit the entire community, e.g. community centres. Communities must bear any recurring costs such as maintenance. Community organizers and other project staff must be committed to the principle of full community participation and work together to achieve it.

Physical Improvements

- 4.0 Wherever possible, SIP will use the UNICEF-assisted Water Supply and Sanitation in Urban Slums and Fringes Project, following its procedures and guidelines. SIP may provide an additional subsidy, as it is working only with the urban poor.
- 4.1 SIP, wherever possible, will refer beneficiaries to the Water Supply and Sanitation in Urban Slums and Fringes Project, following their procedures and guidelines. The beneficiaries would purchase the latrine components, dig the pits, and be responsible for the superstructure. SIP would subsidize the installation cost.
- 4.2 Fewer CI dustbins and pushcarts will be provided. Dustbins should only be provided if the community has expressed a desire to have them and if they have discussed how they will be used and emptied.
- 4.3 Funds will be provided for streetlights and poles, and only incandescent bulbs be used.
- 4.4 More attention must be paid to the technical problems in planning drains and footpaths by the pourashava and LGEB engineers. If there is not sufficient footage to adequately provide drains and footpaths in a community, other options should be explored, e.g. not all communities may need both or any and the block grant fund could be used to extend footage if the community wishes. Furthermore, the communities should discuss and develop a plan for their maintenance before work begins. The community must contribute labour for the basic earthworks.



Primary Health Care

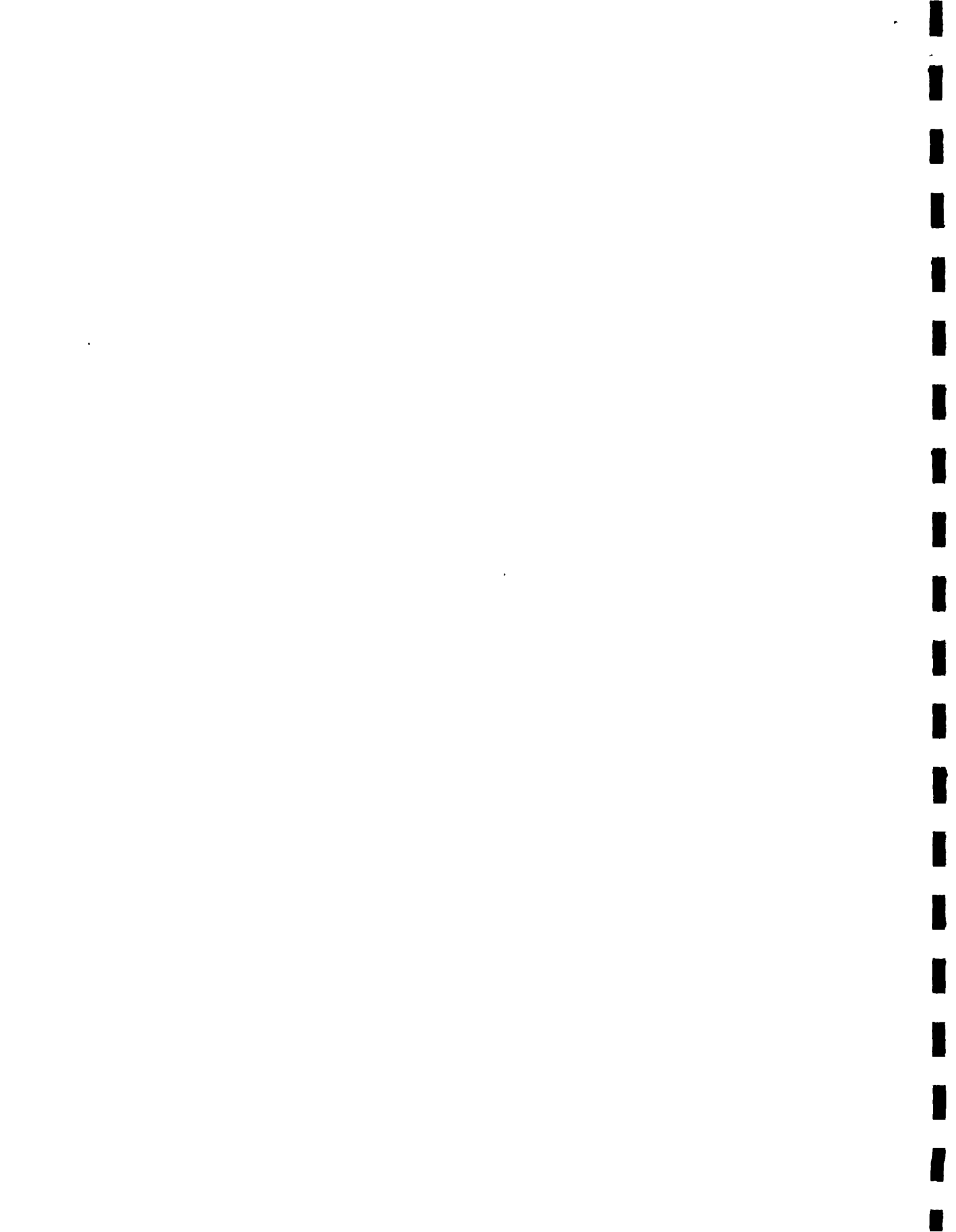
- 5.0 The same selection process and criteria for community health workers will be continued. The CHWs will be selected by the beneficiaries, following the criteria. The Project Manager, Deputy Project Manager, and community organizer will review and give final approval. The UNICEF zonal officer will also review the selection on a random basis.
- 5.1 All elements of primary health care will be included in the project. Growth monitoring will be added to the training, as well as the provision of basic medicines. This will be phased in after a management system is developed to support the provision of basic medicines. Given the increased responsibilities of the CHVs, they should receive some remuneration from the project. Such support would be phased out so that the community will be able to sustain them after project assistance ends.
- 5.2 A monitoring system for use by illiterate CHVs will be developed and implemented, to include monitoring pregnant women, children under the age of 2, growth monitoring, incidence of diarrhoea, and use of medicines. Literacy training for CHVs should be provided to assist them in recordkeeping.
- 5.3 Strong linkages between the Civil Surgeon and pourashava health staff must be developed and maintained. The assistance of the Civil Surgeon's office in supporting the work of the CHVs should be secured by the pourashava. To reduce the workload of the CHV supervisors and in light of the proposed remuneration of CHVs (to be changed to Community Health Workers - CHWs), the ratio of CHWs to households should be increased to 1 CHW for every 50 households.
- 5.4 Adequate support (from Civil Surgeon) and supervision (from pourashava) must be provided. Weekly visits by supervisors are necessary.
- 5.5 CHWs will receive monetary remuneration for their services. No other incentives except preference in receiving income generation loans will be given. This will increase their accountability to the SPIC: if they are not satisfactorily performing their duties, they will not be paid.

Income Generation

- 6.0 The procedures for income generation should be reviewed and stream-lined, if possible. Some assistance, perhaps under contract from a consultant, should be provided to groups in identifying income generation schemes. Some steps should be taken to ensure that the better-off are not always the first benefited by loans. Perhaps the first loanees could be selected by lots, which would at least ensure a fair chance to all.

Monitoring and Reporting

- 7.0 The overall quarterly workplan will be compiled with the direct assistance of all Deputy Project Managers at quarterly meetings. The project staff would prepare a draft workplan and progress report before coming the Dhaka to attend a joint planning session at headquarters. The consolidated quarterly workplan and progress report will thus be jointly prepared by all project managers and headquarters staff.

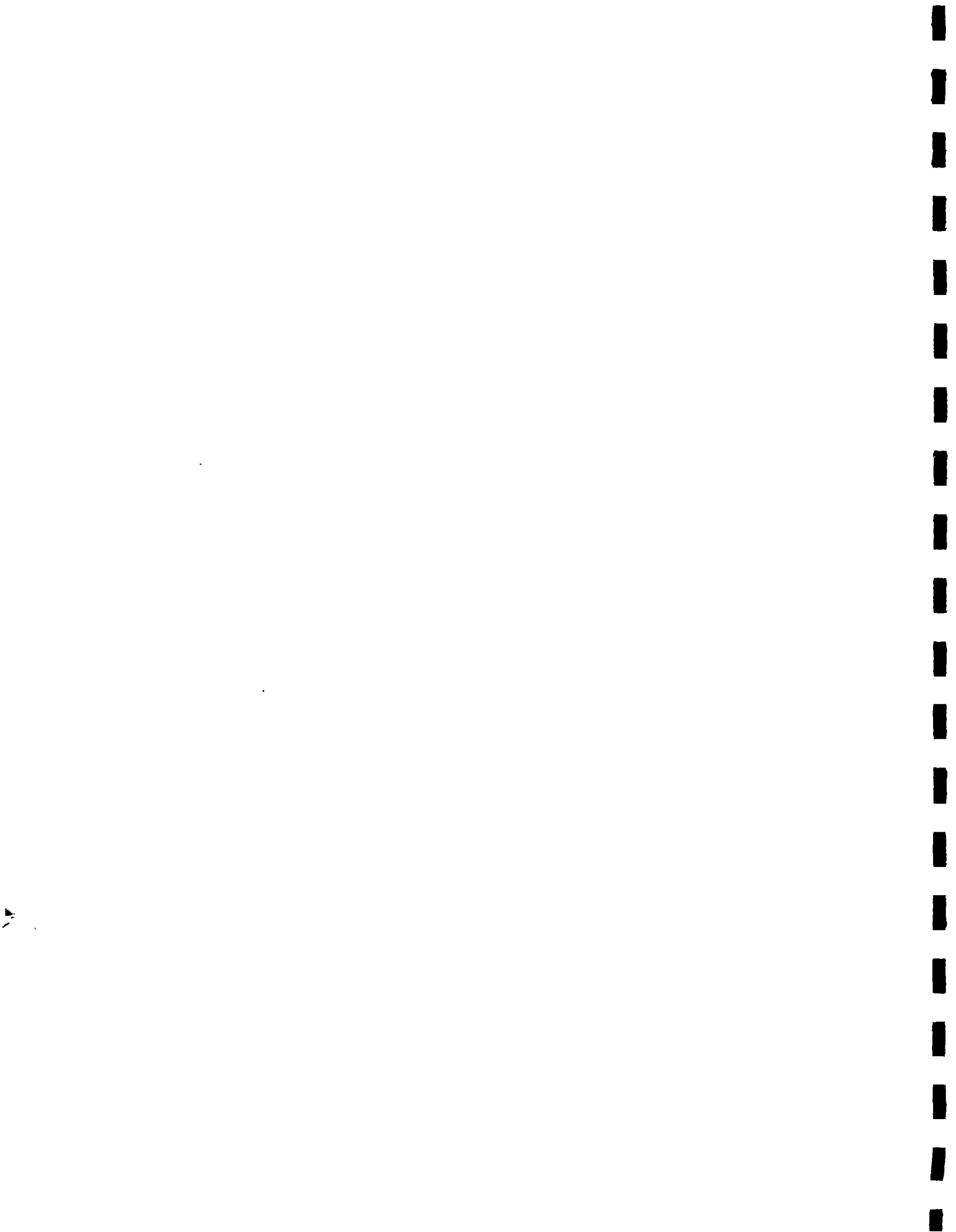


- 7.1 Necessary actions will be taken to facilitate preparation of the consolidated quarterly workplans and progress reports, as well as the prompt liquidation of advances in order to ensure that finances are provided and accounted for in an expeditious manner. The receipt and liquidation of advances should not be an impediment to project implementation.
- 7.2 To facilitate release of funds, a joint meeting of all deputy project managers and headquarters staff (including UNICEF) be held quarterly in Dhaka with the Project Manager-HQ and the UNICEF urban officer. Deputy project managers would prepare a draft workplan and progress report for their respective pourashava and bring that with them.
- 7.3 To facilitate liquidation of advances, deputy project managers would bring all vouchers with them to the quarterly meetings, if they had not been sent earlier. Each pourashava must submit vouchers at least once a quarter.



**PARTICIPATING POURASHAVAS
SLUM IMPROVEMENT PROJECT (SIP)**

SL #	POURASHAVA	# OF SLUMS	# OF FAMILIES
1986			
1	Dinajpur	10	1,295
2	Kushtia	8	1,391
3	Mymensingh	9	1,281
4	Noakhali	21	1,316
5	Sylhet	9	1,047
1990			
6	Barisal	12	2,681
7	Chittagong	14	3,564
8	Comilla	10	1,362
9	Dhaka	10	2,078
10	Faridpur	8	761
11	Jessore	6	579
12	Khulna	9	3,102
13	Narayanganj	3	280
14	Pabna	4	1,032
15	Rajshahi	9	1,079
16	Rangpur	4	985
1992			
17	Brahmanbaria	6	724
18	Jamalpur	6	762
19	Lalmonirhat	8	983
20	Sirajganj	6	1,145
1993			
21	Barguna	3	450
22	Bhola	2	450
23	Bogra	3	1,500
24	Cox's Bazar	3	1,500
25	Feni	2	120
TOTAL		185	31,467



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : CHITTAGONG CITY CORPORATION
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : **14**
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 7
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 68 Trained : 46

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loaneer	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
CHITTAGONG																
1. Parbotipara-1	80	80	220	193	54	97	564	8	66	8	1	2	225	250	52	0
2. Parbotipara-2	208	209	688	502	488	218	1,896	10	2	10	1	9	330	577	32	0
3. Burma Colony	443	443	1,188	1,062	416	122	2,788	12	110	12	2	20	851	1,300	152	1
4. Mirzapara	70	70	288	209	145	88	730	5	106	5	1	9	285	150	35	0
5. Bundel Colony	193	193	520	390	375	150	1,435	8	73	8	3	7	410	398	78	1
6. Bastuhara	302	283	490	422	92	167	1,171	17	111	17	4	9	1,056	1,157	117	1
7. Rally Colony	300	200	420	531	98	113	1,162	1	42	1	1	9	757	1,200	75	0
8. Kodai Kata	216	196	680	835	350	180	2,045	14	137	14	0	9	320	731	88	0
9. Shantinagar	399	399	1,200	795	311	298	2,604	6	20	6	2	8	344	293	220	1
10. Medical Colony	300	250	291	309	80	75	755	8	30	8	2	8	300	307	130	0
11. Jelepura	250	250	489	402	51	112	1,054	0	0	0	0	0	0	0	0	0
12. Baghonapara	565	565	1,364	1,122	319	132	2,937	0	0	0	0	0	0	0	0	1
13. Shwandeep	311	311	597	482	102	91	1,272	0	0	0	0	0	0	0	0	0
14. Ghishhapara	65	65	198	193	37	42	470	0	0	0	0	0	0	0	0	0
TOTAL	3,702	3,514	8,633	7,447	2,918	1,885	20,883	89	677	89	17	90	4,878	6,363	979	5

BRAC OTHERS



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : COMILLA POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 10
 NUMBER OF COMMUNITY ORGANIZERS (Cos) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 25 Trained · 18

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER		# of Children 1 to 12	# of Children Below-1	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
COMILLA																		
1. Katabeel	185	235	411	446	83	48	988	19	96	14	32	2	3	314	537	62	1	
2. Uttar Chartha	170	213	319	340	75	50	784	16	120	13	29	2	2	202	330	43	1	
3. Thirapukur	154	199	332	358	70	73	833	15	74	12	36	2	3	366	373	70	1	
4. Tikkarchar	104	154	216	277	55	35	583	13	52	9	16	1	2	121	94	30	0	
5. Rishipatty	110	110	165	192	70	40	467	10	35	8	22	1	1	288	202	28	1	
6. Gorjonkhola	125	125	187	237	52	53	529	10	23	8	12	1	2	134	242	65	0	
7. Kacharipatty	143	213	319	404	92	80	895	17	40	2	4	1	3	291	401	82	0	
8. Moulvipara	83	113	180	214	64	38	496	10	21	2	16	1	2	195	250	79	1	
9. Muradpur	0	300	510	570	150	48	1,278	0	0	0	0	0	0	0	0	0	0	
10. Sujanagar	0	200	340	380	75	69	864	0	0	0	0	0	0	0	0	0	0	
TOTAL	1,074	1,862	2,979	3,418	786	534	7,717	110	461	68	167	11	18	1,911	2,429	459	5	



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : NOAKHALI POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 21
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 4
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 46 Trained : 23

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
NOAKHALI																
1 Sonapur	54	54	178	119	89	44	430	5	42	6	37	1	174	161	43	1
2 Charity	50	50	165	110	82	41	398	5	41	4	16	1	95	150	40	0
3. College Colony	50	50	180	120	90	45	435	5	10	5	23	1	83	177	42	1
4 Gopai	92	52	303	203	151	75	732	11	27	11	70	2	185	275	73	1
5 Vulaiya Colony	50	50	164	109	80	40	393	5	28	5	18	1	98	147	11	1
6 Laxminarayanpur	97	97	319	214	159	79	771	10	61	10	74	2	184	291	77	1
7. M Karimpur	50	50	178	118	88	43	427	5	10	5	24	1	92	138	40	0
8 Majidee	53	53	174	117	87	44	422	5	33	4	31	1	106	159	43	1
9. Patoarybari	54	54	175	119	89	41	424	5	10	5	43	1	108	162	41	0
10. Fatehpur	59	59	195	130	97	48	470	5	20	5	22	1	118	177	47	1
11 Shantinagar	82	82	270	180	135	67	652	8	15	9	18	1	164	242	65	1
12. East Haidee	70	70	231	154	115	57	557	7	15	7	13	1	140	210	56	0
13. Choukidarbari	184	184	607	404	303	151	1,465	18	0	18	72	3	368	554	147	0
14 Krisnarampur	70	70	230	151	114	55	550	7	20	7	42	1	140	210	55	0
15 Shahapur	249	249	822	548	411	205	1,986	25	0	25	101	5	472	740	199	1
16 Shandarbari	52	52	164	109	79	39	391	5	20	5	36	1	104	156	39	0
17. Shallagara	64	64	211	141	105	52	509	6	0	0	0	0	0	0	51	1
18 Shikarbari	51	51	108	112	84	42	346	5	0	0	0	0	0	0	22	1
19. West Haidee	50	50	179	119	89	44	431	5	0	0	0	0	0	0	23	1
20 Mohabbatpur	130	130	429	289	214	107	1,039	13	0	0	0	0	0	0	60	1
21. Jokrisnapur	50	50	163	116	86	41	406	5	0	0	0	0	0	0	21	1
TOTAL	1,661	1,621	5,445	3,682	2,747	1,360	13,234	165	352	131	640	24	2,631	3,947	1,225	14



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA · BRAHMANBARIA POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 4

NUMBER OF COMMUNITY ORGANIZERS (COs) : 2

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 18 Trained : 11

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
BRAHMANBARIA																
1 B Rishipara	315	250	600	646	899	176	2,321	22	71	3	6	514	750	29	1	
2 Bapanpara	95	95	156	135	198	80	569	8	21	1	2	136	202	23	0	
3. Simrail Kandi	250	240	200	314	537	99	1,150	15	38	2	3	350	300	37	1	
4. Gokornaghat	141	139	237	223	297	52	809	0	30	2	0	100	248	21	1	
5 Kowtoly	315	300	685	650	1,042	299	2,676	0	0	0	0	0	0	0	1	
6. B Nagarpar	280	270	721	666	904	240	2,531	0	0	0	0	0	0	0	0	
TOTAL	1,396	1,294	2,599	2,634	3,877	946	10,056	45	160	8	11	1,100	1,500	110	4	



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA: SYLHET POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY:
 NUMBER OF SLUM TAKEN UNDER SIP: 9
 NUMBER OF COMMUNITY ORGANIZERS (COs): 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs): 29 Trained: 13

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER		# of Children upto-12	# of Children Below-3	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
SYLHET																		
1 Kastoghar	53	53	130	105	33	38	306	4	36	3	4	1	2	151	17	10	0	
2 Khuliapara	123	123	228	193	70	54	545	11	68	3	9	1	8	277	491	5	0	
3 Munshipara	127	127	222	170	82	72	546	10	79	14	12	1	6	192	264	1	0	
4. Kamalgher	271	261	252	180	138	132	702	26	64	11	25	1	5	173	316	29	0	
5. Kuarpur	184	184	495	562	256	148	1,461	20	42	13	28	2	5	166	591	6	0	
6. Laidighirpar	84	84	213	191	75	126	605	5	7	5	5	0	0	0	0	1	0	
7. Barudkhana	72	72	106	1,114	32	28	1,280	7	21	5	6	1	2	141	193	1	0	
8 Naya Sarak	61	61	134	133	42	55	364	4	24	3	3	0	0	29	96	1	0	
9. Dhopadighirpar	82	82	140	98	22	82	342	8	0	3	1	0	0	0	0	0	0	
TOTAL	1,057	1,047	1,920	2,746	750	735	6,151	95	341	60	93	7	28	1,129	2,130	54	0	0



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : DHAKA CITY CORPORATION
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY : 2156
 NUMBER OF SLUM TAKEN UNDER SIP : 11
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 43 Trained : 17

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Femate	Children 1 to 12											
DHAKA																
1. G Muslim Slum	195	195	513	474	423	158	13	1	13	2	0	195	149	80	1	
2 G Baikhana	130	130	391	374	386	160	8	0	8	1	0	30	534	74	0	
3 G Lalbagh	227	227	599	547	484	180	16	2	16	2	0	74	318	84	1	
4 G Madhabpara	124	124	252	258	212	61	2	1	2	2	0	0	302	50	0	
5 G Hindu Slum	253	253	588	539	360	94	6	2	6	2	0	515	57	100	2	
6. I G Gate	200	200	197	196	259	32	0	0	0	0	0	0	600	0	1	
7 M Townhall-I	150	150	224	227	226	32	0	0	6	0	0	80	450	0	1	
8. M Townhall-II	180	180	210	220	300	42	0	0	7	0	0	70	540	0	0	
9 Khilgaonbagicha	300	300	322	297	125	12	0	8	0	0	0	0	0	0	14	
10. Wari South	150	150	267	216	130	46	0	0	8	0	0	100	450	0	1	
11. Wari North	0	170	548	572	314	105	0	0	6	0	0	120	510	0	0	
TOTAL	1,909	170	4,111	3,920	3,219	922	72	14	72	9	0	1,184	3,910	388	18	

*1BRAC
 School.



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA: FARIDPUR POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY:

NUMBER OF SLUM TAKEN UNDER SIP: 8

NUMBER OF COMMUNITY ORGANIZERS (COs): 3

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs): 26 Trained: 16

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER		Children upto-12	Children Below-3	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
FARIDPUR																		
1. Khutibari-2	160	205	650	350	190	40	1,230	15	162	21	40	2	4	327	726	180	0	
2. Kaharpara	50	64	140	80	144	20	384	6	56	6	25	1	2	126	189	50	0	
3. West Khabaspur	50	60	150	80	112	18	360	5	31	6	32	1	4	158	270	45	0	
4. Robidaspally	80	90	250	150	110	30	540	9	45	9	15	2	3	256	417	85	0	
5. Habeligopalpur	90	114	350	190	109	35	684	11	53	11	60	1	2	0	113	95	0	
6. Alipur	90	104	310	120	154	40	624	11	0	9	22	2	0	382	324	86	0	
7. Lalonnagar	60	71	190	110	100	26	426	6	0	7	16	1	2	61	305	45	0	
8. Laxmipur	50	53	112	75	116	15	318	6	0	6	15	0	0	0	0	40	0	
TOTAL	630	761	2,152	1,155	1,035	224	4,566	69	347	75	225	10	17	1,310	2,344	626	0	0



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : MYMENSINGH POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 9
 NUMBER OF COMMUNITY ORGANIZERS (Cos) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 44 Trained : 22

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loaneer	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
MYMENSINGH																
1 Horizonpally	105	135	306	280	80	40	13	59	11	25	1	4	380	520	45	1
2 Golokpur	205	205	455	449	125	42	22	124	22	30	1	5	430	615	62	0
3 Katakhal	50	55	147	142	30	15	5	52	5	5	1	2	125	180	33	0
4 Charpara	186	200	435	427	115	35	16	132	13	40	2	5	400	700	58	0
5 Purahitpara	124	146	338	325	80	28	12	80	11	34	1	3	276	464	117	0
6. Attanipukur	230	210	528	582	130	65	19	39	10	40	2	5	400	600	55	0
7. Bagmara	94	124	272	234	42	20	568	57	7	20	2	3	200	300	25	0
8. Palpara	100	103	239	235	65	16	555	48	3	45	1	0	200	300	25	0
9. Gohalkandi	100	103	223	218	69	18	528	60	9	45	1	3	200	300	29	0
TOTAL	1,194	1,281	2,943	2,892	736	279	6,850	65	91	284	12	30	2,611	3,979	449	1



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : JAMALPUR POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 6

NUMBER OF COMMUNITY ORGANIZERS (COs) : 3

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 14 Trained : 8

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER		# of Children upto-12	# of Children Below-3	TOTAL	# of Group	# of Loanees	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
JAMALPUR																		
1. Bagadipara	90	100	115	160	132	30	437	9	64	6	10	2	4	258	296	60	0	
2. Chunapara	62	67	71	330	93	15	509	6	58	6	19	3	3	407	747	60	0	
3. Chalapara	80	100	125	98	148	30	401	9	71	9	21	1	3	355	174	80	0	
4. Palpara	66	66	95	118	107	15	335	6	56	3	9	1	4	327	564	60	0	
5. Bagerhata	300	300	367	80	370	215	1,032	22	223	16	38	1	1	0	597	200	0	
6. Mukundabari	104	129	165	108	175	55	503	10	52	0	10	0	0	0	0	0	0	
TOTAL	702	762	938	894	1,025	360	3,217	62	524	40	107	8	15	1,347	2,378	460	0	0



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : NARAYANGANJ POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 3
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 1
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 10 Trained : 5

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children upto-12											
NARAYANGANJ																
1. Tanbazar	110	116	189	178	279	60	706	11	81	0	1	1	4	200	70	1
2. Raigate	170	170	224	211	240	70	745	17	63	16	3	1	0	0	100	0
3. Ekrapur	30	30	53	42	52	9	156	3	0	0	0	0	0	0	25	0
TOTAL	310	316	466	431	571	139	1,607	31	144	16	4	2	4	200	195	1



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : KHULNA CITY CORPORATION
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY .
 NUMBER OF SLUM TAKEN UNDER SIP . 5
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 7
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) . 54 Trained . 46

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS	
			Male	Female	Children upto-12												Children Below-3
KHULNA																	
1 Rupsha	1,650	1,750	1,797	1,671	2,019	616	6,103	89	621	77	126	16	42	3,700	4,915	525	1
2 Sonadanga	425	425	487	507	536	92	1,622	29	115	9	57	5	14	1,100	1,702	150	1
3 Dattabari	252	325	439	430	239	19	1,127	16	33	0	15	0	0	0	325	70	0
4 Baganbari	150	250	148	150	124	45	467	15	21	0	0	0	0	0	200	50	0
5 Khalishpur	502	502	612	652	512	227	2,003	21	0	0	2	0	0	0	400	80	0
TOTAL	2,979	3,252	3,483	3,410	3,430	999	11,322	170	790	86	200	21	56	4,800	7,542	875	2



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA: KUSHTIA POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY:

NUMBER OF SLUM TAKEN UNDER SIP 7

NUMBER OF COMMUNITY ORGANIZERS (COs) 4

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) 40 Trained 24

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER		# of Children 1 to 12	# of Children Below-1	TOTAL	# of Group	# of Loaneer	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
KUSHTIA																		
1. Kutpara	140	275	285	344	25	191	845	19	215	23	68	2	7	623	772	195	2	
2 Ghoshpara	111	154	160	151	35	27	373	10	86	9	33	2	2	277	315	132	1	
3 Deshwalipara	121	232	325	316	93	191	925	16	149	14	42	2	6	345	521	154	1	
4 Kailsankarpur	131	131	170	173	30	167	540	13	78	13	54	2	4	350	350	102	1	
5 Jhautola	165	190	239	230	34	233	736	17	67	17	45	2	4	350	350	140	1	
6 U Rahanidaspar	183	183	277	241	256	43	817	18	87	18	32	2	5	300	325	208	1	
7 Aruapara	172	172	439	394	165	40	1,038	13	37	13	58	1	4	0	0	150	1	
8 Horijon Pally	54	54	121	130	136	77	464	13	0	0	0	0	0	0	0	74	1	
TOTAL	1,023	1,337	1,895	1,849	638	892	5,274	106	719	107	332	13	32	2,245	2,633	1,081	8	



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : JESSORE POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 6

NUMBER OF COMMUNITY ORGANIZERS (COs) : 2

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) 11 Trained : 8

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS	
			Male	Female	Children upto-12												Children Below-3
JESSORE																	
1 City College	85	85	238	234	153	30	655	8	76	8	36	1	2	170	255	170	0
2 Ansar Camp-I	74	74	172	158	112	26	468	7	67	7	15	1	2	148	222	148	0
3. Ansar Camp-II	106	106	232	210	145	28	615	7	30	5	5	0	3	217	318	217	0
4. Lichibagan	179	179	438	422	246	58	1,164	15	60	12	30	0	5	365	537	365	0
5 Shashitola	81	81	211	188	136	29	564	6	0	0	0	1	2	162	243	162	0
6 Ghopegorostan	54	54	116	130	87	8	341	4	0	0	0	0	0	0	0	0	0
TOTAL	579	579	1,407	1,342	879	179	3,807	47	233	32	86	3	14	1,062	1,575	1,062	0



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : BARISAL POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 12

NUMBER OF COMMUNITY ORGANIZERS (COs) : 9

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 34 Trained : 19

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
BARISAL																
1 Char Bhadra-1	67	73	176	174	92	41	7	48	2	44	1	3	681	303	56	1
2. Char Bhadra-2	80	91	233	201	113	43	8	57	2	51	1	3	821	405	65	1
3 Bhatarkool	130	164	206	199	342	105	11	48	2	28	2	5	10	505	89	1
4. Balurmath	310	310	351	334	868	319	17	69	12	85	3	9	472	1,510	176	1
5 Stadium	170	170	198	192	460	159	9	26	3	0	0	0	0	0	95	1
6. Barolkale	148	150	193	202	266	47	10	44	5	30	2	4	200	440	111	0
7 Char Bhadr-5	288	288	345	291	473	90	17	33	5	15	2	3	370	530	200	1
8 Char Bhadr-6	85	85	107	98	162	27	5	15	2	0	0	0	0	0	45	0
9. Char Bhadra-3	82	82	120	111	179	35	0	0	0	0	0	0	0	0	0	0
10 Char Bhadra-4	67	67	101	91	122	18	0	0	0	0	0	0	0	0	0	0
11 Char Bhadra-7	635	635	822	653	1,386	298	0	0	0	0	0	0	0	0	0	0
12 Haikhola	580	580	712	672	1,284	431	0	0	0	0	0	0	0	0	0	0
TOTAL	2,642	2,695	3,564	3,218	5,747	1,613	84	340	33	253	11	27	2,554	3,693	837	6



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA · RAJSHAHI POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 4

NUMBER OF COMMUNITY ORGANIZERS (COs) : 2

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 10 Trained : 5

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER		# of Children 1 to 12	# of Children Below-1	TOTAL	# of Group	# of Loaneer	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
1. Ramchandrapur	320	380	1,223	1,587	592	172	3,574	20	180	4	145	2	12	994	1,114	125	0	
2. Ramchandrapur-	225	285	873	936	156	95	2,060	10	104	2	55	1	5	387	437	117	0	
3. Sweeper Colony	110	130	381	499	204	54	1,138	10	30	2	20	2	0	531	462	72	1	
4. Maidah Colony	284	284	623	705	335	81	1,744	17	0	3	40	5	0	0	0	103	1	
5. Maholdarpara	151	151	505	485	74	26	1,090	0	0	2	0	0	0	0	0	38	0	
6. Asam Colony	205	205	608	672	280	80	1,640	0	0	3	0	0	0	0	0	26	0	
7. New Seroil Colon	221	221	713	607	142	78	1,540	0	0	2	0	0	0	0	0	32	0	
8. Sreerampur	350	350	1,451	1,326	252	141	3,170	0	0	4	0	0	0	0	0	69	0	
9. Guripara	405	405	1,637	1,705	472	233	4,047	0	0	5	0	0	0	0	0	107	0	
TOTAL	2,271	2,411	8,014	8,522	2,507	960	20,003	57	314	27	175	10	17	1,912	2,013	689	2	



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : LALMONIRHAT POURASHAVA

TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :

NUMBER OF SLUM TAKEN UNDER SIP : 4

NUMBER OF COMMUNITY ORGANIZERS (COs) : 5

NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 18 Trained : 11

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER		# of Children 1 to 12	# of Children Below-1	TOTAL	# of Group	# of Loanees	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
LALMONIRHAT																		
1. Shahjahan Colony	265	270	540	455	258	62	1,315	25	147	25	62	6	11	1,060	1,325	195	1	
2. Surkamil Colony	272	292	652	644	276	85	1,657	11	101	9	17	5	5	1,020	1,224	140	1	
3. Dalpaty	188	188	215	196	272	61	744	17	30	2	16	4	4	492	942	120	0	
4. Kazipara	225	233	354	335	221	61	971	15	71	2	0	3	0	184	217	150	0	
TOTAL	950	983	1,761	1,630	1,027	269	4,687	68	349	38	95	18	20	2,756	3,708	605	2	



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : DINAJPUR POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 10
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 43 Trained : 17

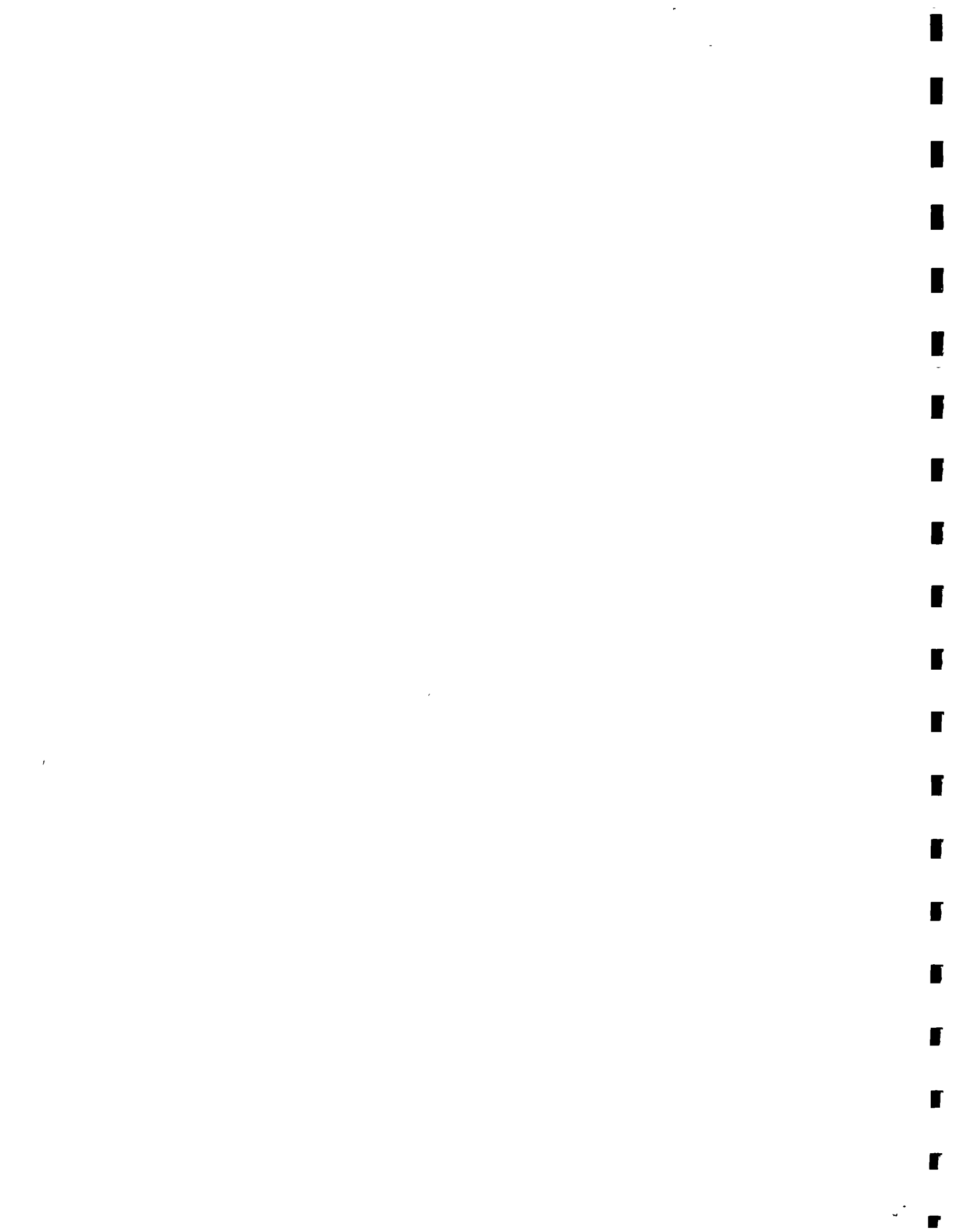
Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER			# of Children 1 to 12	Children Below-1	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12														
DINAJPUR																			
1 Daptarpara	200	200	386	339	133	N A	858	13	155	13	61	0	7	392	238	205	1		
2 Sweeper Colony	122	98	299	268	102	N.A	669	7	47	20	17	1	4	411	38	150	1		
3 Ghoshpara	81	75	211	216	86	N.A.	513	5	46	7	30	2	3	55	332	95	1		
4 Balu Bari	109	100	264	257	127	N.A	648	10	115	15	54	0	0	384	323	183	0		
5 Kanchan	309	287	799	770	313	N.A.	1,882	20	234	29	206	3	14	1,424	1,137	435	1		
6 Gurgolla	58	48	128	121	41	N.A.	290	6	61	7	40	1	4	203	229	78	0		
7 Rajbari	133	133	245	235	182	N.A	662	13	0	0	140	1	0	0	0	180	0		
8 Hatibagan	108	104	266	241	103	N.A.	610	8	51	8	8	0	3	0	250	192	0		
9 Mission Road	200	200	379	369	87	N.A	835	11	110	15	51	3	4	338	330	213	0		
10 Slaughterhouse	55	55	130	202	70	N.A.	402	5	0	0	0	0	0	0	0	79	0		
TOTAL	1,375	1,300	3,107	3,018	1,244	N.A	7,369	98	819	114	507	11	39	3,207	2,877	1,810	4		



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : PABNA POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY : 15
 NUMBER OF SLUM TAKEN UNDER SIP : 4
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 14 Trained : 9

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMBER		# of Children 1 to 12	# of Children Below-1	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
PABNA																		
1 Mondalpara	170	332	906	659	35	15	1,615	22	129	12	36	1	3	370	963	105		
2 Horizon Colony	40	150	420	310	15	8	753	7	38	2	0	0	1	252	438	56		
3 Shalgaria	185	350	910	664	32	14	1,620	20	117	8	45	1	6	361	431	71		
4 Housepara	90	200	570	320	9	4	903	8	24	2	9	0	2	0	423	12		
TOTAL	485	1,032	2,806	1,953	91	41	4,891	57	308	24	90	2	12	983	2,255	244		0



INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : RANGPUR POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 3
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 2
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 20 Trained : 17

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER		# of Children upto-12	# of Children Below-3	TOTAL	# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female														
RANGPUR																		
1. Hanumantola	291	420	389	420	633	132	1,574	25	144	36	115	3	0	327	514	147	0	
2. Robertsongonj	298	298	285	298	40	27	650	27	33	12	0	0	0	100	289	56	0	
3. Ashraipur	140	162	160	162	91	35	448	14	14	13	3	0	0	109	128	15	0	
TOTAL	729	880	834	880	764	194	2,672	66	191	61	118	3	0	536	931	218	0	

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 MEMORANDUM FOR THE DIRECTOR
 SUBJECT: [Illegible]

DATE	BY	FOR	INITIALS	REMARKS
10/15/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/16/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/17/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/18/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/19/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/20/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/21/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/22/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/23/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/24/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/25/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/26/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/27/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/28/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/29/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/30/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]
10/31/54	[Illegible]	[Illegible]	[Illegible]	[Illegible]

INFORMATION OF SLUM UNDER SIP

NAME OF CITY CORPORATION/POURASHAVA : SIRAJGANJ POURASHAVA
 TOTAL NUMBER OF SLUM IN THE MUNICIPALITY :
 NUMBER OF SLUM TAKEN UNDER SIP : 6
 NUMBER OF COMMUNITY ORGANIZERS (COs) : 3
 NUMBER OF COMMUNITY HEALTH WORKERS (CHWs) : 14 Trained : 5

Name of Slum	# of Family Initially	# of Family Present	NUMBER OF FAMILY MEMEBER			# of Group	# of Loanee	# of Tubewell	# of Sanitary Latrine	# of Dustbin	# of Street Light	Drain (metre)	Footpath (metre)	FP Users	# of School	REMARKS
			Male	Female	Children 1 to 12											
SIRAJGANJ																
1. Kolegoya	218	218	526	498	258	70	108	9	8	2	4	375	416	162	1	
2. Char Roypur	110	110	252	253	135	33	74	6	14	1	3	117	226	42	0	
3. Janpursingpara	108	108	228	231	102	46	36	7	14	0	3	84	194	65	0	
4. Deardhangora	349	349	780	692	468	71	120	12	55	2	4	504	811	170	1	
5. P K Para	135	135	278	255	181	52	0	0	0	0	0	0	0	20	0	
6. Mashumpur	225	225	511	417	245	76	0	0	0	0	0	0	0	135	0	
TOTAL	1,145	1,145	2,575	2,346	1,389	348	338	34	91	5	14	1,080	1,647	594	2	

