14

Scaling up or scaling down?

Kamal Kar and Sue Phillips

- ## Background

The Slum Improvement Projects (SIPs) in India aim to improve the standards of living of city slum dwellers. In an effort to integrate different facets of urban development, SIPs incorporate infrastructural improvements such as drinking water provision, sanitation, roads, drainage, garbage collection and electricity. They also include the development of primary health care and community development programmes such as pre-school, non formal education, adult literacy, and economic development. Since the early 1990s, the Overseas Development Administration (ODA) has funded SIPs.

In this paper we attempt to share some of our experiences of institutionalising participatory approaches (particularly participatory learning methods, PALM and PRA) in the slum improvement projects. The paper focuses on the Calcutta Slum Improvement Project (CSIP) which is implemented by the Calcutta Metropolitan Development Authority (CMDA). The CSIP focuses on the development of 0.28 million slum dwellers living in fifteen wards in and around the city of Calcutta.

The project began with the idea of promoting community participation. But in practice it followed a traditional mode of implementation. After two years, in 1993, it was decided to follow a more participatory approach to ensure people's participation at every stage of planning and implementation. At this point, PRA approaches were introduced to the staff working in CMDA. It was clear that the objective of increasing peoples' participation in the project planning and implementation was not driven from the

side of CMDA, but was rather introduced by the donor agency. The local actors CMDA and CMC had been implementing the programme in their own way. Area coverage, target achievement, fund utilisation, report preparation, were important indicators of success. Activities, such as discussions and meetings with the communities, were organised only occasionally.

The terminology of participation (community empowerment, participatory planning and implementation, participatory monitoring and evaluation, community decisions etc.). was used in seminars and workshops. Yet there was little sign of transforming the rhetoric into action.

- ## Structure of the organisation

The structure of the CSIP was compartmentalised and hierarchical. It is divided into three sectors: Engineering, Health and Community Development. Each sector had its own agenda, targets and way of working. The heads of sectors met only in occasional meetings/reviews and during the visits of external agencies e.g. ODA. There were no regular events where the staff from all three sectors could meet and exchange their views, experiences and ideas to plan for common action. It was so compartmentalised that to an outsider it seemed to be three different institutes.

- ## Training

The task of orienting CSIP in participatory approaches and methodology was time consuming. It required patience and persuasion. A number of training workshops were organised over a period of one year to bring it to the users level. The process of

training the officials and staff was undertaken in several stages, including: orientating senior staff in PALM, training middle level officials and heads of departments in PALM/PRA, training of trainers in PALM/PRA and the training of field level staff in different SIPs.

All levels the personnel liked the idea of a participatory approach and learned the techniques with great interest. However, difficulties were experienced in training the staff and officials. Some of these are listed below:

- It was initially very difficult to bring the staff of all the three sectors of CSIP into one common training programme. All the three sectors wanted to have separate training workshops on PRA. The question that was asked frequently was that whether it was a PRA training for Engineering or Health or Community Development? The compartmentalisation was so deep in the institutional culture that it was difficult for the staff to imagine training, discussion or planning together in a common workshop setting.

- It was difficult to achieve spontaneous participation in training workshops. Introductory games (e.g. group drawings of personal images) were very useful in ice-breaking and rapport building during workshops.

- The project role for each of the three sectors was different. The Community Development and Health sectors worked for longer term improvements in health, education and income generation. The Engineering sector was engaged in creating infrastructure for immediate benefit. By the time PALM was introduced, most of the engineering plans for the slums were completed. Thus, the engineers found that this approach had little relevance to their work.

- **Problems of scaling-up**

A number of workshops, dialogues and discussions were organised with the staff from all three sectors. For the first time, the CSIP began to act as an integrated project. But, at this point the real struggle to facilitate slum

improvement plans involving all three sectors began. Many CSIP staff felt that it was much easier to bring the slum community together, than to bring the three sectors of CMDA in a common platform for participation.

The compartmentalisation of SIPs into the three sectors reduced the effectiveness of PRA. All three sectors tried to use PRA in isolation. Problems and solutions raised through the use of PRA demanded a more comprehensive intervention and a consolidated approach. There was no participation in house, yet all the actors expected the participation of the slum community. Compartmentalisation tended to perpetuate a service-provision approach rather than to encourage a demand-driven response.

However, the staff felt they were doing the PRA well. Slum community members were encouraged to produce charts of different kinds. Hundreds of social maps, seasonal calendars and matrices started appearing. Rather over-enthusiastically, many so called PRA were facilitated in slums during the office hours. Most of the drawings were made by the women and children who were present in the slum community during that period. Since young and middle aged men are mainly in the slums in the evening, a large number of them were consistently missed.

In most cases the products of the 'PRA' were not used in planning activities nor led to any sustained action by the community. As a result, the newly learnt skills were mainly used in information gathering or extraction. The programme continued to be implemented as before. All the sectors had already set targets and this was the major concern. PRA became another activity to add to the list of targets!

It was difficult for the staff to understand how PRAs could be used in a situation where all the activities and plans were pre-decided in the project. Thus, PRA techniques were picked up in a target driven way.

In Vijawada in southern India, a senior officer of the SIP made it compulsory for the project staff to 'do' PRA from 10 - 11 am everyday. Scores of social maps, calendars and diagrams were produced in the slums. It was clear that the use of PALM/PRA techniques had become

institutionalised rather than the participatory development initiative.

Some abuse of PRA and lack of both support and genuine institutional commitment to the approach created many new problems. PRA enabled local people to express their views but the institution was incapable of responding to them.

The lessons learnt from the Vijawada SIP were:

- Without initiating required change in the behaviour and attitude of project staff, it is risky for PRA techniques to be used on a large scale;
- Sufficient time and training is needed to sensitise senior people in a bureaucracy to the participatory process of development; and,
- A more integrated approach is required to implement a people centred development programme. It cannot be achieved by issuing government orders.

- **Efforts to scale down**

Because PRA techniques came to be used on an *ad hoc* basis, it was necessary to scale down the process to a few examples of real community participation (that *began* with participatory appraisals). These 'show cases' of community participation became the centres of process learning for other staff and slum communities. Insiders shared their experiences with others. This approach worked fairly well in Calcutta, although it may be questioned whether people's participation could be ensured in the community infrastructure created by the project.

Our experience in changing the attitude of government staff became quite exciting when a different kind of training module was adopted. The poor from the slums were brought as consultants. n workshop settings, the slum dwellers took the lead in discussions regarding their conditions of life and experiences. The government officials' roles were primarily to listen and learn. The project staff also listened to real life discussion regarding various problems in the slums. Slum dwellers were brought from the city of Bombay (in the West) to Cuttuck (in the East)

and *vice versa*, for sharing experiences and learning.

In the Calcutta SIP, different activities were tried out, over a period of about one and a half years, to institutionalise the participatory approach. The aim was to move beyond the adoption of PRA techniques to promote sustained community action in the slums.

For example, workshops were conducted with the senior and middle level officials from the three sectors of CMDA on the real need to integrate the activities of the Community Development, Health and Engineering sectors. This was seen as crucial for making community participation more meaningful and effective. In each workshop, the main focus was on appropriate attitudes and behaviour.

The sectoral officials quickly appreciated the need for a more integrated approach. They suggested the formation of an interdisciplinary core team.

At the field level, six action groups were formed, drawing staff from each sector responsible for a certain area. For the first time, a joint effort was made on a pilot basis in six slum areas. The aim was to integrate the interventions of all three sectors to support and strengthen the implementation of community plans.

A few of the activities that were effective in slowly institutionalising the participatory approach in CSIP and in establishing sustained community organisations, include:

- Inviting community members from one successful slum to another in large meetings attended by the slum dwellers and CMDA officials.

- Organising slum community meetings in the evenings when most members of the community were present. The attendance, spirit and enthusiasm were generally high. In these *Sahajog* (co-operation) meetings, senior officials, such as the Chief Engineer, Chief Health Advisor, Chief of Community Development, shared the same floor as the slum community and local field workers. The slum leaders facilitated group activities.

3

- Slum people evaluated the progress of project activities implemented by the CSIP, suggested improvements and contributed their time and labour to the projects.

• Lessons learned and conclusions

It is essential to begin the participatory process at the project formulation stage. In these examples, the slum community, for whom the project was designed, were not consulted during planning and implementation of project activities.

During the project, it was decided to take a more participatory approach and the staff were trained in PRA/PALM. The struggle to institutionalise the participatory approach in a top down hierarchical organisation at such a late stage, almost brought the project to an early end.

Adequate time and effort is needed to bring about the desired changes in the attitude and behaviours of the staff. This may not be achieved through one or two occasional training sessions. A much longer term input, using a range of training related activities, needs to be organised.

Sufficient time must be built into the project document for this process of learning. In these examples, the staff did not have sufficient time to internalise participatory learning and reorganise themselves towards a more integrated approach. The in-house participatory learning that was building up over a period of 10-12 months was jeopardised by one workshop on the Logical Framework. The staff became concerned about their sectoral targets and the project time frame. Non-conventional indicators have be developed for monitoring and evaluating participatory projects.

A distinct phase for 'handing over' was described in the project document. The project expected community participation in project maintenance although they had not been partners in the planning stages. A successful hand over required much earlier community involvement in the project.

Our experiences suggest that staff and officials who show the right kind of attitude for participatory development are few. Sometimes they face obstructions from others in the system and may not get the necessary support and co-operation. Such people need to be identified, supported and encouraged. Innovative ways to sustain their spirit and motivation need to be developed. The commitment of only one or two people can bring about large changes because they generate interest amongst others.

Selection of the right people and the right approach to training is of utmost importance. Although some SIPs in India approach their end, many are in the process of implementation. New SIPs are being initiated. More new lessons will be learned in the future, but the impact of on-going programmes could be improved if appropriate actions were taken learning from these projects.

- **Kamal Kar,** GC-227-Salt Lake City, Calcutta, 700091, INDIA, and **Sue Phillips,** 62F Nevern Square, Earls Court, London SW5 9PN, UK.

NOTE

The views expressed in this article are the personal views of the authors and may not necessarily be those of the supporting and collaborating organisations.