



# CHILD CENTERED DISASTER RISK REDUCTION

# (CCDRR)



## Executive Summary

Traditionally, disaster risk reduction is thought to be the sole responsibility of adults. But experience of implementing DRR programs challenges this notion and calls for a wider participation of most vulnerable groups which include the children, women, elderly and persons with disabilities. Children often form more than one-third of the death toll and even more the surviving population. There are few examples of well-integrated disaster interventions that consider children from many directions, who have special needs but who also have special capacities to be independent, strong survivors capable of sharing knowledge and contributing to make community resilient. This is the very basis why a Child-Centered Disaster Risk Reduction (CCDRR) is needed in implementing initiatives that aim to achieve safe, developed and sustainable communities. Child centered disaster risk reduction (CCDRR) is a process to strengthen communities resilience. CCDRR complements the Child Centered Community Development (CCCD) which is a driving vehicle for community development. This guidebook has been developed for Plan Bangladesh staff, child activists and community based organizations and other non-government organizations as well. The first part of the guidebook serves as a reference material about the CCDRR. The second part of the guidebook is about the application of CCDRR where discussion will be done on work process. The facilitator should be competent not only in terms of concept and theory but at the same time he/she should have oral and written communication skills. Facilitator should undergo Training of Trainer (TOT) on basics of disaster risk reduction before facilitating the CCDRR.

Disaster is intimately connected with development. Disasters triggered by natural or human induced hazards put the development process at risk. Every health center or school that collapses in an earthquake and every road or bridge that is washed away in a flood began as development activities. Country progress reports on MDGs frequently note the impacts of disasters. The common notion of disaster is; a situation or event which has occurred from potential threat i.e. hazards. In reality disaster is a combination of several factors such as poor governance, lack of balance between growth and development, absence of strategic local planning and development, poverty, and existing hazards (natural or human induced). Development policy and programs to a large extent overlook the hazard and vulnerability aspect. Failed development reduces the capacity to cope with or adapt to risk and this increase human exposure to hazard. Development can reduce the human exposure to hazards by poverty alleviation, food and livelihood security, extending access to health and education. The work process of CCDRR explains each step in detail and relationship with CCCD activities. This will enable frontline staff of CCCD and CCDRR to work together. Community organization empowers through different phases and frontline staff throughout the process of CCDRR facilitates the community organization. Children organization/CBOs will interface with the service institutions to improve the constraints that these institutions have in providing the services and at the same time this interaction will also allow service providers to develop their understanding on disaster risk reduction. As per the current experience, agencies at the union level and even UDMC are not much active in terms of making their presence to address the disaster risks in the area. CCDRR strategies should focus on the role of the facilitating agency to link community organizations with local services.



The **European Commission's humanitarian aid department (ECHO)** provides rapid and effective support to the victims of disasters beyond the European Union's borders. On average, approximately 16% of ECHO humanitarian relief is in response to sudden-onset natural disasters. The importance of disaster preparedness is clearly recognized in ECHO's mandate and in 1996 ECHO launched a specific program, DIPECHO (Disaster Preparedness ECHO) dedicated to disaster preparedness.

### ***The DIPECHO program***

Since the launch of the DIPECHO program, ECHO has invested more than €180 million in disaster preparedness. The DIPECHO program had been expanded over the years and now covers seven disaster prone regions<sup>1</sup>. The projects funded by the program include simple and inexpensive preparatory measures, often implemented by the communities themselves. They have proven extremely effective in limiting damage and saving lives when hazards suddenly strike. DIPECHO projects will typically emphasize training, capacity-building, awareness-raising, establishment or improvement of local early-warning systems and contingency-planning. As any other relief provided by ECHO, DIPECHO projects are carried out by European-based aid agencies and UN agencies in close cooperation with local NGOs and authorities.

### ***The Fifth DIPECHO Action Plan for South Asia***

The Fifth DIPECHO Action Plan for South Asia was launched in 2009 with a principal objective to increase the awareness and the response capacities of local communities to potential and frequent natural disasters and to reduce the effects of these disasters on the most vulnerable. A total of 27 projects are being funded for a total of 10 M€ in Afghanistan, Bangladesh, India, Nepal and Pakistan. DRR needs in Sri Lanka and Bhutan are covered through two (2) regional projects.

For more information visit: <http://ec.europa.eu/echo/>



### ***The DIPECHO Partners in Bangladesh (DPB)***

In Bangladesh the European Commission is supporting six DIPECHO projects through its partners namely Actionaid Bangladesh, Islamic Relief, Concern Universal, Plan Bangladesh, IFRC and Oxfam. These six international agencies have developed a coordination forum to promote higher involvement, greater coordination and collaboration. Within the framework of the coordination forum, the DPB are working together at building the capacity of national and local disaster management governance structures, developing innovative and sustainable community-based approaches to disaster preparedness, implementing infrastructural mitigation in the most disaster-prone districts of the country,

<sup>1</sup> The seven regions covered by DIPECHO program are the Caribbean, Central America, South America, Central Asia, South Asia, South East Asia and South East Africa and South West Indian Ocean.

strengthening the policy framework on Disaster Management and raising general awareness and knowledge levels on DRR in the country.

**In collaboration with:**



***Handicap International***

Handicap International is an international organization specialized in the field of disability. Within the framework of the Fifth DIPECHO Action Plan for South Asia, Handicap International Bangladesh has been providing technical support to the DIPECHO partners for the effective mainstreaming of disability in Disaster Risk Management. For more information visit: <http://www.handicap-international.org/>



***Asian Disaster Preparedness Centre (ADPC)***

ADPC is a regional, inter-governmental, non-profit organization and resource center based in Bangkok, Thailand mandated to promote safer communities and sustainable development through the reduction of the impact of disasters in response to the needs of countries and communities in Asia and the Pacific. For more information visit: [www.adpc.net](http://www.adpc.net)

This publication is downloadable for free from the DIPECHO Partners in Bangladesh website

<http://dipecho-bd.org/>

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**Disclaimer**

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## Abbreviations

<b>CBOs</b>	Community based Organizations
<b>CBDRR</b>	Community based Disaster Risk Reduction
<b>CCCD</b>	Child Centered Community Development
<b>CCDRR</b>	Child Centered Disaster Risk Reduction
<b>CICRA</b>	Child Inclusive Community Risk Assessment
<b>COs</b>	Children's Organization
<b>DDMC</b>	District Disaster Management Committee
<b>DRR</b>	Disaster Risk Reduction
<b>MDGs</b>	Millennium Development Goals
<b>PRA</b>	Participatory Rural Appraisal
<b>TOT</b>	Training of Trainers
<b>W/UDMC</b>	Ward/Union Disaster Management Committee

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## **Introductory Guide to CCDRR**

### **Why CCDRR?**

Traditionally, disaster risk reduction is thought to be the sole responsibility of adults. But experience of implementing DRR programs challenges this notion and calls for a wider participation of most vulnerable groups which include the children, women, elderly and persons with disabilities. Large scale disasters have now become evident worldwide and these have brought significant ill impacts to the people particularly the vulnerable groups. Among the recent disasters that struck across the globe were the Haiti Earthquake in January 2010 which claimed the lives of an estimated 230,000 people; Chile Earthquake which happened the following month and triggered tsunami affecting some coastal towns; affecting 8 million people of Sichuan, China and; the 2010 Yushu Earthquake which killed 2,698 inhabitants. These huge disasters have destroyed houses, livelihoods and structures, triggered epidemics, displacement, hampered schooling and caused trauma to the affected people. Children are among the members of the populace that suffer the greatest burden during these emergency situations which largely affect their wellbeing.

Findings of Plan's work (2005) in Asia highlights that, children often form more than one-third of the death toll and even more the surviving population. Most of the time children are not involved in the disaster response and rehabilitation and their voices are not heard and reflected in the way many organizations and government react to disasters. In the initial phase of a disaster, the typical societal patterns/groupings that protect children may be challenged or broken. Children can be further harmed, abused and exploited by those who take advantage of dysfunctional law and order systems after disasters. However more attention is usually paid to their physical needs than their cognitive and emotional needs. There are few examples of well-integrated disaster interventions that consider children from many directions, who have special needs but who also have special capacities to be independent, strong survivors capable of sharing knowledge and contributing to make community resilient

This is the very basis why a Child-Centered Disaster Risk Reduction (CCDRR) is needed in implementing initiatives that aim to achieve safe, developed and sustainable communities. The CCDRR offers an enabling environment for children to become actively involved in disaster risk reduction. The approach provides an avenue for children to utilize their knowledge, skills and attitude to contribute to the creation of a safe, habitable and resilient environment along with adults. Providing them an avenue to explore their potentials and take part in undertaking development work together also allows them to raise their voice to protect basic rights. Their participation challenges the conventional perception of children being mere beneficiaries of assistance and therefore creates an opportunity for them to undertake roles and participate in community development work.

### **What is CCDRR?**

Child centered disaster risk reduction (CCDRR) is a process to strengthen communities resilience. Children become activist and mobilize community through influencing individuals, peer group, households and neighborhoods and continue to scale up to the Union, Upazila and national level. CCDDR complements to national action plan for children, Bangladesh through developing

The CCDRR is based on Plan UK DRR theory of change where the emphasis first is on building the capacity of children so that they can raise awareness and advocate for their rights. This also brings the duty bearers listen to children and provide them space in DRR planning and decision making process. This ultimately will increase well being change among children and community would be resilience to disasters. CCDRR complements the Child Centered Community Development (CCCD) which is a driving vehicle for community development. The relationship

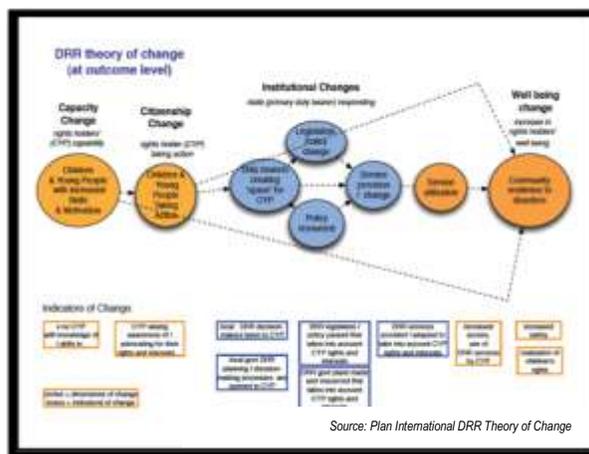


Figure 1

between development and disaster is well proved now by various past events. As CCCD captures the development issues which interact with disaster. CCDRR brings the disaster risk issues into CCCD.

### What CCDRR is not?

Disaster risk reduction issues get incorporated in all stages of CCCD and this way CCDRR does not become a standalone document or process either. In other words CCDRR does not suggest to be facilitated separately in the community to address the DRR issues.

### How to do CCDRR?

The CCDRR process evolves from the child centered community development (CCCD). CCDRR begins with preparatory process by building the capacity of staff and partners; identification and review of existing DRR programs done by other actors in the community; selection of target communities. Further immersion will be conducted to build the rapport with community, collection of useful information from different stakeholders. Identification of potential adult and child including persons with disabilities activists will be done who will eventually lead the process of CCDRR. Child activists' capacities will be built at this stage so that they lead the situation assessment process by capturing the hazards, vulnerabilities and risks in the community. Child activities would validate the scenario of their locality to adults within the community and local government as well. The validation process will recognize the potential among children and give due importance in planning, implementation, monitoring and evaluation. Child activist would make sure that the DRR issues related is being incorporated in the planning process. The implementation part begins with formation or strengthening (if existing) of children's and community based organizations. Children's organization takes lead role in monitoring and evaluation of the implemented plan. Organization reflection and evaluation would be conducted to assess the strengths and weakness of CCDRR interventions which will help improve the CCDRR process in future.

### Who is this guide for?

This guidebook has been developed for Plan Bangladesh staff, child activists and community based organizations and other non-government organizations as well. This guide takes a two stage approaches

where focus has been to sensitize the readers about child centered disaster risk reduction perspectives and at the same time allows practitioners to pilot with community as well.

### **Who are the participants of CCDRR?**

Participation of all stakeholders is essential in CCDRR. Children, adults, community based organizations, Disabled People Organization (DPO) who reside within the locality and directly impacted by any hazards are primary stakeholders of CCDRR process. UDMC/PDMC, government agencies are also stakeholders in CCDRR and may not be directly impacted and provide external support.

### **How to use this guidebook?**

This guidebook has been developed by taking a two prong approach; the first part of the guidebook serves as a reference material about the CCDRR. In this section it discusses about the CCCD and explains how disaster has an impact on development issues which requires to be incorporated in each stage of CCCD. It also discuss about the standard CBDRR process and its alignment with CCCD. The second part of the guidebook is about the application of CCDRR where discussion will be done on work process. This guidebook has been prepared for the practitioners and highlights the practical aspects of conducting CCDRR at the field level. The guidebook has been written from the facilitator's perspective and provides him/her with concise procedure to follow. This guidebook contains six chapters.

### **What resources are needed?**

Time and other resources required to conduct CCDRR are flexible. The guide provides scenarios and suggests timetables as well as resources based on the field experience. A list of materials is in the Annex.

### **Facilitation**

Facilitation of this guidebook entirely depends on effective facilitator which will encourage children and adults both to go through leaning and change that CCDRR is expected to bring. The facilitator should be competent not only in terms of concept and theory but at the same time he/she should have oral and written communication skills. That is why there is a difference between teaching and facilitation. Facilitators should aim to increase children and adults awareness so that they are able to recognize problems and their causes and find solution. Without an effective facilitation no guidebook or even learning process can be a realized and ultimately process will not be owned by the children and adults.

### **Facilitator prerequisites**

Facilitator should undergo Training of Trainer (TOT) on basics of disaster risk reduction before facilitating the CCDRR. In TOT facilitator should learn facilitations knowledge and skills. Apart from the training, facilitator should be competent in oral and written communications, problem solving, partnership building and co-operating with others, training, managing and utilizing information, and social mobilization.

### **Additional reading, reference**

This guidebook provides the additional reading in relation with CCDRR and other relevant document as a reference material.

## Chapter 1: Introduction of Child Centered Community Development (CCCD)

This chapter discusses about the CCCD framework and work process to provide understanding to the facilitator. CCDRR will complement CCCD and chapter 1 is significantly important for the facilitators to develop understanding on CCCD and work process which will be seen in the framework of CCDRR later on. CCCD handbook has been taken as base document for this chapter.

### CCCD framework<sup>2</sup>

Plan's Vision, Mission and Program Principles focus on increasing the capacity of poor children and their families to participate effectively in meeting their practical and strategic needs as well as contributing to and benefiting from society. Child Centered Community Development (CCCD) defines Plan's role to promote social change and community empowerment. The CCCD framework has been designed to establish an appropriate approach for working with poor as well as guidelines for addressing their needs in different issues in different programs.

Figure 2



CCCD starts off with the participation—getting the children and their families actively involved in decisions and issues that affect them. This is usually done through discussions where the views of all participants are heard. And this is often a challenging process as communities listen to voices previously marginalized or discriminated against because of age, gender, disability or social groups. But for those who were marginalized and discriminated against—often the poorest and most vulnerable—such participation is a key step towards empowerment. This way for promoting participation enables us to challenge the existing power structure and organizational discrimination at the local, regional and national levels. The importance of the participation of children and persons with disabilities cannot be overstated. It is not possible to talk about children's issue without talking about issues in their community e.g. lack of clean water, poor education services, lack of income opportunities, abuse of street children etc. Membership of such a group provides an opportunity for local people to analyze their issues, share their knowledge of possible solutions and identify local resources available to them. Groups thus begin to identify issues and become motivated to build on their knowledge, acquire relevant skills and develop their capacities to solve the issues with all children's relationships with adults. Such relationships, and how the adults consequently perceive children are generally at the heart of the child related problems like poor child health, poor schooling, child exploitation, intergeneration poverty, etc. The participation of children in meetings to discuss local problems is usually an enlightening experience for all, providing an opportunity to reassess and to take step towards addressing local harmful adult-child relationships, belief and practices. This community-wide participation leads to the formation of local groups and organizations of all children and adults that tackle particular coming together.

<sup>2</sup> CCCD Handbook

Child-centered programs are developed that aim at building the capacity of the communities to influence the local service providers. At the same time, Plan works with the duty bearers and service providers so that they are capacitated to deliver quality service. Child centered programs include interventions which not just focus on symptoms of the poor service deliveries but also address the underlying causes of such poor services and develop programs which address them.

Often the solution to an identified issue which affects the lives of children lies beyond the capacity of the local group and can only be obtained through a partnership or alliance with another organization-either governmental, NGO or private. Such partnerships, especially useful for improving the provisions for basic services, are built to provide necessary resources and skills for achieving the desired goals. In addition, such partnerships can also provide the means for scaling up successful local programs beyond their original scope to reach large numbers of children living outside Plan’s operational areas. Experience shows that just by implementing and scaling up the successful local practices is not sufficient to ensure child rights-there is need to work on making the existing system function, so that even after the organization finishes its work the benefits continue to reach children and the communities. The symptoms of child poverty are local, but the causes are at higher levels such as dysfunctional schools or health facilities at community level and may be because of poor allocation of government funds. In some cases, the causes of child poverty may even transcend the national boundaries such as unfair trade agreements resulting in marginalizing the poor farmers, debit financing resulting in putting the burden on the already resources-trapped economies, etc. Concerted actions at local, national and international levels are necessary to influence the decisions and priorities of institutions on poverty and the well being of children. Local groups and organizations together with Plan can ensure that the voices of children are heard and policy decisions are made and implemented at all levels.

CCCD enables children, families and communities to address children’s needs and rights and help play a role in realizing their potentials. For Plan, it will mean to enhance its capacity to influence the development agenda and for the donor countries it will help mobilize resources to work in the interests of children.

### Work process of CCCD

The work process of CCCD begins with **Preparation** at organization and staff level. At organization level, CCCD’s institutionalization is being demonstrated by senior management into different program unit. CCCD is a paradigm shift away from a welfare approach to development<sup>3</sup>. At the staff level, discussions are being made to raise awareness among Plan and partner staff and skill training needed to facilitate CCCD. Plan and partner staff must have key skills and knowledge to be able to mobilize and empower communities. Once

Figure 3



<sup>3</sup> CCCD Handbook

the preparation is completed the next step is **Immersion**, which is a continuous face to face process to understand community, their culture, social structure, livelihoods and economic security and their effects on children's health, disability, learning and recreation, relationship between children and families. Frontline staff will develop rapport and mutual trust with the community. During the immersion community will also come to know about the organization. Participant observation, small talks, home stay, key informant interview, focus group discussions, validation and triangulation, and consultations with key stakeholders are some of tool used during immersion. After understanding the community, **Situation assessment** encompasses the critical reflection by the community (children, adolescent girls and boys, adult men and women; includes persons with disabilities) about their own circumstances, issues, causes, interests and responsibilities. Using PRA and other interactive facilitation techniques, community workers can help community increase its confidence and analytical capacity to come together for collective action. After the situation assessment, **Planning** is a crucial phase in which the community decided what actions it will take to address their identified issues. All community issues should be analyzed in terms of their root causes and their link to regional and national issues. Alternative activities should be considered, and external stakeholders should present programs they consider as opportunities for addressing community interests. While addressing the content of issues, priority needs regarding how the community organization will be strengthened for improving the quality of services should be ascertained. All work should start with the community, but external stakeholders should identify opportunities in which they can address issues of poor children and their families. Therefore, there is a need for three levels of planning-community, stakeholders and joint planning. **Mobilization of resources**- human, material and financial- is crucial for conducting collective action for the development and welfare of the community. At it is essentially a human organization. Resource mobilization involved identifying local, regional, national and international resource for support; and its organization and optimum utilization. In Plan communities, international support is usually fostered by building relations through partnership between sponsors and local people and institutions. Planning should focus on enabling communities to manage sponsorship process and play the key role in resource generation (both internal and external) in addition to sponsorships and grants for which Plan takes the lead role. **Implementation** involves the orchestration of human, technical, financial and material resources over a period of time in response to an established plan of action. Community ownership and children's participation can be strengthened through implementation of activities that successfully address local issues. **Monitoring** these activities will improve both the quality and transparency of the activities. Monitoring involves the systematic observation, assessment and analysis of program implementation. Child centered Community Development requires **Participatory Evaluation** since the whole process is community owned. Community defined the program quality and objectives at the very outset and it is logical that the ownership of information, process and results of evaluation remains with the community and utilized by its members.

## **IMPORTANT!**

- ✚ CCCD starts off with the participation-getting the children and their families actively involved in decisions and issues that affect them.
- ✚ CCCD enables children, families and communities to address children's needs and rights and help play a role in realizing their potentials.

## **REFERENCES!**

- ✚ Plan Bangladesh's Handbook on Child Centered Community Development (CCCD)

## Chapter 2: Development and Disaster

### Development at Risk

Disaster is intimately connected with development. Disasters triggered by natural or human induced hazards put the development process at risk. The destruction and erosion of livelihoods are direct outcomes of disaster. Disaster also interacts with social investment aiming to eradicate poverty and hunger, provide access to education, drinking water and sanitation, safe housing, or to protect the environment as well as the economic investments that provide employment and income. At the same time, it has been clearly demonstrated how disaster risk accumulates historically through inappropriate development interventions. Every health center or school that collapses in an earthquake and every road or bridge that is washed away in a flood began as development activities<sup>4</sup>.

### Disasters hold back development

The past disasters events have clearly shown that, dev

Table 1

countries are

not on course to meet MDG1, the prime goal of halving extreme poverty and hunger by 2015. Country progress reports on MDGs frequently note progress on MDG1 being affected by disasters<sup>5</sup>. The table 1 shown below gives an overview on how disaster interacts with development process.

Disaster and Development		
	Economic development	Social development
Disaster limits development	Destruction of fixed assets. Loss of production capacity, market access or material inputs. Damage to transport, communications or energy infrastructure. Loss of livelihoods, saving and physical capital	Destruction of health or education infrastructure and personnel. Death, disablement or migration of key social actors leading to an erosion of social capital
Development causes disaster risk	Unsustainable development practices that create wealth for some at the expense of unsafe working or living conditions for others or degrade the environment.	Development paths generating cultural norms that promote social isolation or political exclusion
Development reduces disaster risk	Access to adequate drinking water, food, waste management and a secure dwelling increases people's resiliency. Trade and technology can reduce poverty. Investing in financial mechanisms and social security can cushion against vulnerability.	Building community cohesion, recognizing excluded individuals or social groups (such as women) and providing opportunities for greater involvement in decision making, enhanced educational and health capacity increases resiliency.

### What makes a disaster?

The common notion of disaster is; a situation or event which has occurred from potential threat i.e. hazards. In

reality disaster is a combination of several factors such as poor governance, lack of balance between growth and development, absence of strategic local planning and development, poverty, and existing hazards (natural or human induced). The dynamic pressure of population growth has created unsafe conditions for people and tremendous challenge for government to control. Perhaps the unsafe conditions becomes the root cause of any disasters and that is why disaster should not be seen a standalone event rather it should be considered as failure of development. In recent time, due to increase in the frequency of

<sup>4</sup> Reducing Disaster Risk: A Challenge for Development

<sup>5</sup> Disaster Risk Reduction: A development concern, DFID

disasters where loss and damage is substantial, a common thread of understanding has come up in the form of linking failure of development to disaster event. Both the school of thoughts in development and disaster sectors has admitted to tackle development failure and disaster together.

### Disasters are rooted in development failure

Development policy and programs to a large extent overlook the hazard and vulnerability aspect. Schools built in flood plain and coastal areas required distinct construction design. Basic services such as safe drinking water, health facilities and sanitation requires incorporate the possible impact of hazard in case of disaster. Disasters do not just happen. Development processes may increase exposure to hazard more directly. For example, rapid urban growth may increase exposure to landslides, earthquake or fires<sup>6</sup>.

### Vicious spiral of Disaster Risk and development failure

The shown vicious cycle here explains how failed development increases the disaster risk. Failed development reduces the capacity to cope with or adapt to risk and this increase human exposure to hazard. Due to low capacity to cope disaster and this increase number of exposed people and assets. Disaster stalls socio-economic development and undermine or destroy livelihoods. Failed development also limits resilience, weakening the base for emergency response.

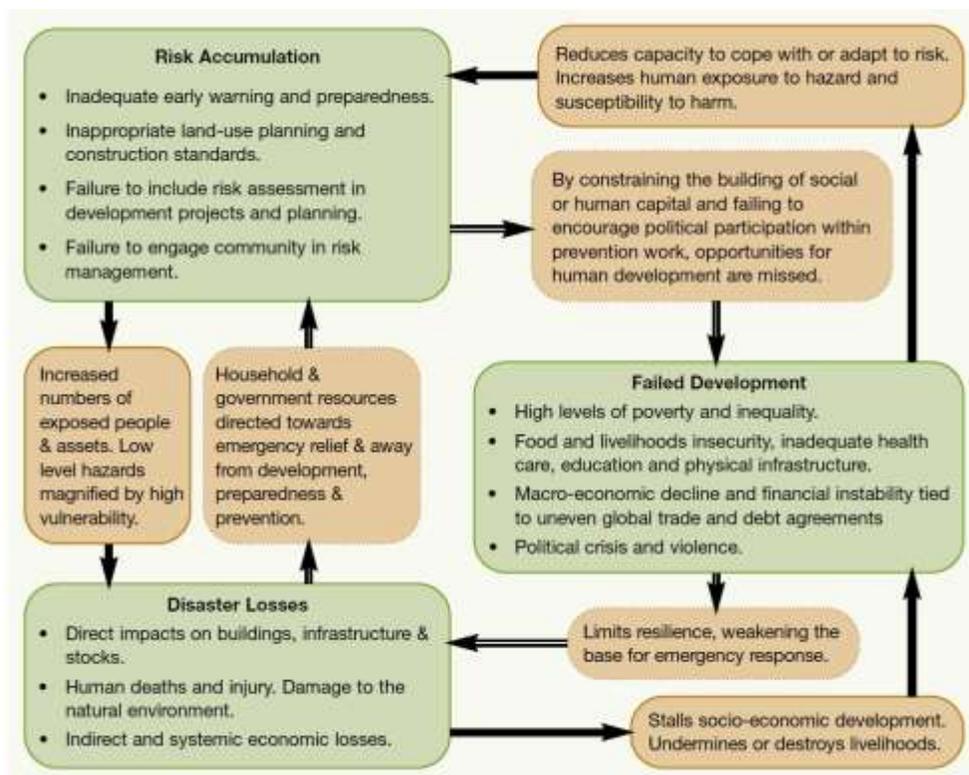


Figure 3

Though there is a paradigm shift in disaster risk management and more emphasis has been given to preparedness and mitigation but still the investment made by government or non-government organizations on relief and rehabilitation is huge compared to development, preparedness and mitigation.

<sup>6</sup> Disaster Risk Reduction: A development concern, DFID

## Mainstream model of disaster risk reduction and development

Development can reduce the human exposure to hazards by poverty alleviation, food and livelihood security, extending access to health and education. This will further lower the exposure to people and assets and also reduces loss and the costs of emergency response. Appropriate emergency response can constrain second and systematic impacts of disaster on livelihoods as well.

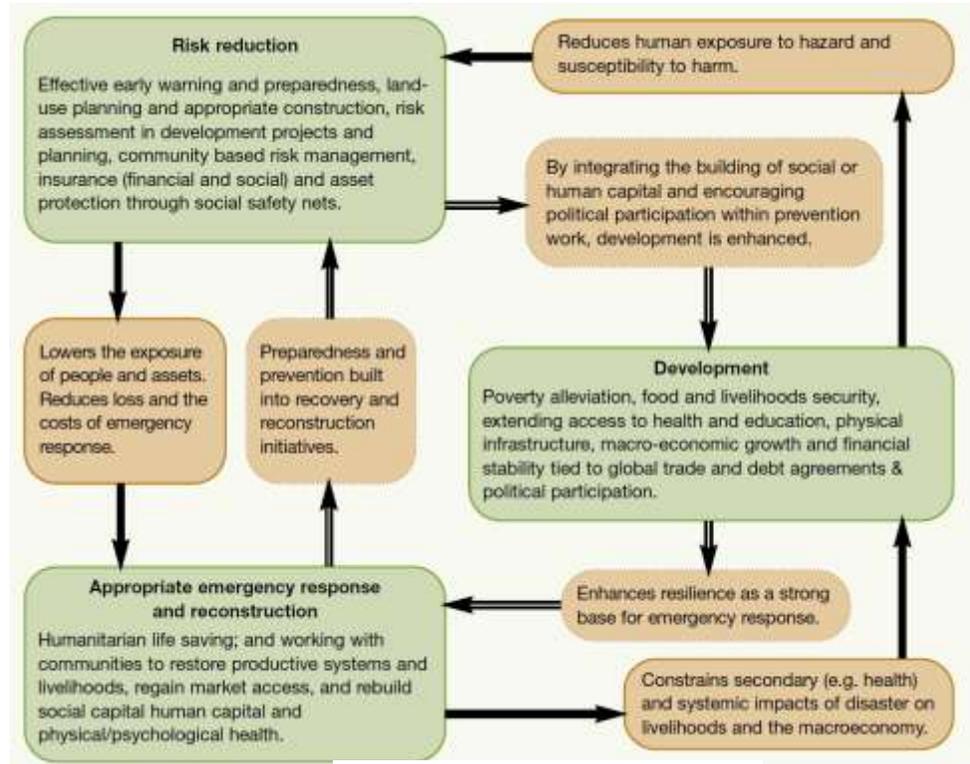


Figure 4

## Disaster management terminologies

The linkage between development and disaster is quite evident. It is important to have understanding about the terms and terminologies that disaster risk management has. It will provide reader a guideline to conceptualize the terminologies into the practice.

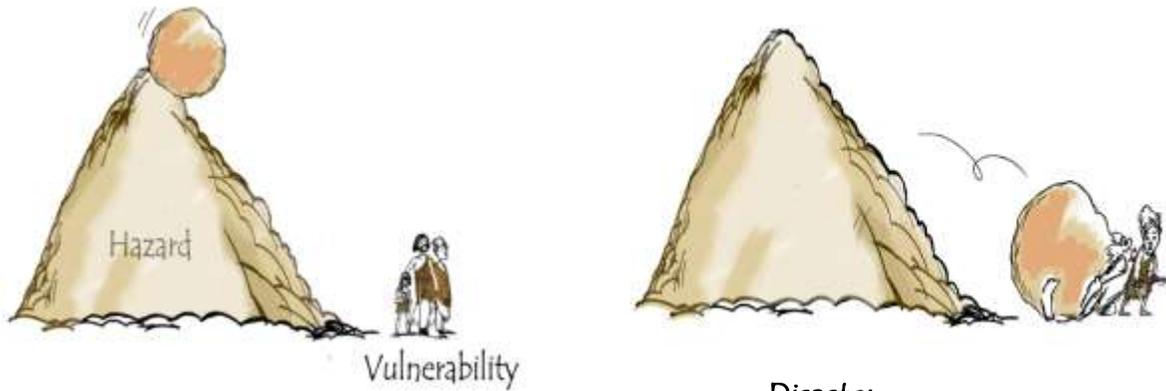


Figure 5

Terms	Definition
Hazard	A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury, disability or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
Vulnerability	The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard.
Capacity	The combination of all the strengths, attributes and resources available within a community, society or organization that can be used to achieve agreed goals
Contingency planning	A management process that analyses specific potential events or emerging situations that might threaten society or the environment and establishes arrangements in advance to enable timely, effective and appropriate responses to such events and situations.
Critical facilities	The primary physical structures, technical facilities and systems which are socially, economically or operationally essential to the functioning of a society or community, both in routine circumstances and in the extreme circumstances of an emergency.
Disaster	A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
Disaster risk management	The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster.
Disaster risk reduction	The concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.
Early warning system	The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.
Natural hazard	Natural process or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
Preparedness	The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions
Recovery	The restoration, and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors.
Response	The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.
Risk	The combination of the probability of an event and its negative consequences.
Risk assessment	A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.
Structural and non-structural measures	<b>Structural measures:</b> Any physical construction to reduce or avoid possible impacts of hazards, or application of engineering techniques to achieve hazard-resistance and resilience in structures or systems;

Terms	Definition
	<b>Non-structural measures:</b> Any measure not involving physical construction that uses knowledge, practice or agreement to reduce risks and impacts, in particular through policies and laws, public awareness raising, training and education.

Source: UNISDR, 2009

## Disaster Risk Management Cycle

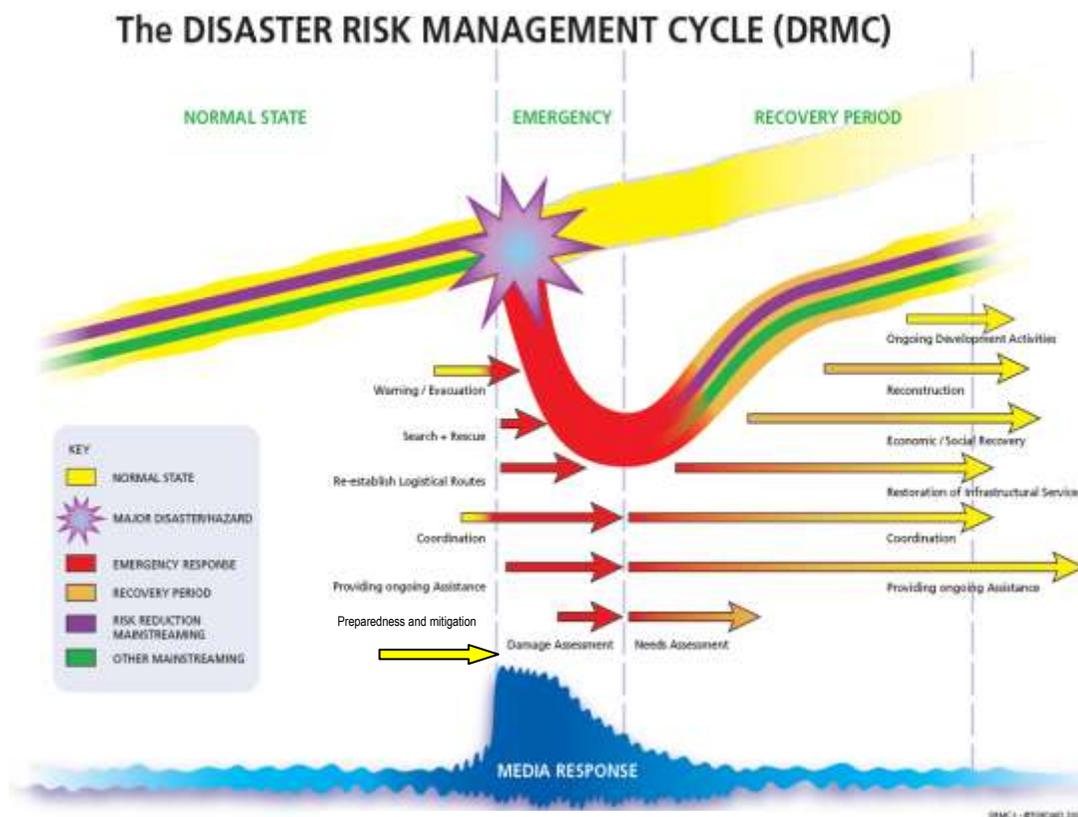


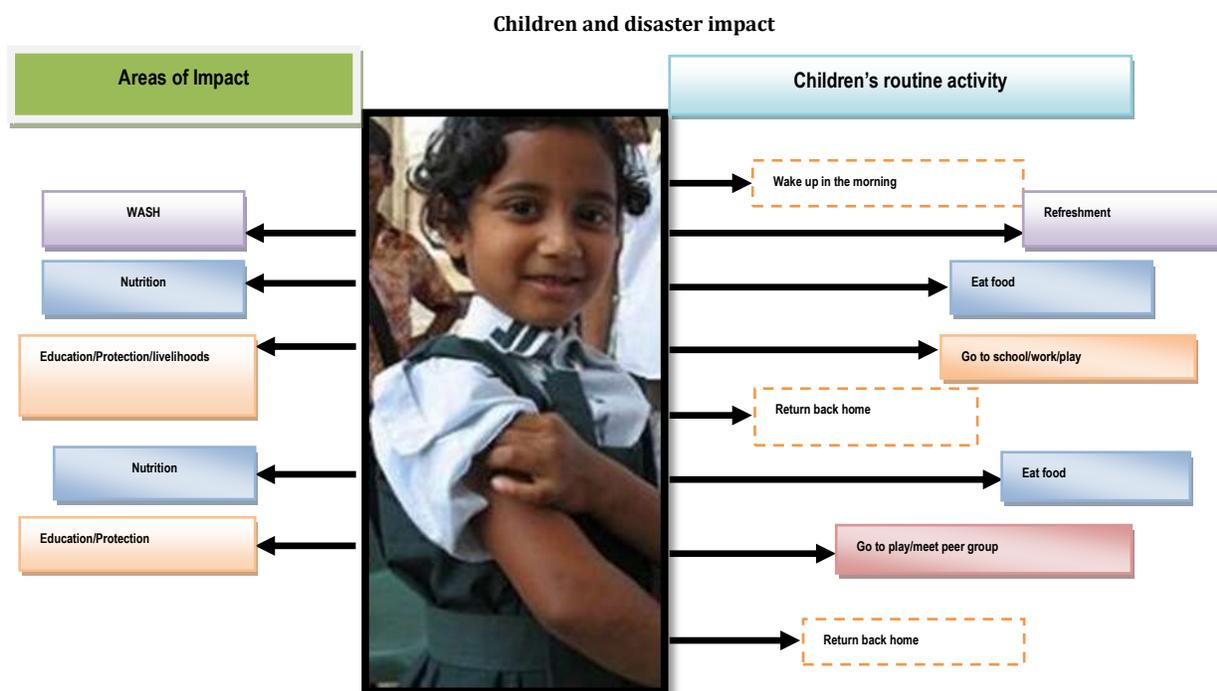
Figure 5

The disaster management cycle diagram explains three different scenarios of disaster risk management. The very first scenario which is called the normal state of disaster risk management, describes normal state represents risk reduction mainstreaming where there is an alignment with various sectors and disaster interacts directly with these such as education, health, agriculture, fisheries, transportation and communication, power and energy, road and construction. In the same normal state, preparedness and mitigation are also being taken care of in advance to decrease the possible threat or risk. The correlation among normal, emergency and recovery stages that has shown in the figure is self explanatory. Investment made in normal state would reduce the time to respond during emergency and sooner recovery will take shape as normal.

### Impact of disasters on children in Bangladesh

Bangladesh has its own history of major disasters. For the last forty years, Bangladesh has experienced various types of disasters killing millions of people, in consideration of age most of them were children. According to UNICEF the devastating SIDR affected 8.5 million people. Almost half of them were children

in the country when 47% of total population is children and they become more vulnerable during disaster. Different types of disasters not only kill children but also injure them both physically and mentally. Disasters destroy household and their learning centre. After all, effect of disasters on children's is very injurious. Below shown diagram explains that how children's get affected by disaster:



Source-CICRA

Figure 6

The above figure was explained to the participants in terms of children's routine activities and how these activities can be categorized in different sectors which encounters with different disasters like cyclones and floods.

Sector	Impact
<b>Health</b>	Lack of breastfeeding
	Inadequate food intake
	Health Related Sickness
	Malaria, diarrhoea or dysentery
	Worm infestation among children
	Physical injury
<b>Education</b>	Trauma
	Loss of school Infrastructure due to disaster
	Loss of school learning material due to disaster
	Loss of school time and closure
	Lack of access to school
	Drop outs
	Road injury/accident during school time

Loss of recreational activities
Impact on school related programs and projects
Impact on school examination
Impact on school calendar

Table 2:

Figure 7

**Children’s contribution throughout disaster life cycle**

As we saw in the previous section about the impacts of disaster on children per se, it is essential to know in what capacity do children can contribute to disaster risk reduction. Vulnerability narratives have been supplemented in recent years with those stressing children’s active participation and agency in efforts to prevent, prepare for, cope with, and adapt to climate change and extreme



events. While this has initially been linked to infrastructural protection and curriculum development in schools (Wisner, 2006), this has more recently considered participation through child-centered programmes, child rights-based approaches, children’s engagement in related policy spaces and risk communication(Back and others,2009;Mitchell and others,2008,2009;Peek,2008;Tanner and others,2008,2009b).These have covered activities before, during and after disaster events. They are founded on rationales including children’s ability to participate in DRR activities in their homes, schools and communities, to learn about disaster sand climate change, and to communicate risk to their peer and relatives, as well as providing practical and creative ideas to help their families and communities recover from disasters (Peek, 2008).

**IMPORTANT!**

- ✚ Development policy and programs to a large extent overlook the hazard and vulnerability aspect
- ✚ Failed development reduces the capacity to cope with or adapt to risk and this increase human exposure to hazard.

- ✦ Development can reduce the human exposure to hazards by poverty alleviation, food and livelihood security, extending access to health and education.

## REFERENCES!

- ✦ A Global Report- Reducing Disaster Risk: A Challenge for Development, 2004, UNDP and BCPR
- ✦ Disaster Risk Reduction: A development concern, 2005, DFID.
- ✦ Terms and Terminologies- UNISDR, 2009
- ✦ Child Inclusive Community Risk Assessment (CICRA), 2010, ADPC, Plan Bangladesh and Islamic Relief Worldwide
- ✦ Chris Piper/TorqAid-Disaster Risk Management Cycle
- ✦ PeekL.2008.Childrenanddisasters: understanding vulnerability, developing capacities and promoting resilience—an introduction. Children, Youth and Environments 18:1–29.

## Chapter 3: Understanding CBDRR and its alignment with CCCD

This chapter aims to provide understanding to the reader on community based disaster risk reduction. It will also explain about the approach, process and outcomes of CBDRR and further will discuss about how CCCD and CBDRR can be align to develop CCDRR model.

### Community based Disaster Risk Reduction (CBDRR)

CBDRR is a process of disaster risk management in which at risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks reducing their vulnerabilities and enhancing their capacities. This means that the people are at the heart of decision making and implementation of disaster risk reduction activities. The involvement of the most vulnerable is paramount and the support of the least vulnerable is necessary.

### CBDRR approach<sup>7</sup>

**Centrality of the role of community in disaster risk:** the focus of attention in disaster risk reduction is the local community. The CBDRR approach recognizes that the local people are capable of initiating and sustaining their own development. Responsibility for change rests with those living in the local community.

**Disaster risk reduction is the aim:** The main strategy is to enhance capacities and resources of most vulnerable groups and to reduce their vulnerability in order to avoid the occurrence of disasters in future.

**Recognition of the link between disaster risk reduction and the development process:** CBDRR should lead to general improvement in people's quality of life and the natural environment. The approach assumes that addressing the root causes of disasters, e.g. poverty, discrimination and marginalization, poor governance and bad political and economic management would contribute towards the overall improvement in the quality of life and environment.

**Community is the key resource in disaster risk:** The community is the key actor as well as the prime beneficiary of the disaster risk management process.

**Application of multi-sectoral and multi-disciplinary:** CBDRR brings together the many local community and even national stakeholders for disaster risk reduction to expand its resource base.

**CBDRR as an evolving and dynamic framework:** Lessons learned from practice continued to build into the theory of CBDRR. The sharing of experiences, methodologies and tools by communities and CBDRR practitioners continues to enrich practice.

**CBDRM recognizes that different people have different perceptions of risk:** Specifically, men and women who may have different understanding and experience in coping with risk also may have a different perception of risk and therefore may have different views on how to reduce the risks. It is important to recognize these differences.

**Various community members and groups in the community have different vulnerabilities and capacities:** Different individuals, families and groups in the community have different vulnerabilities and capacities. These are determined by age, gender, class, occupation (sources of livelihoods), ethnicity, language, religion and physical location.

## Process of CBDRR

Figure 8

In the CBDRR Process, a thorough assessment of the community's hazard exposure and analysis of their vulnerabilities as well as capacities is the basis for activities, projects and programs to reduce disaster risks. The community should be involved in the process of

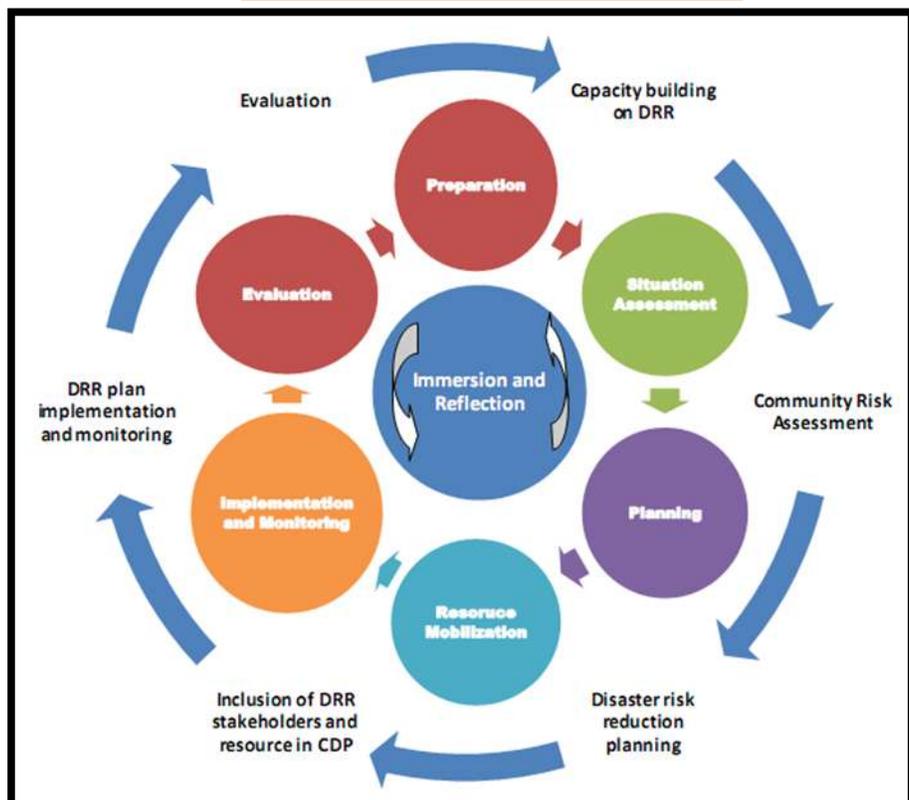


assessment, planning and implementation. This approach will guarantee that the community's real needs and resources are considered. There is more likelihood that problems will be addressed with appropriate interventions, through this process. The CBDRR process has seven sequential stages, which can be executed before the occurrence of a disaster, or after one has happened, to reduce future risks. Each stage grows out of the preceding stage and leads to further action. Together, the sequence can build up a planning and implementation system, which can become a powerful disaster risk management tool.

## Development of CCDRR model

The CCCD model provides the basis to develop the CCDRR. CCCD has its own uniqueness and well understood at all level of Plan Bangladesh. The CCDRR model has been developed by a consultative process with Plan Bangladesh staff and consensus was build to use the same CCCD model. This will avoid any confusion among the frontline staff to implement CCDRR, as it has been discussed in the very beginning at the introductory guide that, in

Figure 9:CCDRR Model



terms of process all the standard CCCD cycle will be followed and DRR will aspect will be established in each of the stages of CCCD. The work process of CCDRR model will begin with CCCD's **Preparation** at organization and staff levels. At this stage capacity will be built on Disaster Risk Reduction through training and brainstorming. During the **immersion** process frontline staff will develop understanding about the existing hazards and risk within the community. During the Situation assessment, **Community Risk Assessment** (hazard, vulnerability and capacity assessment) will also be conducted to encompass critical reflection by community (children, adolescent girls and boys, adult men and women) about their situation, issues, causes and interest. At the Planning stage of CCCD, based on the community risk assessment, DRR issues related to preparedness will also be incorporated in the **Community Action Plan (CAP)**. At the **Resource Mobilization** stage, stakeholders relevant to disaster risk reduction will be identified too and resource inclusion will be done accordingly. **DRR plan implementation** will involve human, financial and material resources over a period of time in response to an establish plan of action. **Monitoring and Evaluation** of DRR activities will be done along with the CCCD.

### **Difference between CBDRR and CCDRR**

The development of CCDRR model provides an understanding about the basic differences between CBDRR and CCDRR which are as follows:

<b>CBDRR</b>	<b>CCDRR</b>
In CBDRR, community is central to the process and it does not specify any target group to enter into the community.	In CCDRR, community is also central to the process and it does specify children as the target group to enter into the community.
CBDRR process may overlook children's vulnerability as adult lead the process.	CCDRR does capture children's vulnerabilities as children take the lead role.
Most the tools that are being used in CBDRR are adult led process.	Tools that are being used are child led.
In CBDRR the risk assessment is mostly done by adult.	In CCDRR, child activists do the risk assessment and validate with adults and local authority.
CBDRR does emphasis reactivating/strengthening community based organizations (CBOs).	CCDRR does emphasis on reactivating/strengthening community based organization and children's organization.
The focus of CBDRR is central to natural hazards and its impact on the community	The focus of CCDRR is central to development issues, natural hazards and its impact on the community.
The main strategy of CBDRR is to enhance capacities and resources of most vulnerable groups and to reduce their vulnerability in order to avoid the occurrence of disasters in future.	In CCDRR, the main strategy is to empower children; including children with disability to raise voice for their rights and at the same time prepare community for any potential disasters.

Both CBDRR and CCDRR are bottom up and participatory approaches. CCDRR brings the most vulnerability community i.e. children into disaster risk reduction process as active actors. CCDRR strengthen children's capacity on both development and DRR issues so that they become the Change Agent for the community.

## **IMPORTANT!**

- ✦ The CCCD model provides the basis to develop the CCDRR.
- ✦ The main strategy of CBDRR is to enhance capacities and resources of most vulnerable groups and to reduce their vulnerability in order to avoid the occurrence of disasters in future.
- ✦ In CCDRR, the main strategy is to empower children to raise voice for their rights and at the same time prepare community for any potential disasters.

## **REFERENCES!**

- ✦ CBDRR Field Practitioners Handbook, 2004, ADPC

## Chapter 4: Work process of CCDRR

### Introduction

This section describes the work process of CCDRR that will be carried out by the frontline staff of Plan Bangladesh. As the CCDRR model follows the CCCD cycle, the work process of CCDRR explains each step in detail and relationship with CCCD activities. This will enable frontline staff of CCCD and CCDRR to work together. The whole process of the CCDRR as well as the actors involved in it should be driven by the goal of fulfilling the rights of children—right to survival, development, and participation. These rights are central in the CCDRR work where young individuals are seen as primary actors and beneficiaries of the agenda. They are recognized as lead actors in consideration of the said rights and the adults who serve as the duty bearers / service providers remain liable toward its realization.

#### **Key CCDRR values:**

- Belief in children participation.
- Belief in vulnerable people's ability to participate.
- Respect for all.
- Clear understanding of CCDRR approach and strategies
- Orientation of partners and other stakeholders in CCDRR
- Facilitation skills to engage children and vulnerable groups in development and disaster risk reduction process.
- Clear understanding on child rights within CRC context.

*Source: CCCD Handbook*

### Preparation

Preparation begins at organization and community level. At the organization level, discussion and meeting takes place with senior management on the process to be conducted, whereas at the community level, consent regarding CCDRR intervention from larger community members. The frontline and partner staff must have some key skills, attitude and knowledge to empower communities with capabilities to make the work process functional<sup>8</sup>. Following are the objectives of preparation at organization and community levels:

#### **At organizational level:**

- Training and orientation of the staff on Plan's vision, mission, strategy and Basics of Disaster Risk Reduction.
- Discussion on CCDRR objectives and approach with management and frontline staff.
- Community/area selection.

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<sup>8</sup> CCCD Handbook

**At the community level:**

- Meeting and description of Plan's goal and objectives with the community members.
- Taking permission/consent from the community regarding CCDRR intervention.

**Method**

- Training
- Consultation meeting at the organization and community level.

**How to do it:**

- Conduct activity among staff members on the basics of DRR with special focus on children and their rights. This could be done through trainings for them to understand CCDRR, terminologies, concepts, processes as well as the relevant principles/ values that they should take into consideration.
- Review and examine existing DRR programs at the local, district, regional and national levels to see areas where child-centered interventions can be started and/ or integrated.
- Identify concerned agencies involved in DRR at the local, district, regional and national levels and coordinate with them to promote the integration of children's participation as well as explore possible areas of partnership.
- Prioritize and select communities that are frequently hit by disasters.
- Collection of relevant documents related to DRR and development, community based DRR, child rights, national action plan for children-Bangladesh, disaster management policy, Standing Order of Disaster Management. Demographic data, hazard related information of Bangladesh

**Output**

- Frontline and partner staff are trained on CCDRR
- Community has given consent on CCDRR intervention
- Frontline and partner staff are prepared for immersion process in the community.

**Immersion**

Community is dynamic and complex by nature. It is essential to know community, its power and political structure, relationship among the members, social and cultural practices, economic activities, existing natural and economic resources, overview of the development problems and issues, common understanding about existing hazard and risks, before intervention. Immersion is a process which allows the frontline staff to get closer to know the characteristics of community and develop mutual trust. Though immersion is a continuous process but it has greater significance at the early stage of CCDRR.

**Objective**

- Understand community's values and practices
- Develop mutual trust and relationship
- Orientation to the community about organization's vision, mission and goal.

## **Method**

- Using participatory rural appraisal tools, consultation and sharing

### ***How to do immersion?***

Collect relevant information in the communities which would give a general picture of their vulnerable situation including children, persons/children with disabilities. Some of the useful data are the following: geographical and physical characteristics of the area, demographical features (population, age and gender distribution), livelihood patterns, physical environment/accessibility, cultural ways and practices, types of hazards in the area, common problems and issues affecting the people especially the children, role of children (before, during and after a disaster), assistance given to children, existing resources, organized groups and associations that operate in the area, availability of basic services and life support and structure of governance. What are the view of common people regarding disability, who community treat and behave with persons/children with disability, common causes of disability, what are the management of disability or what services are available in the community, awareness on rights of persons with disabilities etc. Data gathering could be done through direct community interaction especially with children using participatory methods and review of related literature. Identify potential adult and young individuals as well as organizations that can be involved in the initiative.

### ***Tools to be used***

- **Participant observation-** this technique will allow staff to get a snap-shot of the target community, geographical and physical characteristics of the area, social, cultural, economic context, relationship among and between people, norms and events, people's behavior and activities- what they do, how frequently and with whom.

### **Responsibility as a participant observer:**

*Specific responsibilities include:*

- ✚ Observing peoples as they are engage in activities that would probably occur in much the same way if you were not present.
- ✚ Engage to some extent in the activities taking place, either in order to better understand the local perspective or so as not to call attention towards observer.
- ✚ Identifying and developing relationships with key informants and stakeholders.

### **Is participant observation done individually or as a team?**

Participant observation may be done individually, in pairs, and in teams-whichever arrangement is most appropriate for covering the locations. Factors often considered in determining the appropriate arrangement include the age, gender, disability, physical appearance and personality. One way to do participant observation is for members of a team to disperse to different locations, individually or in pairs or groups to spend time doing focused observation. They can then meet again to discuss their findings. They might then

create a map indicating places where some activity of interest was observed or where certain types of people go at different times of the day or week.

***What to observe during participant observation?***

Category	Includes	Observant should note
<b>Verbal behavior and interactions</b>	Who speaks to whom and for how long; who initiates interaction; language or dialects spoken, tone of voice, way/mode of communication	Gender, age, impairment and profession of speakers; dynamics of interaction
<b>Physical behavior and gesture</b>	What people do, who does what, who interacts with whom, who is not interacting	How people use their bodies and voices to communicate different emotions, what individual behaviors indicate about their feeling toward one another, their social rank and their profession
<b>People who stand out</b>	Identification of people who receive a lot of attention from others	The characteristics of these individuals; what differentiates them from others; whether people consult them or they approach other people

- **Focus group discussion-** it allows to frontline staff to gain knowledge about the community or need by interviewing a group of people directly affected by the issue.

**When is focus group discussion appropriate?**

- ✚ When facilitator want to understand differences in perspectives
- ✚ Facilitator want to understand what factors influence opinions or behaviors
- ✚ Facilitator wants to learn about participants by observing their interaction.

**When is focus group discussion not appropriate?**

- ✚ Facilitator need to ask participants sensitive information
  - ✚ Facilitator need statistical information about an entire community
  - ✚ Facilitator is working with emotionally or politically charged groups
  - ✚ Facilitator want people to come to a consensus
- **Key Informant Interview-** the term “key informant” refers to anyone who can provide detailed information and opinion based on his or her knowledge of a particular issue. Key informant interviews seek qualitative information that can be narrated and cross checked with triangulation method

***How to conduct key informant interview:***

Steps	Explanation
<b>Step 1: Chose the interviewer</b>	The interviewer has to remain neutral and must refrain from asking biased or leading questions during the interview. An effective interviewer understands the topic and does not impose judgments.
<b>Step 2: Identify suitable key</b>	Choose suitable key informants according to the purpose of the interview. A key

<b>informants</b>	informant can be any person who has a good understanding of the issue you want to explore. The informant can be a community member, teacher, religious or secular leader, indigenous healer, persons with disabilities, traditional birth attendant, local service provider, children and young people or others from the affected community. Interviews can take place formally or informally – preferably in a setting familiar to the informant.
<b>Step 3: Conduct the interview</b>	<ul style="list-style-type: none"> <li>+ Based on what you already know about the issue, develop an interview guide beforehand to ensure that all areas of interest are covered. Use open-ended questions as much as possible.</li> <li>+ Hold the interview in a place that can put the respondent at ease.</li> <li>+ Establish contact first by introducing yourself.</li> <li>+ Thank the participant for making his or her time available.</li> <li>+ Describe the objectives of the interview.</li> <li>+ Go through the interview guide questions, your notes.</li> <li>+ For each interviewee, note down your own observations about the process and content of the interview.</li> <li>+ To interview persons with disabilities: <ul style="list-style-type: none"> <li>- Respect the person during discussion</li> <li>- Talk directly with persons with disabilities to have better information.</li> <li>- Talk with the same level/height of person with disability i.e. same level of a person who use wheelchair.</li> <li>- Don't assume that you understand, if you don't. Repeat your question if you can't understand.</li> <li>- You may need support from interpreter or caregiver to communicate with the person</li> <li>- Ask caregiver about the best way of communication</li> </ul> </li> </ul>
<b>Step 4: Crosscheck information</b>	In the initial response of an emergency each informant may give you new information. But later on, informants usually confirm or clarify the data that you already have. Be sure to confirm that your notes reflect more than one background or viewpoint. If not, your conclusions may end up one-sided or biased
<b>Step 5: Use the data</b>	Information from key informant interviews helps you to further probe the needs, wants and priorities of an affected community.

- **Small talks**<sup>9</sup>- By participating in informal, spontaneous discussions one can learn much from and about the community. Small talks happen wherever people gather to exchange thoughts and tell stories—whenever women gather at the water pump, or children play on to their way home from school, or men meet at the marketplace at dusk on the market day
- **Home stay**<sup>10</sup>- A home stay with a poor family gives a frontline worker firsthand experience with the realities of family life which PRA techniques can only simulate. By experiencing the realities of a poor family, the home stay is helpful in motivating and reaffirming commitment to social changes in which participation of marginalized is ensured. Stay at home of person with disability provides a comprehensive understanding on how they perform their daily activities, what barriers they face and how they overcome.
- **Consultation with key actors**- discussion should also be made with local authorities such as Union Parishad, government agencies and other existing NGOs, DPOs in the target area to collect specific information and also letting actors to know about CCDRR intervention.

<sup>9</sup> CCCD Handbook

<sup>10</sup> CCCD Handbook

- **Validation and triangulation-** Collected information requires to be validated with different groups such as boys, girls, men and women.
- **Identification of potential adult and child activist-** At the end of the immersion, facilitator should identify potential adult and child activist who will lead in the entire process of CCDRR.

### ***Output***

- ✚ Community profile generated
- ✚ Potential adult and child activist are identified.

Important CCDRR Factors	Specific issue
<b>Geography</b>	Location
	Topography
<b>Demography</b>	Number of HHs
	Population Density
<b>Community Resources</b>	Material Resources
	Human Resources
<b>Social Structure</b>	Democratic structures
	Religious structures
	Household structures
<b>Community Practices</b>	Indigenous Knowledge and Practices
	General Practices
<b>Income Sources</b>	Employment opportunities
	Children's Employment
	Women's Employment
	Persons with disabilities Employment
<b>Local Institutions</b>	General
	Health
	Education
<b>Persons with Disabilities</b>	Overview
<b>Children in the Community</b>	Overview
<b>Risks and Hazards</b>	Overview
<b>Other Factors</b>	Overview
<b>Collection of administrative and relevant maps, hazard related information and other scientific information</b>	

Database Sheet for information collection during Immersion, Source: CCDRR Immersion Report.

Key area	Key information required to collect
Hazards and Environment	<ul style="list-style-type: none"> <li>✚ What are the hazards/ disasters that have affected/ commonly affect the communities especially children, person with disabilities?</li> <li>✚ What are the factors that increase children and communities' susceptibility to the said hazards?</li> <li>✚ How often do communities experience such hazards? Specify the period (i.e. month) where such hazards are prevalent and the duration (how long do hazards last/ stay?)</li> <li>✚ What areas suffer most from the adverse impacts of the hazards (high risk areas)?</li> <li>✚ Who among the community people suffer the most from the ill impacts hazards? How families? How many children, persons with disabilities are there in the families?</li> <li>✚ What are the possible damages that the hazards pose to the communities that greatly affect children? Consider the following aspects: <ul style="list-style-type: none"> <li>a. Environment(natural resources):</li> <li>b. Physical/ Material: (properties/ infrastructures):</li> <li>c. Economic (livelihood):</li> <li>d. Social (practices which might be disrupted):</li> <li>e. Education:</li> <li>f. Health:</li> </ul> </li> </ul>
Economic Security	<ul style="list-style-type: none"> <li>✚ What are the major livelihoods in the area?</li> <li>✚ Who among the community people are engaged? Are there children? If yes, who are these children (specify age, gender)?</li> <li>✚ Among the identified major livelihoods, which is affected the most in times of disasters? Describe the impacts of disasters to these livelihoods.</li> <li>✚ Are there alternative livelihoods activities that affected populace can engage in when major livelihoods are disrupted during disaster situations? If yes, what are these?</li> <li>✚ Where do families get their food during disaster situations?</li> <li>✚ How often do children and families eat during normal times? During disaster times?</li> <li>✚ Are there organizations which assist them in meeting their food/ nutritional needs?</li> <li>✚ Are there livelihood activities that are harmful to the environment? If yes, what are these?</li> <li>✚ Do children engage in such livelihood activities? If yes, who are these children (specify age, gender)?</li> <li>✚ Are there existing programs to prevent such livelihood activities? If yes, what are these and who are the implementers?</li> <li>✚ Do persons with disabilities have opportunities to participate in livelihood activity, what are the attitude of employer and co-worker towards person with disabilities?</li> <li>✚ Does the livelihood option of persons with disabilities is enough for his/her family? What is the situation during disaster?</li> </ul>
Health and Sanitation	<ul style="list-style-type: none"> <li>✚ What are the common hazards that affect people's health especially children during normal period and disaster times?</li> <li>✚ What are the factors that contribute to the children's susceptibility to such hazards?</li> <li>✚ What are the local measures done by the people in responding to the health issues affecting the children and the community?</li> <li>✚ Is there an existing plan to address the health issues brought about by the hazards to the children and the community?</li> <li>✚ Who are the actors that have helped/ continuously help the community in dealing with the health issues? Are there special programs for children? If yes, what are these?</li> <li>✚ Do all families have access to potable water during normal times? How about during disaster times? If yes, what are their sources? How far are these sources from their houses?</li> </ul>

	<ul style="list-style-type: none"> <li>✚ Do families have access to sanitation facilities during normal times? How about during disaster times? Where are these facilities located?</li> <li>✚ Are there health clinics in the area? If yes, how many staff are there? Is it open on a regular basis?</li> <li>✚ What medical facilities exist in the area that can help in providing treatment to community people especially children, persons with disabilities, pregnant women, persons with elderly?</li> <li>✚ What are the common health hazards of persons with disabilities? Nutrition consumption status.</li> <li>✚ Do persons with disabilities have access to safe drinking water and sanitation facilities especially for women with disabilities?</li> </ul>
Education	<ul style="list-style-type: none"> <li>✚ Are there educational structures for children such as schools/ day care centers/ in the area? Where are these structures located?</li> <li>✚ What are the risks that children face when they go to/in school? Who are the children most affected by these risks? Does the physical structure of the building accessible for children with disabilities?</li> <li>✚ Are there measures implemented to protect the children from these? If yes, who are the implementers?</li> <li>✚ Is disaster subject integrated in the school curricula? If yes, what are the subjects that teach children about disasters?</li> <li>✚ Are the school teachers trained in disaster risk reduction? How about the children?</li> <li>✚ Are the school teacher trained to teach student with disabilities? Are they aware about the managing techniques of children with disabilities during disaster”</li> <li>✚ Do schools have safety/ protection plan for their pupils/ students? If yes, who were involved in its development? Were the children involved?</li> <li>✚ What are the programs and activities included in the plan?</li> <li>✚ Are the schools used as evacuation centers? How often are the classrooms used as evacuation centers? How long are the classes suspended?</li> <li>✚ Are there activities and programs for pupils and students to continue their learning when school buildings are used as evacuation centers?</li> <li>✚ Are there organizations which assist in meeting the educational needs of children during normal period? During disaster times?</li> <li>✚ Apart from schools, are there other institutions which provide awareness on disasters to children? If yes, what are these institutions?</li> </ul>
Child Protection and Participation	<ul style="list-style-type: none"> <li>✚ What are the common child protection issues during disaster situations?</li> <li>✚ Who are the children highly vulnerable from experiencing child protection issues (i.e. abuse, harassment, child labor)? Specify age and gender.</li> <li>✚ Are there measures undertaken to prevent such child protection issues from happening? If yes, what are these measures and who implements these measures?</li> <li>✚ Are there organizations which provide psychosocial support to children during disaster times? If yes, what are these organizations?</li> <li>✚ Are all children able to access psychosocial support?</li> <li>✚ Are their areas in the communities where children can hold their play and educational activities during disaster times? If yes, where are these located?</li> <li>✚ Are there children with disabilities in the high risk areas? If yes, specify age and gender.</li> <li>✚ Are there programs and interventions particularly developed for children with disabilities? If yes, what are these programs and who are the implementers?</li> <li>✚ Are there children in the community who are orphaned/ separated because of disasters? If yes, where do they live? How are these children being cared for?</li> <li>✚ Do children participate in community affairs and meetings? If yes, what particular</li> </ul>

	<p>affairs and meetings and how often? Are they able to speak up and share their concerns and needs or merely listen to adults?</p> <ul style="list-style-type: none"> <li>✚ Who are the children who participate most in community affairs and meetings? Specify gender and age.</li> <li>✚ Are there existing child organizations in the area? If yes, who organized them? Who are the members of these organizations (specify gender and age)?</li> <li>✚ What are the activities that organized children groups implement?</li> <li>✚ Are children consulted when authorities develop plans which relate to them?</li> <li>✚ Do children participate in community activities that relate to disaster risk reduction? If yes, what is their level of participation?</li> <li>✚ How do adults perceive their participation?</li> </ul>
Governance	<ul style="list-style-type: none"> <li>✚ Is there a functional UDMC in the area?</li> <li>✚ Who are the members of the UDMC? Are there children/ youth, persons with disabilities representatives?</li> <li>✚ Do they implement regular programs and activities? If yes, are there specific programs for children?</li> <li>✚ Is there an existing disaster risk reduction plan in the community? If yes, for what hazards and who were involved in its development? Are the children/ youth involved?</li> <li>✚ What are the disaster risk reduction activities included in the plan? Are there activities especially designed for children? If yes, what are these activities?</li> <li>✚ Are there policies which support disaster risk reduction in the area?</li> <li>✚ Do UDMC members receive trainings related to disability inclusive disaster risk reduction? If yes, what are these trainings and who provided them?</li> <li>✚ Aside from the community people, who are the partners of UDMC in implementing DRR programs?</li> <li>✚ Where does the UDMC get their resources? Do they receive regular funding from the national government?</li> <li>✚ Are there organized people's organizations that help in DRR activities? If yes, are there child members?</li> </ul>
Existing Capacities	<ul style="list-style-type: none"> <li>• Do people have activities to prevent or reduce the effects of the identified hazards to children and the community? Consider the following aspects: <ul style="list-style-type: none"> <li>a. Environment(natural resources):</li> <li>b. Physical/ Material: (properties/ infrastructures):</li> <li>c. Economic (livelihood):</li> <li>d. Social (practices which might be disrupted):</li> <li>e. Education:</li> <li>f. Health:</li> </ul> </li> <li>• What are the resources (human, material, social) that exist in the community that can help in reducing the occurrence of hazards?</li> <li>• Do they have evacuation centers in the area? If yes, where are these located? How far are these from their houses? Who manage these evacuation centers?</li> <li>• Do they have an early warning system? Is it accessible for different types of persons with disabilities? If yes, who were involved in its development? Were the children involved?</li> </ul>

*Reference checklist during the immersion*

## Capacity building training of child activists and potential adult

The community risk assessment activities would be conducted by identified child activists. Before proceeding to risk assessment process, child activists can be trained on CCDRR. One or two days training can be organized in the community for the identified potential adult and child activists.

### Objective of the training

- ✚ The objective of this training is to provide orientation to child activists on basics of DRR and process of CCDRR.
- ✚ Build capacity of children so that their voice is being heard at family, neighborhood and community level and further union, district and national level.

### Training Design

Topic to be covered	Session	Method	Time	Resource person
<b>Opening Ceremony</b>				
<b>Participants Introduction</b>				
<b>Training Overview</b>				
<b>Our Community and our rights</b>	Session 1: Dreaming (Visioning safer Community)	Group Work and discussion	45 mins	Frontline Facilitator
	Session 2: CRC	Group discussion and presentation		
	Session 3: Hazard, vulnerabilities and risk in the community	Group work and discussion	40 mins	Frontline Facilitator
<b>Child centered Disaster Risk Reduction (CCDRR)</b>	Session 1: WHY CCDRR? WHAT CCDRR? HOW CCDRR?	Group discussion and presentation (flip chart)	40 mins	Frontline Facilitator
	Session 2: Role of children and adult in CCDRR	Group discussion and presentation (flip chart)	40 mins	Frontline Facilitator
	Session 3: Community Risk Assessment	PRA tools, group discussion and presentation	120 mins	Children and Frontline Facilitator
	Session 4: Resource Mobilization	Group discussion and presentation	40 mins	Children and Frontline Facilitator
	Session 5: Planning, Monitoring and Evaluation	Group discussion and presentation	40 mins	Children and Frontline Facilitator
	Session 6: Community organization	Group discussion and presentation	30 mins	Children and Frontline Facilitator
<b>Follow-up Action Plan</b>				
<b>Closing Ceremony</b>				

## Community risk assessment

Child activists including children/persons with disabilities would facilitate community risk assessment process in the target area. Frontline facilitator would assist child activists in facilitating the risk assessment. Following are the objective of the community risk assessment:

### Objectives:

- ✚ Identify hazards and vulnerabilities in home and surroundings
- ✚ Identify the issues, prioritize and cluster
- ✚ Develop community forum
- ✚ Recognize capacity in home and surroundings
- ✚ Carry out action which transfer vulnerabilities in capacities

### Methods

- ✚ Participatory rural appraisal tools, consultations and validation

### Tools to be used

- ✚ Social and risk map
- ✚ Ranking
- ✚ Focus group discussion
- ✚ Problem tree

### Output

- ✚ Social and risk map
- ✚ Disaster risk and development issues clustered
- ✚ Development and disaster risk reduction forum formed

Let's get started

### Step 1: Get to know the surroundings of your house, neighborhood and community

**Draw up a historical profile of the area surrounding your house-** Draw up the historical profile of your community. The objective of this activity is to promote a better understanding of the most relevant events which have occurred around our house. This activity should be conducted in the presence of adult, elderly, persons with disabilities and others. The sample historical profile clearly

	Trees	Houses	People	Rivers	Animals	Disaster
1960						
1970						
1980						
1990						
2000						
2010						

Source: VCA IFRC

shows that, this exercise requires participation from adult. It will provide children an opportunity to know more about their community and they can relate with the existing problems and issues.

**Step 2: Social Mapping-** if CCCD and CCDRR target community is the same, then social map developed during situation assessment can be used.

**Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 20-22 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

**Duration:**

2 hours; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

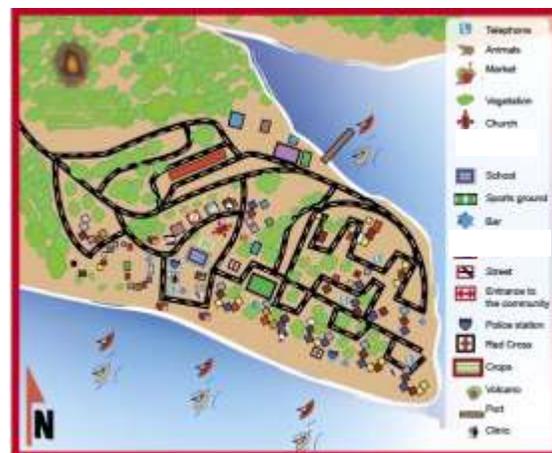
**Facilitator:**

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

**How to do it:**

- This can be done on the large size of brown paper
- List out the name of the participants on the back side of the map
- Children can first draw the boundary of their community.
- Decide the North direction on the map.
- After drawing the boundary roads and water body can be drawn.
- Then housing pattern, health, school, mosque, open space, agriculture field/industry/shops and other community places can be drawn.
- Children involved in the drawing can also locate their houses and peer group houses on the map.
- Person with disabilities can also locate their house on the map. Different symbols can be chosen to identify different types of disability.

Figure 9



- Map will contain all the symbols which can be placed on the left side of the map as Legends

### Step 3: Hazard Calendar

#### **Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 20-22 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

#### **Duration:**

30 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

#### **Facilitator:**

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

#### **How to do it:**

- ✚ Make a list of social, natural, economic, cultural and recreational events together with those linked with health, emergencies and other issues which occur each year in your community.
- ✚ Indicate in which months these events take place.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Hazards</b>												
<b>Cyclone</b>												
<b>Floods</b>												
<b>River erosion</b>												
<b>Fire</b>												
<b>Water logging</b>												

✚ These are events which take place throughout the year, however, some of these are more frequent in certain months and will be identified with a large **X**; on the other hand, in the months in which these events are less frequent they will be identified with a small **x**.

Hazards	High	Medium	Low	Unidentified
Cyclone	√			
Floods		√		
Earthquake				√
Fire	√			
Water logging	√			

✚ This will provide an overview on the months of higher and lower risk.

✚ This exercise can be facilitated with both boys and girls.

✚ Hazard prioritization should be done at this level which could impact the community most.

✚ Draw the hazards on the social map.

#### Step 4: Vulnerability identification

##### Objective

✚ To identify the vulnerability in the community.

##### Participants:

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 20-22 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

Vulnerabilities identified	Major Hazard when there is situation of

##### Duration:

45 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

##### Facilitator:

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

##### Material needed

VVIP card, Marker, Village Map, Plastic sheeting, marker to write on plastic

##### How to do it?

1. Create a competition where each participant is asked to write down in the VVIP, the vulnerable groups, location, families, or society. Each participant is asked to race with the others and place the VVIP in the empty flipchart whereas each participant has to write down different hazards with the ones that have been placed in the flipchart.
2. Place the social map in the wall or in floor where all participants can see it.
3. Place a plastic sheet on top of the village map.
4. Ask the participant to draw the vulnerability in the village by using a plastic marker.
5. Trigger discussions with the following questions:
  - a. Why are they identified as vulnerable/ fragile/ weak?
  - b. What is their capacity in preventing disaster? Or what is their role in disaster prevention?

Vulnerabilities Identified	Major Risk when there is a situation of:
Unsafe electricity posts and cables	1. Earthquake 2. Hurricane 3. Fire
Sewerage system blocked with earth and garbage	1. Floods 2. Epidemics 3. Rains
Houses near to or on the way towards rivers and gullies	1. Floods 2. Hurricanes
Zones where there are incidents of violence	1. During the night 2. Fridays and Saturdays

## Step 5: Capacities and resources identification

### *How to do it:*

- Once the map with social, hazard, vulnerabilities has been prepared, the next step is to identify the capacity and resource which exists in the community. For example building, vehicles for transportation as well as capacity in place such as organized community groups and meeting places.
- Make an analysis whereby capacity and resources are noted (which they are and how they can help the community in risk reduction activities).

## Step 6: Risk Assessment

### *Participants:*

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 20-22 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

**Duration:**

45 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

**Facilitator:**

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

**How to do it:**

- Once the capacity and resources have been identified, the next step is to develop a risk in the community matrix as shown below
- Once the risk matrix is developed, it would provide clear understanding to the children about their community and disasters

				
Element at Risk	Earthquake	Floods	Cyclone	Landslides
Road				
School				
Houses				
Drainage				
Electric poles				
Hospitals				
Mosques				
Ponds				
Trees				
Physical injury				
Diseases				
Disability				
Lack of nutrition				
Safe drinking water				
Risk Total				
Range of Risk				

Source: VCA-IFRC

Rate from 1 to 5 each one of the rows in the columns where 1 is the lowest risk and 5 the highest. Add up each of the columns to obtain the total risk; divide this today by the number of elements at risk and multiply

the resulting number by 20 to obtain the range of risk. If the result is between 20% and 45 % the risk is low, between 45% and 70% it is mid range and if it is between 70% and 100% it is high.

**Step 7: Issues prioritization and cluster**

Based on the hazard, vulnerability and risk assessment, priority issues will be clubbed with the sector. The purpose to club with the sector is to integrate the impact of disasters into the development issues. As CCCD will also cluster the issues into sector, the DRR priorities can also be fit into it. The priority issues will be related to

Priority issues	Sector
1	
2	
3	
4	

vulnerabilities identified in the community with respect to the hazard and their impact. Priority will differ on hazard to hazard basis. That is why it is essential to prioritize hazard first and then identified issues related to vulnerabilities and then prioritize issues based on the capacity and available resources within the community and finally clubbed with sectors.

**Step 8: Validation with community and Union Parishad**

Once the risk assessment process accomplished, the next step is to validate the community risk assessment with parents, teachers and all community members. Further to this, validation should also take place at the union level where government agencies can recognize children’s potential and provide space in decision making process.

**Objective of the validation:**

- To create common consensus between W/UDMC, CBO, CO, DPO/representation of persons with disabilities and other stakeholders regarding the disaster situation of their community
- To acknowledge children’s potentiality by local govt. which will be reflected on children’s membership in W/UDMC
- To create enabling environment for children’s participation in DRR activities jointly with W/UDMC, CBO & CO
- To create space for youth representative through formation of CYO at Ward/Union level selected by W/UDMC and all present

**Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)

- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)
- Members of W/UDMC including Commissioner/Chairman (will be facilitated to ensure as much as possible member of W/UDMC) (10)
- Representative from other stakeholders (5)

**Duration:**

2 hours; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

**Facilitator:**

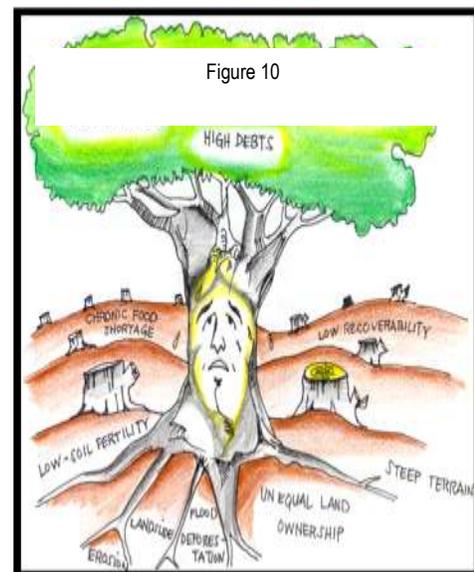
2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

**How to do it:**

- ✚ Compilation of all the steps from 1-7 in table or graphic form with the assistance of frontline and partner staff
- ✚ Discussion with community members on suitable date, time and place for the meeting. Same with the Union Parishad.
- ✚ Invitation to all the validation participants
- ✚ Arrangement of necessary stationary and logistic items
- ✚ Welcome participants and thank for their presence.
- ✚ Discuss the objective of validation and depute someone to take note of the discussion.
- ✚ Presentation of community profile, hazard calendar and hazard prioritization matrix, social and risk maps, vulnerability and risk identification matrix, and issues prioritization and sector matrix.
- ✚ Request participants to provide their comments and suggestion on the presentation
- ✚ Take a note of all the suggestions and comments
- ✚ Conclude the validation and discuss the next step of CCDRR i.e. planning

**Planning**

At this stage community will decide what actions need to be taken in order to address the priority issues. The identified priority issues may have their link to regional and national level. Therefore it is important to identify the actions which are possible at the community level.



## **Step 1: Root cause analysis and Risk Reduction options**

As in the previous stage of community risk assessment, issues have been prioritized and clustered into sectors. In this step, each priority issue will be taken separately to discuss the root cause of the problems. This can be done by using the problem tree method. Root cause analysis will provide various micro and macro level issues.

### ***Participants:***

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

### ***Duration:***

1.5 hour; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

### ***Facilitator:***

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

How to do it:

- Ask participants to draw a tree as shown above on flip chart.
- Ask participants to write the prioritized issues on VVIP card.
- Once participants write the prioritize issues on VVIP card, then request them to place on top of the tree.
- Facilitator then will take one issue at a time and discuss the root cause of the problem. The co-facilitator will write the root causes on the VVIP card and place as shown in the diagram.
- Facilitator then will continue with other priority issues to find out the root causes.
- Facilitator then request participants to fill the risk reduction option matrix.
- Facilitator will then thank all the participants and conclude the session.

### ***Risk Reduction Option***

Once the root cause analysis is accomplished, risk reduction options would be the next step to be followed. Before finalizing for risk reduction option, it is important to see the options whether they are doable or not.

Sector	Priority issue	Root causes	Risk reduction option	Alternative option

## Step 2: Stakeholder mapping

### **Objectives**

To identify actors and institutions that will be involved in disaster risk reduction.

### **Materials**

VVIP cards, flipcharts, and marker.

### **Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

### **Duration:**

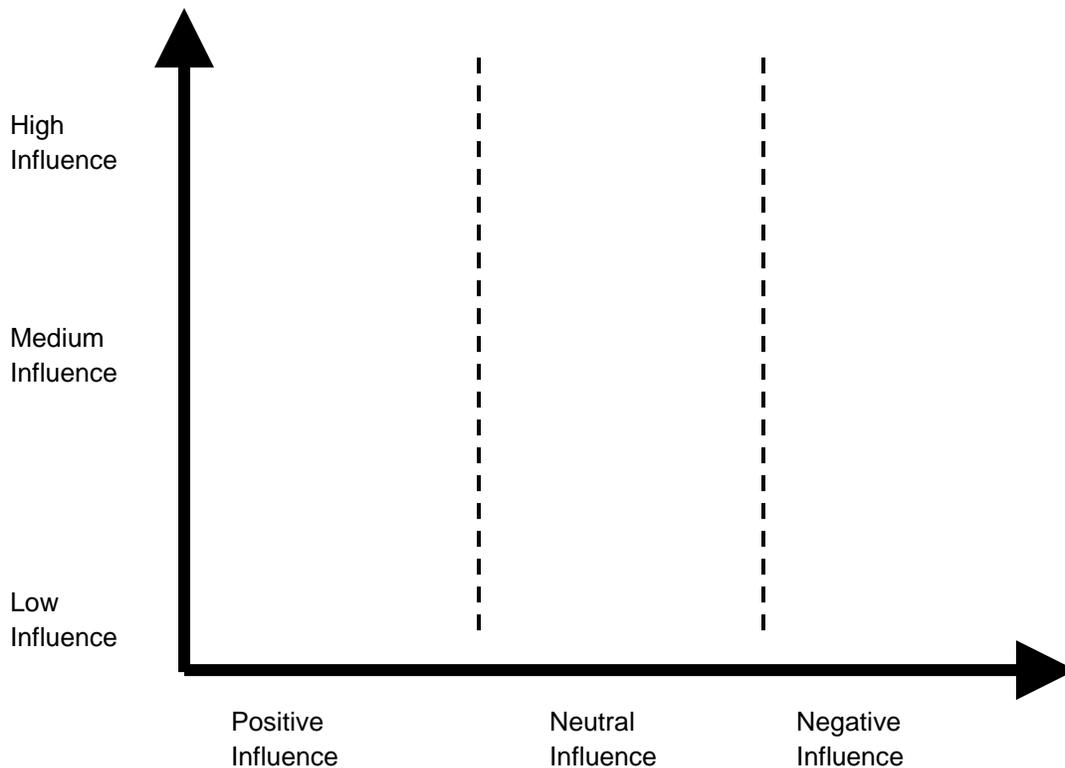
1.5 hour; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

### **Facilitator:**

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

**How to do it:**

1. Participants are divided into groups. Each groups is should be between 4-6 people and better be separated by gender.
2. Create a competition where each participant is asked to write down in the VVIP card, one actor who is having positive, neutral and negative influence in the community.
3. Create an XY (Cartesian) diagram where the axis represents the character of the actor/institution, either positive, negative, or neutral, and the ordinate represent role of the actor in the institution, either high, medium, or low.
4. Ask the participants to place the actors/institutions that have been identified into the diagram.
5. Ask each group to also include boys and girls role in the community.
6. Compare the work of the men group and the women.
7. Trigger discussions with the following questions:
  - a. Is there a difference between the work of men group and the women and especially situation of persons with disabilities?
  - b. Can there be a consensus between the men group and the women?
  - c. Where are boys and girls located in the diagram?
8. Make sure that someone records all comments of the participants.



**Step 2: Risk Reduction Plan**

Sector	Priority Issues	Root Cause	Risk Reduction Option	Alternative options	Objective	Target (#)	Implementation Strategy			
							How	When	Budget	Who will organize

**Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

**Duration:**

- 45 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).
- **Facilitator:**
- 2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

**How to do it:**

- Facilitator should put the step 1 outcome on the wall or anywhere participants can see them easily.
- Facilitator then introduces the risk reduction plan format to the participants and request for their feedback on the same.
- Once participants agree on the risk reduction plan format, the facilitator can discuss the objective of the identified option, target groups and implementation strategy.
- The risk reduction plan will be shared by facilitator with all the participants.

**Step 3: Validation with community and Union Parishad**

Once the risk reduction plan is accomplished, the next step is to validate with parents, teachers and all community members. Further to this, validation should also take place at the union level where government agencies and other stakeholders can identify the opportunities to integrate the risk reduction plan into their plan.

**Objective of the validation:**

- To create common consensus between W/UDMC, CBO, CO, DPO and other stakeholders regarding the disaster situation of their community
- To acknowledge children's potentiality by local govt. which will be reflected on children's membership in W/UDMC
- To create enabling environment for children's participation in DRR activities jointly with W/UDMC, CBO & CO
- To create space for youth representative through formation of CYO at Ward/Union level selected by W/UDMC and all present

**Participants:**

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)

- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)
- Members of W/UDMC including Commissioner/Chairman (will be facilitated to ensure as much as possible member of W/UDMC) (10)
- Representative from other stakeholders (5)

***Duration:***

2 hours; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

***Facilitator:***

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

***How to do it:***

- ✚ Compilation of all the steps from 1-2 in table or graphic form with the assistance of frontline and partner staff
- ✚ Discussion with community members on suitable date, time and place for the meeting. Same with the Union Parishad.
- ✚ Invitation to all the validation participants
- ✚ Arrangement of necessary stationary and logistic items
- ✚ Welcome participants and thank for their presence.
- ✚ Discuss the objective of validation and depute someone to take note of the discussion.
- ✚ Presentation of priority issues, root causes, risk reduction option and plan.
- ✚ The risk reduction plan options can be integrated into CCCD's community development plan.
- ✚ Request participants to provide their comments and suggestion on the presentation
- ✚ Take a note of all the suggestions and comments
- ✚ Conclude the validation and discuss the next step of CCDRR i.e. planning

**Resource Mobilization**

Resource mobilization is essential to realize the disaster risk reduction plan. Therefore, it is important to check the stakeholders of the plan and what resources they have to contribute for this plan. Basically resource mobilization moves around 3M-Material as resources, human power and monetary support. With the combination of these 3M, the risk reduction plan will be implemented. As during the validation process, many stakeholders such as government agencies, NGOs, DPOs, Cos, CBO and community itself will be participating to validate the plan. It would be better to discuss the resource contribution from all the stakeholders and validate as well. At the same time it is important first to analyze the resources existing with respect risk reduction option and then if there is any gap in terms of meeting the resources, this can

mobilized through various stakeholders. Below shown matrix is to identify, what resources are existing and required.

### **Resources Analysis Matrix**

Resources required to implement risk reduction option	Resources existing in the community and its location (ownership) & (accessible for use)	Resources existing in the community and its location (ownership) – not accessible for use; why not accessible?	Resources needed from external sources to implement the risk reduction measures and activities	Actions or interventions needed to make required resources from external sources accessible. How long will it take to make these available?

***Participants:***

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

***Duration:***

30 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

***Facilitator:***

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

***How to do it:***

- Stick the risk reduction plan where participants can easily see
- Facilitator should read the risk reduction plan
- Facilitator should ask participants:
  - How to implement the risk reduction plan

- From where the resources will come
- Can we make a checklist what we resources we require to implement the risk reduction option? Based on this the available resource will be identified.
- Gap between what is available and required can also be identified
- Once the resource analysis matrix is completed, then facilitator should ask participants to discuss about meeting the required resources from external sources.
- Facilitator will request participants to list out activities that will be taken to access resources from external sources.
- Facilitator will then conclude and summarize the resource mobilization as next step of action.

### **Implementation**

The implementation of risk reduction plan will be done through children’s organization and community based organization. Other possible stakeholders will also join the implementation process. The implementation process will follow the same steps as mentioned in the CCCD Handbook which are as follows:

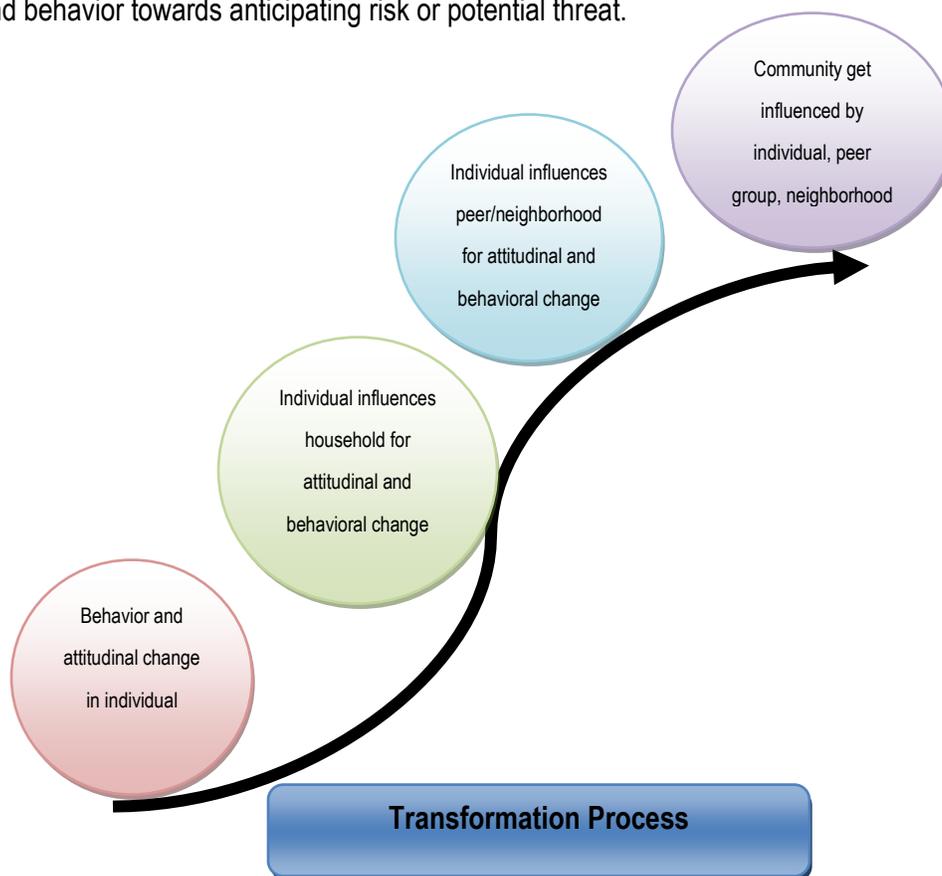
- Setting objectives and indicators to measure the progress of the project
- Making lists of participants and agreeing on their roles and responsibilities
- Agreeing on local resource mobilization strategy
- Develop a detailed implementation plan for the project
- Finalizing the community management requirements and agreeing on training of management committee.
- Developing a forward and backward reporting system
- Conducting regular reflection and monitoring visits
- The plan should be monitored on monthly/quarterly basis.

### **Implementation Plan**

Risk Reduction options	Objective	Activities	Roles and responsibilities	Time line	Update

## Transformation process: An integral part of implementation

During the project implementation of CCDRR in Barguna and Dhaka, Plan Bangladesh introduced transformation process to implement the disaster risk reduction plan. The transformation process has been derived from DRR theory of change where focus begins from individual to family, peer group and neighborhood and then to community. Implementation of disaster risk reduction plan is also about changing attitude and behavior towards anticipating risk or potential threat.



## Participatory Monitoring

Participatory monitoring and evaluation (PM&E) involves the local community including children, persons with disabilities, development agencies, donors and other stakeholders in deciding together how progress should be measured and what actions need to be taken as a result of this analysis.

Key features of PM&E with children and young people are: children are fully involved in the process, children identify their own indicators of success, methods are simple and open with immediate sharing of results, PM&E is built in from the start of a project, PM&E is flexible to fit the local context and children are among the primary stakeholders.

Monitoring is the continuous or periodic review and overseeing by stakeholders in every level in the hierarchy of the implementation of an activity, to ensure that input deliveries, work schedules, target outputs and other required actions are proceeding according to plan.

Evaluation can be defined as an activity whereby the results and effects of a project are assessed, to see to what extent the project objectives have been achieved.

### **Step 1: Development of monitoring indicators**

#### ***Objective:***

The objective of this activity to allow children to develop monitoring and evaluation indicators so that they can see the progress of risk reduction plan and implementation.

#### ***Participants:***

Following participants are to be requested to attend the union/ward level validation session. Minimum number of participants could be within 35-40 for representative validation session.

- Representative from CO (10)
- Representative from CBO (5)
- Representative from Youth (5)
- Representative from children and person with disability (2)

#### ***Duration:***

45 minutes; Timing depends on the environment of the session (if participants take longer (which could be encouraged), it should be finished in the presence of all concerned).

#### ***Facilitator:***

2 children representatives (1 boy, 1 girl) from CO. 2 CBO representative will be facilitated to act as co-facilitators. Plan Staff (Area Coordinator) will maintain enabling environment for the session and provide inputs in critical discussion if needed.

#### ***How to do it:***

- Facilitator should ask participants to form 2-3 groups; better boys and girls groups can be separated.
- Discuss with participants on how would we know that the risk reduction plan is progressing well or not?
- Facilitator should discuss with the participants on why we need to monitor and evaluate the risk reduction plan?
- Facilitator should ask participants how we can monitor and evaluate risk reduction plan. Co-facilitator can list out all the suggestions given by the participants.
- Based on the suggestion facilitator should try to develop format for monthly plan and monitoring as shown below:

## Monthly Plan and Monitoring<sup>11</sup>

Month \_\_\_\_\_ Year \_\_\_\_\_

Activity planned	Done- • Not done- x	Activity implemented out of plan  • •
		Learning related to contributing and hindering factors in the implementation  • •

### Evaluation

Evaluation is one the most important component in the CCDRR work cycle process. As the whole process is being facilitated by children’s organization, community based organization and community itself, it is essential to evaluate the process by those who owned it. COs and CBOs, DPO can play an active role in evaluating the outcome of the intervention through risk reduction plan. The evaluation process will also follows as per the CCCD guidelines which are as follows:

#### ***Participation in the evaluation***

In CCDRR, several key actors come together: young and adolescent boys and girls, adult men and women, partners, other CBOs, NGOs, DPO, local authorities and technical institutions. These multiple stakeholders have competing interests. Despite that, it is practical to involve all of them in the evaluation to gain multiple perspectives of the whole experience and enhance collaborative action.

#### ***Preparation for effective evaluation***

- Available community baseline information and other data collected so far (secondary data, Program unit strategic plan, process documentation, reports, special studies, reports by other agencies/government) should be shared with all.
- Examination of the indicators in relation to objectives. Do all stakeholders view the indicators from the same perspective? Do they differ from the indicators set by children and adults? (Help in setting terms of reference).
- Sharing of all the results of monitoring and subsequent adjustment to the program processes and the resources allocation (if any) should be made available to all the participants.

<sup>11</sup> Plan Bangladesh-CCDRR Project

## Yearly Evaluation and learning<sup>12</sup>

Changes the community wanted to see as stated in the DRR action plan	Situation at the time of the start of the plan	Situation after a year the plan was implemented
What factors contributed to achieve the identified positive changes?  What factors hindered us from achieving the planned change?  The lessons we want to apply for next year		

*Note: To use this tool, the community must decide during DRR action planning the expected changes after the implementation of action plan.*

### Reflection

Plan Bangladesh under the CCCD program applies various monitoring and evaluation tools for systematic reflection of the program and process at community and institutional level.

#### **Community reflection**

This is an integral part of the whole CCCD process and same is applicable to CCDRR. Community reflections is a participatory method to track what changes took place in the target area in a given period of time and what was the situation before, and then to discuss how and why some changes took place. Social and Risk Map can be used to see the changes that took place in terms of reducing risks within the community. The community reflections are done at least once in a year, where the progress made in a achieving the target of community risk reduction plan is analyzed and further course of action is developed.

#### **Annual and learning reflection**

The annual reflection concentrates on process of the intervention. Several teams from country office and field office get together to undertake a number of reflection sessions with partner NGOs, CBOs, COs and community members to identify how the processes were followed and what is the program performance. At the same time, such reflection provides an insight into how the CCDRR work processes have been implemented.

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<sup>12</sup> : *Building Resilient Communities. A Training Manual on Community-Managed DRR, IIRR, Cordaid, 2007*

### ***Most significant change (MSC)***

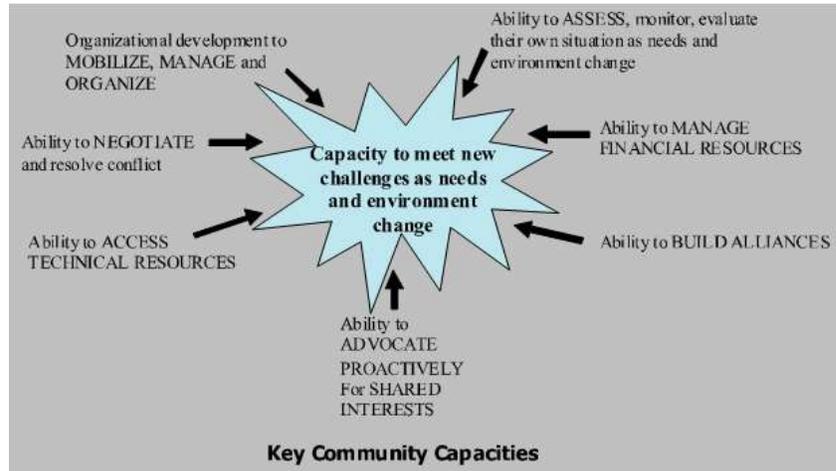
MSC story method track changes not in terms of fixed indicators, but in terms of significant events or changes after they occur. This represents particular themes about which insights are sought. Those involved in tracking the program discuss each theme in turn by answering the following question: “what has been the single most significant change related to this theme in a given period of time?” to do this well: (1) List all the changes (2) Discuss and come to a consensus about the main change (3) And record the most significant changes, with an explanation of why those were selected as the most significant than the others in the list.

### ***REFERENCES!***

- ✚ Plan Bangladesh’s Handbook on Child Centered Community Development (CCCD)
- ✚ Prepared Family-VCA Manual IFRC-Regional Representation for Mexico, Central America and the Caribbean.
- ✚ Ward/Union Level Strategic Planning (W/ULSP)-Plan Bangladesh-CCDRR Project
- ✚ Building Resilient Communities. A Training Manual on Community-Managed DRR, IIRR, Cordaid, 2007
- ✚ Risk Assessment Training Module, Plan Indonesia, 2008
- ✚ Building Resilient Communities. A Training Manual on Community-Managed DRR, IIRR, Cordaid, 2007

## Chapter 5: Community Organization

Disaster impacts both rich and poor people. Compare to poor, rich people are organized and well connected to the institutional structure local government. Impact of disaster quite often ruin the life of poor people and returning to normalcy become next to impossible for them. The way to empower poor is to get them organized<sup>13</sup>. Frontline facilitator in the beginning of the CCDRR process, identify potential adult and child activists, these two can be grouped as an organization. In case if there is an organization existing, then it can be strengthened. Community organization empowers through different phases and frontline staff throughout the process of CCDRR facilitates the community organization. To empower community organization, Plan has identified seven key capacities of community organization.



### Phases of community organization

START-UP	DEVELOPMENT	MATURITY	GRADUATION
<ul style="list-style-type: none"> <li>• Learning from the community</li> <li>• Rapport Building with Community</li> <li>• Networking</li> <li>• General Situation Assessment</li> <li>• Collect Secondary Data</li> <li>• Plan's Strategic Planning</li> <li>• Understanding &amp; Sharing Values</li> <li>• Introducing Two-way Learning</li> <li>• Families Cope with Situation</li> <li>• Previously Initiated Ongoing Community Activities Accepts or Rejects Plan Proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Validate Peoples' Issues</li> <li>• Facilitate Community Assessment of Own Needs</li> <li>• Facilitate Community Development Planning</li> <li>• Negotiate Plan's Responsibilities in Community's Development Activities.</li> <li>• Sharing Knowledge and Experiences</li> <li>• Identifying Issues and Barriers to Change</li> <li>• Establish Solidarity Among Interest Groups and within Community</li> </ul>	<ul style="list-style-type: none"> <li>• Promote &amp; Facilitate Unity</li> <li>• Inclusiveness &amp; Social Cohesion</li> <li>• Training in Democratic Principles &amp; Advocacy</li> <li>• Links to Other Resources</li> <li>• Phase-out Planning</li> <li>• Information Systems Used in Decision Making on Project Implementation</li> <li>• Networking with Gov., Other Interest Groups and Service Providers</li> <li>• Collecting, Managing and Reporting on Use of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Coaching &amp; Consulting</li> <li>• Creating Opportunities for Linkages Between Groups</li> <li>• Strengthen Local Services Plan Phase-out</li> <li>• Influencing Other Organization</li> <li>• Adjusting and Adapting As Environment &amp; Needs Change</li> <li>• Established Methods of Financing</li> <li>• Initiating New Activities or Improved Approaches</li> </ul>

Source: CCD Handbook

<sup>13</sup> CCD Handbook

**Start-up phase**

In this phase children, adolescents and adults start the process of forming a group for collective action based on common interests.

**Developing phase**

Community mobilization occurs when experienced interest groups expand themselves for community managed development initiatives. By the end of this phase community groups gain enhanced skills and experiences in assessing their own circumstances, developing plans to improve their circumstances and organizing themselves accordingly. At this stage, the community organization assesses the situation of their community in terms of hazards, vulnerabilities, and risks. Children's organization and community based organization validate the risk assessment scenario with adults and other community members.

**Maturity phase**

Collective community projects are planned, implemented, monitored, evaluated and accounted for by the community in order to meet their needs and address their challenges.

**Graduation phase**

Institutionalization is said to happen when children and families in the community participate in independent, self-sustaining, respected networks of people's development organizations and institutions. By this phase, Plan can Phase out.

## Chapter 6: Institutional strengthening and alliance building on DRR

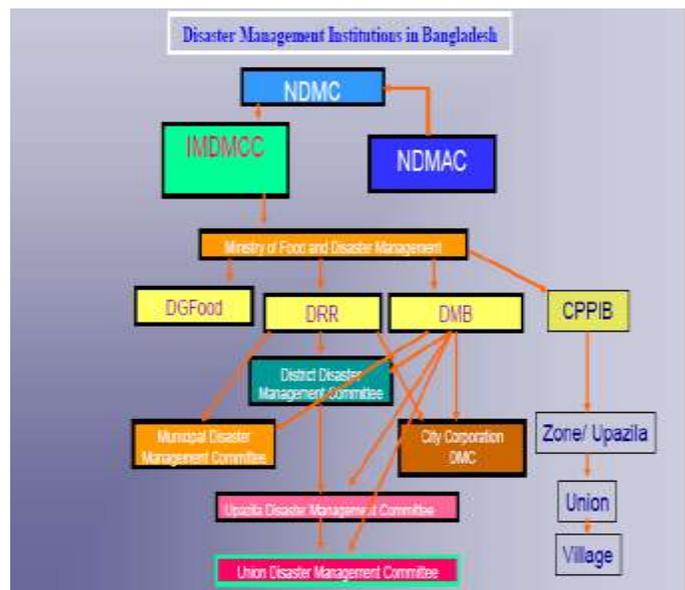
Children's organization gets involved throughout the process of CCDRR and there are other stakeholders in it too, such as government agencies, NGOs and Union Parshad. There are two issues here which need to be seen in institutional strengthening and alliance building. Agencies related to developed issues and disaster risk reduction need to be linked with community organizations. Impacts of disaster are quite evident into the development sector. At the community level through CCDRR process, disaster risk is being addressed by incorporating the issues into the community development plan (CDP). The plan that community is developing through CCDRR process to empower themselves requires support from service provider as well as from UDMC/DDMC. Institutions at the community level need to be mainstreamed with government and other agencies which will ultimately strengthen the governance system.

### Mainstream service institutions

Local schools, health clinics and extension agencies that provide local service to communities are linked to mainstream institutions of the government and non-government sectors. Disaster would impact the development progress in the community, and service institutions have a greater role to reduce the impact of disasters. Schools, hospitals, and extension services can be linked with the community development plan to address the risk pertaining to the sectors. Children organization/CBOs will interface with the service institutions to improve the constraints that these institutions have in providing the services and at the same time this interaction will also allow service providers to develop their understanding on disaster risk reduction.

### Mainstream disaster risk reduction institutions

The government of Bangladesh has institutionalized the disaster risk reduction from national to local level. At the national level, Disaster Management Bureau, and district disaster management committee and Union Disaster Management Committee at local level are in place. Community organization can be linked with the disaster risk reduction institutions. Initiatives and establishment of institutions at the community level and inclusion into the DDMC/UDMC planning will add value to the risk reduction measures from government agencies. As per the current experience, agencies at the union level and even UDMC are not much active in terms of making their presence to address the disaster risks in the area. Interface between community organizations could create interest among the agencies and UDMC to take leadership role towards disaster risk reduction.



## Community - Institutional Relationship

To increase social capital within a community and create linkages between the community and other stakeholders, Plan needs to discuss a strategy for coordination at all levels:

- ✚ Community internal relationships among the poorest and elites, male/female and child/adult
- ✚ Community external relationships with stakeholders
- ✚ Coordination of stakeholders at the micro-regional level
- ✚ Alliance of stakeholders on issues like health, education, gender, disability etc.
- ✚ Plan partnerships to strengthen specific organizations that address community issues

CCDRR strategies should focus on the role of the facilitating agency to link community organizations with local services through the following actions:

- ✚ Strengthen program team capacity to facilitate community organization linked with external stakeholders; coordinate stakeholders at micro-regional level, and develop partnership with specific organizations that can address community issues
- ✚ Strengthen capacity of local institutions identified by community to address the community's issues and create opportunities for community management
- ✚ Enhance community capacity to promote and model transparent public processes, demonstrating local accountability for advocacy with government
- ✚ Main criteria for partnership include:
  - mutual interest and commonalities in the mission and vision
  - capacity of the organization to achieve the objectives including financial and technical viability, needs that the facilitating agency can strengthen
  - willingness to partner and adopt a child centered approach