EUROPEAN COMMISSION
Humanitarian Aid

adpc
Asian Disaster Preparedness Centre

Islamic Relief

Plan

Child Inclusive Community Risk Assessment

About this Document

Comprehensive Disaster Management Programme (CDMP) has developed the guidebook, Community Risk Assessment (CRA) to assist Bangladesh to meet the Hyogo Framework for Action (HFA) to mainstream risk reduction within development and operational planning and also to ensure that scientific inputs influence community risk assessment processes. Plan Bangladesh and Islamic Relief Worldwide Bangladesh work with the children who suffer from vicious cycles of sustained poverty and become marginalized and discriminated in all walks of life.

Disasters are on the rise and the impact of disasters on children indicates that the most vulnerable section of the society has been ignored from the very beginning of addressing their needs and rights through community development-disaster related initiatives. The exclusion of children from the mainstream disaster risk reduction and development initiatives and token based participation does little to reduce children's vulnerability. Islamic Relief Worldwide and Plan Bangladesh advocate for involving children in Disaster Risk Reduction as active participants and beneficiaries to assess and anticipate potential threats/risks and build up their alliances at the household, community and local level.

Within the framework of CRA, this document tries to review the content, approach, steps, tools and techniques of CRA from children's perspective to assist Islamic Relief Worldwide and Plan Bangladesh in implementing the DIPECHO South Asia-V projects. This document provides the summary of CRA where it discusses about the approach, benefits, steps, tools and target groups that have been captured in developing CRA. It also provides the rationale and objectives for fusing the Child Inclusivity Approach into CRA and advocates incorporating education, health, protection and WASH related issues into the main framework of DRR. This document also tries to capture children's vulnerability in two different age groups (0-6 and 7-15) and how the existing CRA document will be reviewed within the canvass of Child inclusive, what will be the approach for CICRA, what steps/tools/techniques will be adopted for CICRA and how the tools can be piloted, this document gives a summary to address above mentioned issues.

Finally this document also provides a window list of existing child inclusive DRR tools that have been practiced by different organization at different levels. This will bring the added value to this document to compare CICRA with the existing tools to mainstream children into DRR.

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[1]. 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, strengthening the policy framework on

[1] 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.

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

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

http://dipecho-bd.org/

Disclaimer

Abbreviations

ADPC	Asian Disaster Preparedness Center
ATEO	Assistant Education Officer
CBO	Community based organization
CDMP	Comprehensive Disaster Management Program
CI-CRA	Child inclusive Community Risk Assessment
CRA	Community Risk Assessment
CRC	Commission on Rights for Child
ECHO	European Commission Humanitarian Office
FGD	Focus Group Discussion
HFA	Hyogo Framework For Action
IRW	Islamic Relief Worldwide
KII	Key Informant Interview
LGED	Local Government Engineering Department
NGO	Non-governmental organizations
POPI	Peoples Oriented Program Implementation
PRA	Participatory Rural Appraisal
SMC	School Management Committee
UNO	Upazila Nirbahi Officer
UDMC	Union Disaster Management Committee

Content

List of Tables

List of Figures

1. Introduction of Community Risk Assessment (CRA)

The Comprehensive Disaster Management Programme (CDMP) has taken initiatives to bring the scientific knowledge in assessing the Community Risk Assessment at different levels. The CRA guidebook is primarily developed to assist the local community in addressing the local risk with the mobilization of local resources. There are two kinds of beneficiary this guidebook is targeting one is community who are at the frontier of disasters secondly government agencies, non-government organizations and local government.

The Community Risk Assessment guidebook is a combination of approach, process, tools and method to address the risk at the local level. This guidebook not only provides the direction to the practitioners /facilitators to do social mobilization but at the same time captures relevant information as well suiting to local context.

The CRA guidebook unfolds the risk assessment process into several participatory steps by involving the community, local authority, NGOs and CBOs at different levels. It provides the specific steps from *identification of community* to *assessing the risk* and *finally developing risk reduction options.* The first step talks about *Scoping the Community* by building the rapport with the target community in general and collection existing information relevant to profile of the intervention area. *Scoping the Community* entails several tasks to be conducted in order to prepare Hazard, Vulnerability and Risk Profile of the area. This involves usage of selected *Participatory Rural Appraisal (PRA) tools*. Once the hazard, vulnerability and risk profile has been developed, the next step of CRA is to *Validate Profile* in from of the *Local Authority* for approval of *Risk Reduction Action Plan*. This involves in depth analysis of indentified hazard and vulnerability by developing *Risk Statements and Analysis*, *Prioritization of Risk Reduction Options*, conducting *Causal and Impact Analysis* of hazard and risk on the community and finalization *of Risk Reduction Action Plan*, *Presentation* and *Approval from Local Authority*.

Under the DIPECHO SOUTH ASIA-V project, Plan Bangladesh and Islamic Relief Worldwide Bangladesh emphasize on linking children and DRR with CRA framework. The Child Inclusive Community Risk Assessment (CI-CRA) guidebook will take CRA as a reference to develop the steps and processes.

2. Rationale for Child Inclusive CRA

Inclusivity brings the issues of the most vulnerable in to limelight to understand the nature, pattern and severity of the population who requires Target Oriented Approach to deal with. Global community has witnessed the loss of lives of children in part disasters have clearly indicated that, children are the worst victim of any type natural disasters whether it is floods, earthquakes or fire. The case of Gujarat Earthquake (India), Sichuan Earthquake (China), Kumbakkonam (India) fire tragedy which took the lives of 93 children and Tsunami of 2004 has clearly drawn an attention to reiterate the need to involve children in building their capacity to respond disasters. The Child Inclusive CRA is not a standalone process in DRR. This will strengthen the developed CRA by bringing the child focus into practice.

3. Desktop Review on the need of children inclusivity in CRA

This desktop review is based on the secondary literature analysis of various policy documents and existing studies by agencies. The desktop review has captured the child's rights, global mandate on children and disaster risk reduction, poverty reduction strategy paper from Bangladesh and children, national plan of action for children in Bangladesh and views of Committee on Rights for child (CRC). The purpose of this desktop review to analyze children's vulnerability from different aspects such as

socio-economic perspectives and more importantly to see how policy guidelines have incorporated children's issues of vulnerability. This desktop review goes further to look at what are the measures and recommendation that have been given to the various actors of child protection rights and agencies. Finally, this desktop review will highlight the need to address child's risk through community risk assessment document. In a way this review will provide the evidence to understand the issues related to children's vulnerability and how to address through the current CRA. As CRA captures community vulnerability with regards to natural hazards and disaster, it is important to link the children and adult both so that social mobilization on disaster risk reduction will not have limitation in reaching out the most vulnerable section of the society when it comes to natural hazards and disasters.

3.1 Hyogo Framework for Action (HFA)

The Hyogo Framework for Action (HFA) has become an important guideline for implementing disaster risk reduction. Its overarching goal is to build resilience of nations and communities to disasters, by achieving substantive reduction in disaster losses in lives. As HFA sets five priorities of action, strengthening communities by building awareness and understanding among formal and non-formal and informal education is one the five priority where focus is on children led disaster management has been introduced. This provides the justification that not only the organized school should be the part of the disaster risk reduction measures but at the same time unorganized children should also be a part of the efforts.

3.2 Centre for Economic and Social Right (CESR)

The Centre for economic and social rights highlights the child's right to food, health, education, housing and water. In Bangladesh's urban areas and slums, child mortality rates are the highest of any urban population in Asia and the rate of access to improved water and sanitation has decreased over the years. This retrogression suggests that Bangladesh's efforts to keep up with its rising urban population are inadequate. While Bangladesh remains a country with a large rural population, its cities are growing at a rate of around four percent each year (UN Habitat 2008/2009) and by 2025, its capital Dhaka will be the largest city in the world, with an expected 22 million residents. Almost four in five urban households are classified as slums (UN Habitat 2008/2009), where poverty remains pervasive and children are less likely to attend school.

Considering the facts mentioned above, children become the most vulnerable section of the society and recurrence phenomenon of natural hazards and disasters multiple vulnerability manifold. If children's vulnerability has to capture, the above mentioned rights has to be seen in the framework of analysis that children are not only vulnerable to natural or manmade hazards but at the same time lack of efforts to address child's rights as well. In most of the scenarios of disaster event, basic rights to ensure education, health and food for children become less important because family is considered as an affected unit through disaster not the children alone. This enables an environment which does not focus children's need after the disaster.

3.3 Poverty Reduction Strategy Paper (PRSP): Focus on Child Rights Issues

The first step to integrate a child rights perspective into the poverty reduction process is to make a situation analysis of children in Bangladesh. There still remains no consistent definition of a child by law. According to the UN CRC, persons below 18 are defined as children. However, within Bangladesh, the Prevention of Women and Children Repression Amendment Act of 2003 defines them as persons below 16. In Bangladesh, there are over 68 million children below the age of 16 and a large proportion of this population is deprived of health care, an acceptable level of nutrition, a hygienic sanitation system, clean water, safety and security. They have very little scope for personal growth through

education and lack skills to move out of their current state of misery for a better future. This picture gets even worse when it comes to children with physical or mental disability. Hosts of laws exist in relation to family, cruelty, contacts, and child-labour. However, some of them are inconsistent and contradictory to each other and implementation of these laws is weak. Around 10.1 percent of the total labour force comprises child labour (below 15 years). Children in the poor families face the worst hardship. Urban poor children are generally victims of neglect and exploitation; the street girl child is particularly vulnerable to sexual coercion and exploitation. Many of them are picked up and detained without reason. Detained children placed under safe custody experience sexual and physical abuse. Female children are more vulnerable to sexual abuse.

The PRSP has given stress on socio economic situation of the children in the country. Adding the socio-economic vulnerability to the disaster risk situation, 68 million children in all over Bangladesh become more vulnerable than any other community of the society.

3.4 NATIONAL PLAN OF ACTION FOR CHILDREN BANGLADESH

The vision for Bangladesh's National Plan of Action for Children, 2004 -2009, is adapted from the United Nations General Assembly's Special Session on Children (2002) and is consistent with the National Children Policy (1994) and Poverty Reduction Strategy Paper (2004 -2006). The national plan of action adopts the right based approach in all programming decisions to protect children's right such as non-discrimination, best interest of the child, survival and development and participation. Following is the framework of national plan of action for children;

Table-1: National Plan of Action for Children Bangladesh

Major intervention	objective	strategies	Major Tasks	Partners	Expected outcomes
Guidelines to ensure that children participate	Promote and facilitate respect for the views of children and their participation in all matters affecting them	all intervention affecting children must be accountable to children	provide information to families and communities on child's right to participation	Minister of Information	Tangible support from decision makers and communities for child participation in decision making affecting them
Determining their needs and roles as beneficiaries		participation will be genuine and empowered	develop detailed plans for creation of National Children's Task Force in consultation with children including select criteria for members (ensuring representation of children from different background, create further task forces at local levels on particular themes	MoE	National Children's task force and local task force established
Program design and implementation		encourage child-to-child program		Home Ministry, MSW	Children participation in decision affecting them at a local and institutional level
Evaluation					

Major intervention	objective	strategies	Major Tasks	Partners	Expected outcomes
		Develop national and local level mechanisms for child participation; designate children's positions in bodies which affect children	increase awareness of children, including children with disabilities, on their right to participate through campaigns in formal schools, non-formal learning centers, private schools and madrassahs and children's organization/clubs	MoE, MoLJ&PA, MoLGRD&C	Children's organizations grow in number, size and influence
Guideline to hold child focused programming and organizations serving children accountable to children		raise decision maker and public awareness on the right of children to participate and the benefits of this participation	Train peer educators and youth theatre companies to spread the message on children's right to participate	MWCA	
Build capacity of children's organizations to participate in the development of policies and program that affect them		raise the awareness of children on their right to participate	Build capacity of NGOs and CBOs to work with children	Ministry of Disaster Mgmt and Relief	
Establish district and national level forums to assess the progress of NPA		Build the capacity of children to participate; be age appropriate in children's participation activities	Strengthen existing children's organization, support the creation of new organization, focus on priority areas such as adolescent girls, persons with disabilities children		
		develop special participation strategies for children out of school	Expand infrastructural and institutional facilities in the field of sports and culture	Ministry of Cultural Affairs	
			Build capacity of organization and related personnel in the field of sports and culture	Shishu Academy, MOPME, NGOs/INGOs, NCTF, communities, girl guides, boy scouts, electronic/print media, children's organization, families, teachers, PTIs, Reliegious leaders, MPs	

The above frameworks detail out some of the important aspects of children‘s vulnerability. As explained in the matrix in strategies column that all intervention affecting children must be accountable to children. The national plan for children discusses about participation, empowerment and encouraging child-to-child program and it goes further and focuses on to develop national and local mechanisms for child participation, designate children‘s positions in bodies which affect children. Building the capacity of children to participation and develop special participation strategies for children out of school.

The adopted strategies in the national plan of action for children in Bangladesh sets a solid background to encourage children to participate in their own development whether through the organized structure such as schools or in un-organized settings. This matrix also displays the commitment at the national level to demonstrate the strategies at the local level by advocating develop local mechanism for child participation in addressing the child's right related to education, health and sanitation and food.

In this case, the growing disasters and impact on children will make their situation worse until the risk pertaining to the children would be addressed with inclusivity approach with adults.

3.5 COMMITTEE ON THE RIGHTS OF THE CHILD (CRC)

Respect for the views of the child: The Committee notes with appreciation the State party's efforts to promote and respect children's right to freely express their views through initiatives such as the children's news agency, newspapers and magazines, news boards in schools, and contests. The Committee also notes with interest the initiative of children's interviews with policy makers including the Prime Minister, Speaker of Parliament and ministers and dissemination of their views on children's issues in the media. Nevertheless, the Committee is of the view that the right to be heard, needs further development and is concerned about the few opportunities that the family in particular provides for voicing a child's own opinion and for participation in family, school, and community decision making. Furthermore, the Committee is concerned about the lack of information regarding the practical implementation of the right of the child to express his or her views in judicial and administrative proceedings.

After reviewing the existing policy such as HFA, national action plan and child's right in Bangladesh, it is found that all the documents have come to the same conclusion that the status of the children in terms of socio-economic situation in Bangladesh is not very rosy. All the documents at the prima facie accept that the children's vulnerability over the time period has become worse and there is urgent need to reduce their vulnerability.

The Community Risk Assessment (CRA) though provides tool to capture the adult vulnerabilities with wide range of vulnerable community, however to address children's vulnerability it needs to take two-text approach where some of the tools can be used to identify the risk and vulnerability especially related to children. The Community Risk Assessment document provides a comprehensive approach to identify the hazards, vulnerability and risk by using participatory tools. But from the vulnerabilities perspectives, the past disaster events showed strong evidence of children as a disaster victims and the most vulnerable community in Bangladesh, CRA requires to adopt special tools to capture children's vulnerability so that at the Union level it can be addressed. This will also help develop local mechanism to encourage children to participate in the local bodies to make their voice heard. The current shape of the document requires to incorporate few child specific tools which help to identify children's vulnerability and risk. Later on the children's vulnerability and risk can be transformed into the action plan which can be linked with adult action plan developed by CRA process. In this way, children as a vulnerable community can be incorporated through the CRA process and will be mainstreamed at the Union level.

4. Objectives for CICRA

The overall objective of child inclusive CRA is to reduce the vulnerability of Child's risk by mobilizing children to raise their voice at the local level.

5. CRA review methodology-Child inclusive

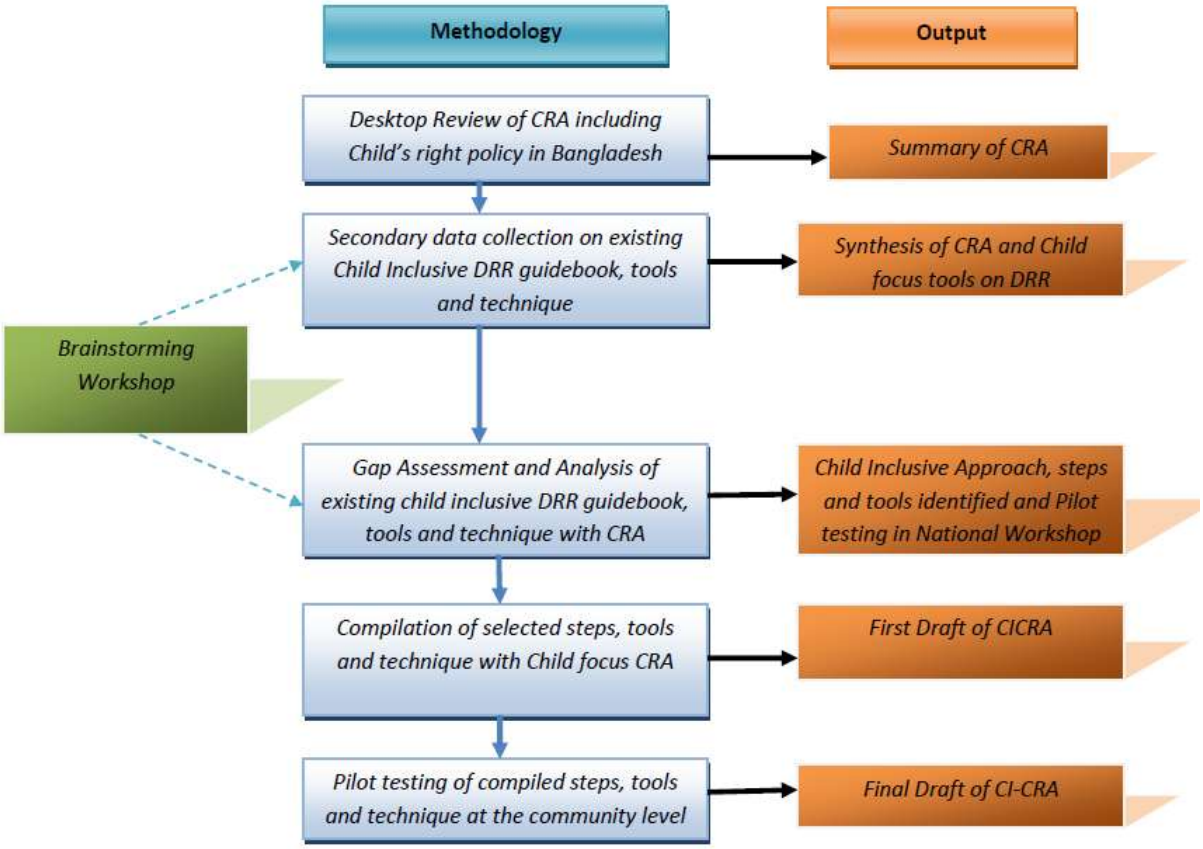

Figure-1-CICRA Methodology

6. Existing tools and techniques with regards to Children and DRR

While reviewing the exiting tools and techniques with regards to children and DRR several available documents were assessed in terms of their approach and methodology to identify the children's vulnerabilities that are at risk. At this junction, it is difficult or would not be justice to the available documents to say that, there is a gap in their approach and methodology to capture the children's vulnerability. A bibliography note has been attached to this document for reader to refer tools and techniques that are used by several international agencies.

7. Children's vulnerability

In 2007, more than half of Bangladesh was seriously affected by monsoon flooding. Caused by excessive rainfall in catchment areas of Nepal, Bhutan and Northern Indian, floods in July and September affected 13.3 million people – 6 million of them children – in 46 districts. The floods caused 1,100 deaths (90 per cent of them children), Source: UNICEF

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. According to Len Borden, a Professor Arizona University who wrote book "Understanding the impact of disaster on lives of children's and youths" disaster affected children may feel disinterest to meet with neighbors and classmates and show unusual behavior, nervousness, lack of concentration, insomnia and even may be mentally disabled.

In the last few decades, people's participation in development process had been recognized but children's participation was largely ignored though, UN convention on child rights emphasizes ensuring children's participation. As children are more vulnerable during disasters participation is more important in planning and implementing any project. Given that disasters may cause any time and destroy everything, preparedness initiatives should be taken to minimize losses. To recognize child rights, such types of initiative children's involvement must be ensured. In disaster program risks assessment, resources identification, planning, implementing, monitoring and evolution must be ensured. Considering the factors Plan Bangladesh as a child centered organization has been working in our country since 1994.Plan Bangladesh and Peoples Oriented Program Implementation (POPI) has implemented a project named "Children's Participation in Disasters Risk Reduction" at disasters porn Hatibandha Upazila in Lalmonirhat. With the financial assistance from European Commission Humanitarian Office (ECHO) Plan and POPI implementing the project at 62 villages at 10 unions under the Upazila. Children are involved in project activities using various participatory tools. 62 children's in 62 villages were involved in hazard detection, resources identification. Disasters risks reduction plan, implementing various plan equally family and community level (Source: The New Nation- Internet Edition. April 9, 2009, Updated: Bangladesh Time 12:00 AM) Of the estimated 6 million people displaced or made homeless by Cyclone Sidr, half were children, many younger than five. Without access to clean water and sanitation, younger children were especially vulnerable to life-threatening diarrhea and other waterborne illnesses. Those who were orphaned face an increased risk of abuse and exploitation (Source: Relief Web).

To understand the children's vulnerability, it is important to segregate them in age group (0-6 and 7-15) and sector (education, health, WASH and protection) wise as well. Since the framework of CRA suggest to indentify the vulnerable sectors and people, the sector and age wise vulnerability identification will assist Union to consolidate the development and DRR planning to increase well being of children by reducing the impacts of disasters.

7.1 Education

According to the national household income and expenditure survey which was conducted in 2005, it is found that about 40 per cent of Bangladeshi households were poor and more than one quarter was extremely poor. Poverty is even more prevalent among the country's 63 million children. In 2007-2008, two major floods, a devastating cyclone, and a spike in food prices exacerbated poverty and food insecurity for many people. The coping strategies of the poor included reducing food intake and health expenditures, withdrawing children from school, and taking on debt—all of which are likely to have lasting impacts. (Source: Situation Assessment and Analysis of Children and Women in Bangladesh: UNICEF 2009).

All over the world, schools are treated as a safe shelter during any disaster, not only as the institutions for knowledge and education. It also act as a community place in different countries. In Bangladesh, schools serve as shelters during the flood and cyclone. All the government schools in the floods, cyclone and other disaster prone areas in Bangladesh have been used as shelter by the decision of national authority. But there are minimum level of effort to increase the safety of the schools, introduce practical issues of disaster preparedness in the curriculum, skill training on disaster response and

preparedness in the teachers' training system, resource mobilization for schools preparedness or participation of the community and civil society in the school safety programme.

Every year a huge number of education institutions have to remain closed for a long time due to disasters. A recent research on 'Effect of disaster on education' conducted jointly by Disaster Forum and Action Aid Bangladesh, clearly demonstrates that the impact of disaster on education is irreparable. For example, during the floods in 1998 most educational institutions of the country including eastern part of Dhaka were closed for more than three months. As a result of this, 25-30% students dropped out from the schools. In cyclone prone areas, the rate of school attendance recorded by 70-80% in the normal time but it fell down drastically in the post disaster (1991 cyclone), only to 20-25%. The furniture, equipments and infrastructure of the schools as well as road networks were damaged badly by the disasters. Most of the students lost their books, which could not be replaced by their parents or the school authorities. Submergence of road networks and pathways is another vital cause of lowering the attendance rate during floods.

Flood is the most regular disaster in Bangladesh. The strong coping mechanism practiced by the community and continuous interventions of NGOs and Government to flood preparedness, the death rate has been tremendously reduced. However, the damage and loss of education months as well as school dropout has been increased significantly. According to Directorate of Primary and Mass Education, some 2300 schools formerly in use as shelters has now been reduced to 1,500 and school activities have started in 7,000 out of more than 17000 schools during the 2004 flood. But about one third of the total number of schools is still suspended, with 1,259 badly damaged and over 224,196 considerably damaged. The total loss in this sector estimated taka 3450.4 million during the flood 2004.

In 2004 and 2005, number of tornadoes destroyed and damaged more than 100 schools in Gaibandha, Lalmonirhat, Rangpur, Netrokona and adjacent districts. As the tornadoes hit in the evening, however the number of casualty in the schools were zero; the normal school activities could not be revived fully even after one year of the tornado and loss of properties and assets of schools reduced education delivery by the teachers and student drop out rate increased in those areas after the tornadoes. (Source:http://www.radixonline.org/resources/drr_through_school_bangladesh_experience.pdf)

7.2 Health

During Cylone Aila, contamination of drinking water sources, and outbreaks of diarrhea was observed by various agencies. The survivors were staying in makeshift shelters on the embankments and there was water logging in low lying areas. The environmental situation made the population vulnerable to various diseases including typhoid, hepatitis A, acute respiratory infections and acute gastroenteritis. Despite food distributions, the situation made children vulnerable to micro-nutrient deficiencies.(Source: Emergency Appeal-IFRC, Bangladesh).

The progress Bangladesh has made in the reduction of child mortality from infectious diseases has revealed that accidents and injuries are now a major concern for child survival. After infancy, injury is the leading killer of children in Bangladesh. An estimated 2,600 children are injured every day. Each day, more than 80 of these children die from their injuries. More than half of all injury deaths are caused by drowning. While infections and non-communicable diseases are the leading killers of infants, drowning is the biggest killer of children aged between 1 and 4, accounting for 26 per cent of all deaths among that age group nationally. The proportion of deaths due to injuries only increases with age. More than half (53 per cent) of the total deaths among 5-17 years-old are caused by injuries. Although the drowning death toll decreases after the age of five as children learn how to swim, drowning deaths continue to be the major killer of children until the age of 10, accounting for 29 percent of all deaths

among children aged 5-9. Road traffic accidents are the leading cause of death for children between the ages of 10 and 14, with falls, drowning and animal bites also among the five leading causes. Suicide becomes a key issue for children aged 15-17 years, with more than six children taking their own lives every day. Other significant causes of injury death in Bangladesh are burning, poisoning and violence (Source: UNICEF, 2008).

Injuries have been identified as the leading cause of death during disasters, such as floods and cyclones. Drowning caused 77 per cent of deaths in the 2007 floods. Snake bite, and other injuries from animals who sought refuge inside houses above the rising water, caused 10 per cent of deaths during the flood emergency. Deaths due to communicable disease accounted for only 13 per cent of the total flood disaster mortality figure. Following Cyclone SIDR in late 2007, disaster monitoring revealed that injury was the leading cause of death and the major cause of illness for which people sought medical care. Parents and caregivers are often preoccupied or unable to take proper care of their children due to poverty. (Both parents may be working or living in cities away from the support of an extended family network, leaving children alone.) This is compounded by a low awareness of risks, hazards and children's vulnerability. There is a general absence of appropriate first aid knowledge and skills. This ignorance often leads to harmful practices and ―treatments‖ that only make the situation worse (Source: UNICEF 2008).

Table-2-Health and Injury Survey, 2005

Number of injury-related child deaths each year	32,200
Number of child deaths caused by drowning each year	16,892
Number of permanent disabilities in children caused by injury each year	13,134
percentage of deaths due to injury (including drowning for children aged 1 to 17	38%
percentage of child deaths due to drowning for children aged 1 to 17	28%

Bangladesh Health and Injury Survey, 2005

7.3 Water, Sanitation and Hygiene (WASH)

Improper hygiene practices contribute to the death of thousands of children less than five years old. Therefore, every family in the community should know the risk factors that result in diarrhoeal or waterborne diseases. Contributing to these risks are unfavourable sanitary practices such as faecal disposal in open places, improper waste disposal, absence of latrines, lack of proper hand washing, poor food handling, and lack of access to clean water. Hygiene incorporates healthy habits or practices that ensure disease prevention and a healthy environment. Hygiene practice is integral part in a healthy life, an environment free from diseases, and prevention from the spread of various waterborne diseases (Source: BRAC WASH program).

The main sources of drinking water in coastal areas are ponds, wells and tube wells, most of which have been contaminated. ―I had to walk five miles [8km] to get one pitcher of drinking water. All the sweet water ponds and tube wells were flooded by sea water,‖ said Motia Banu, a resident of Burirchar Union, Borguna District. Media reports on 30-31 May indicated an increased incidence of diarrhoea, affecting thousands of people in the district. ―Diarrhea is a serious concern,‖ Oxfam's Akhter said, adding that in Satkhira District alone 10 people had died of diarrhea in a single day (Source: IRIN ASIA).

7.4 Protection

Research suggests that in general women and children are at greater risk to natural disasters than men especially in developing countries (Forthergill 1996). One important explanation for this is the social inequality. Women and children comprises large portion of the poor in developing countries. Thus women and children have less capacity to take effective preventive action and to recover from the disasters once they occur. Research has shown that in some earthquakes and famine disasters morbidity and mortality rates have been higher among women and children.

In most cases, depending on the risk factors above, distressing responses are temporary. In the absence of severe threat to life, injury, loss of loved ones, or secondary problems such as loss of home, moves, etc., symptoms usually diminish over time. For those who are directly exposed to the disaster, reminders of the disaster such as high winds, smoke, cloudy skies, sirens, or other reminders of the disaster may cause upsetting feelings to return. Having a prior history of some type of traumatic event or severe stress may contribute to these feelings (Source: FEMA).

Children‘s coping with disaster or emergencies is often tied to the way parents cope. They can detect adults‘ fears and sadness. Parents and adults can make disasters less traumatic for children by taking steps to manage their own feelings and plans for coping. Parents are almost always the best source of support for children in disasters. One way to establish a sense of control and to build confidence in children before a disaster is to engage and involve them in preparing a family disaster plan. After disaster happens, children can contribute to a family recovery plan (Source: FEMA).

8. Approach to make CRA a child inclusive document

With the above mentioned facts and figures about children‘s vulnerability in different vulnerable sectors such as education, health, wash and protection, the CRA document requires to put additional effort in making the document child inclusive to reduce the risk pertaining to these sectors.

As CRA document will be prepared at the union level in all over Bangladesh, it will be appreciable if this document identifies the issues related to education, health, water and sanitation and protection among children and address this through community risk assessment. In other words, union level will emphasize these sectors through CRA and this will contribute to National Goal on education and health. As mentioned above, while the CRA provides holistic approach to address the natural hazard and risk, at the same time it offers little to capture children‘s vulnerability on physiological and socio-economic aspects of disasters. Participatory tools like PRA and CRA process to attain the risk reduction option and action plan with adults at union level may not be able to achieve the same in case of children. One solution does not fit for all. So the challenge is how to mainstream children‘s vulnerability in to CRA so that it will be reflected in the consolidated action plan with the adults. In this case, to make CRA a child inclusive document, followings are essential elements required to incorporate:

- The body and shape of the document should not be changed substantially.
- Children inclusive tools which are applicable in case of Bangladesh will add value to the existing document
- In terms of updating the document from children‘s perspective will add maximum 5-10% of addition work to revise the document.
- As CRA is an Union level document which is practiced by the members and NGOs from different background, with the inclusion of children perspective it will remain an Union level document

- Few selected tools will be suggested to capture the children's vulnerability with regards to natural and manmade disasters so that child risk can be addressed throughout the progress of risk reduction action plan.

9. Summary of tools used in CRA: Children's perspectives

The CRA document is divided into three parts: first, the preparation part; second, investigation of the risk on the community and third, validating the risk reduction plan and establishing a clear linkage with union level. Followings are the tools that have been used in all three parts of the document:

Table-3-Summary of tool used in CRA

Activity	Tools used
Pre CRA	Scientific and socio economic data collection, focus group discussion, transect walk, social mapping, venn diagram, hazard mapping, livelihood seasonal calendar, hazard seasonal calendar, key informant interview
CRA Step 1	
Activity 1- in depth validation of hazard and vulnerabilities	Large group discussion
CRA Step 2	
Activity 2- Development of Hazard Risk Statements	Small group discussion with presentation and large group discussion
Activity 3- Hazard vs Non-Hazard Risk Statement	Large group discussion
CRA Step-3	
Activity 4- Risk Likelihood, Consequences and Acceptability	Large group discussion
Activity 5- Priority for Risk Management	Large group discussion
Activity 6- Causal Analysis	Large group discussion
Activity 7- Selection of Risk Reduction Option	Large group discussion
CRA Step 4	
Activity 8- Impact analysis and risk reduction option	Group discussion and semi-structure interview
CRA Step 5	
Activity 9- Final Plenary: Selection of Implementation Strategies and Alternatives for the Prioritized Risk Reduction Options	
Post CRA	Validation and Consensus

The above shown table provides key information about the tools that have been used in conducting the CRA process. Based on the available tools for CRA, it is difficult to capture children's vulnerability and risk in the Risk Reduction Action Plan. The reason is that, the available tools do not engage children intensively and at the same time provide little opportunity to discover child's risk. However, CRA adopts several PRA tools in the preparatory stage and which are useful to develop rapport with the children. But as the CRA progresses from the step 1 to step 5 there is a need to think about the child specific tools to introduce and at the same time maintain the harmony of the CRA process. Children at the age between 10-15 g may not be able to participate in large discussions. There is need to introduce a child risk discovery tools which will supplement the other CRA tools as well.

10. Selected tools and process for child inclusive CRA

10.1 What can be done?

While incorporating child inclusive tools into CRA, there are following things which needs to be considered:

- **Children's perspective**: the advised tools for child inclusive should be additional burden for children. In the context of Bangladesh, there are children who work as well apart from attending the schools. In this case, their participation is vital as well as crucial too. The recommended tools should allow them to continue their routine work too.
- **Time factors**: tools should not be time consuming, this may lose the interest among children to participate actively in the CRA process

10.2 How it can be done?

As explained in the earlier section, there is a need to separate children in two categories based on the age group; 0-6 and 7-15. However, it is equally important the tools should capture the different vulnerable sectors as well; education, health, water and sanitation and protection depending on government's priority and non-government agencies working for children.

Table-4 Areas Disaster Impact-Matrix

CRA Steps		Current PRA/Activities	Areas Disaster impact on Child			
			Health and Nutrition	PRA Tool	Education	PRA Tool
Scoping of the community		Scientific and modeling information required from secondary sources, socio-economic information required from secondary sources, validation of relevant secondary information, Transect walk (familiarization tour), social mapping, hazard Venn, hazard mapping, livelihood and seasonal calendar, hazard seasonal calendar	Lack of Breast feeding among children at the age (0-6)	Secondary data collection, focus group discussion with mother/parents/children, key informant interview with health worker, and health related departments at the union level, triangulation, validation of relevant secondary information, social and hazard mapping and hazard Venn will be followed as per the adult CRA to consider	School infrastructure	1) Focus group discussion with Teachers, Parents and SMC and students. 2) Key informant interview with District Primary and Secondary Education Officer, UNO, Department of Education and Engineering 3) Triangulation, 4) Validation of relevant secondary information
			Inadequate food intake among children at the age of (0-6) specially iron deficiency anemia		School material learning	
			Health related sickness among children at the age of (0-6) and (7-15)		Loss of school time and closure due to school	
			Malaria, diarrhea and dysentery		Access to school	
			Worm infestation among children below 10 years and heat related morbidity		School Drop out	
			Drowning			
CRA Workshop	CRA Step 1: Identification of vulnerable sectors & community elements	Activity 1: Identify all vulnerable sectors & community elements	Health and children (0-6)	1) Based on the above identified issues related to health among children at the age group between (0-6) and (7-15), group discussion with adult (mother) and interview will explore why children at this age are vulnerable. 2) Referring Social map to locate the houses/area/pocket in the community where individual had experienced the above mentioned impact.	Education and children (7-15)	1. Key Informant Interview with Teachers, SMC and student will identify the issues related to impact mentioned above. 2. Kids with the Kandy with students will provide children's perception regarding impact on education

Table-4 Areas Disaster Impact-Matrix

CRA Steps		Current PRA/Activities	Areas Disaster impact on Child			
			Health and children (7-15)	1. Group Discussion with children (7-15) to capture their perception on the impact identified above. 2. Semi structure interview with adult to understand the reason of these impacts while referring the children's	Children (7-15)	1. Group Discussion with SMC and Teachers and district primary and secondary education based on this Risk Statement can be made. 2. CARD GAMES with students will help recognize the severity and degree of impact on education
	CRA Step 2: Identification of Hazard Specific Risks in Each Vulnerable Sector	Activity2: Risk Statement associated with Hazards in each vulnerable Sector	Children (0-6) and Children (7-15)	1. Historical Profile on health and nutrition related impact and issues will assist in developing the risk statement and this can be verified with Health workers and union level health related government agency. This can be performed with the involvement of mothers and health workers 2. Historical profile activity with children (7-15)	Children (7-15)	1. Ranking can be done at two levels. One with the teachers and SMC. 2. Ranking with students. After this ranking activity at two levels, identified risk selection can be discussed with adult and children both to reach consensus
		Activity 3: Hazard Specific Risk Selection	Children (0-6) and Children (7-15)	1. Ranking can be done at two levels. One with mothers and health workers for the age group (0-6) in the above identified area/pocket in the community. 2. Second, ranking with children (07-15). After this ranking activity at two levels, identified risk selection can be discussed with adult and children both to reach consensus		
	CRA Step 3: Risk Analysis and Evaluation					
		Activity 4: Risk Assessment	Children (0-6) and Children (7-15)	Referring Social Map-Whether Risk is High, Moderate or Low	Children (7-15)	Referring Social Map-whether Risk is High, Moderate or Low
	CRA Step 4: Specific Risk Reduction Options	Activity 5: Selection of Risk Reduction Option and Management Priority	Children (0-6) and Children (7-15)	Following same as CRA instructions	Children (7-15)	Following same as CRA instructions

10.3 Process and details to use the above Child Inclusive CRA in different steps:

The below shown diagram gives child inclusive CRA process:

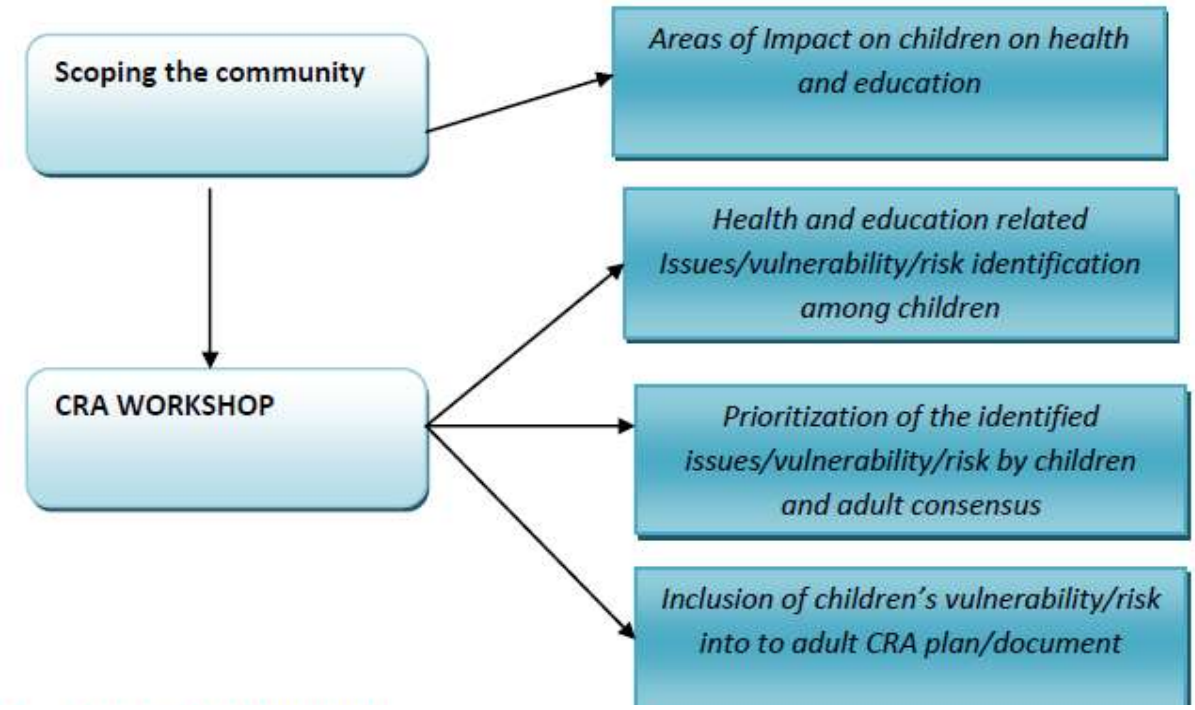

Figure-2-CICRA Steps

10.3.1 Scoping of the community

The scoping of the community advances the facilitator to know the target community/children while collecting relevant information to understand community and children better. This also makes a foundation to take CRA steps further into investigation on more details through various activities. The child inclusive CRA identifies two major sectors (education and health) and suggest tools to be applied to indentify the children's vulnerability. In this section tools will be described separately under both the health and education sector to develop the understanding of facilitators.

Process- The scoping of the community has two objectives; one- to develop the rapport with the community and second- collect relevant information for the target area. The collection of relevant information will provide the situation analysis of the children. Facilitator conducting adult CRA needs to create space for children so that rapport can be built with them. As suggested in the CICRA matrix, there can be four sectors which facilitator can capture secondary information as areas impact on children; health and nutrition, education, WASH and protection.

Tools to be used for health sector:

Secondary Data Collection- at the stage of scoping of the community under the health sector, secondary data collection has been suggested. In the secondary data collection, there are few things which the facilitator should keep in mind as follows:

- What information is required to collect? Facilitator needs to prepare the area impact on health sector and issues related to it. Please see the below matrix.

- What are the relevant sources of information which help facilitator to capture the areas of impact and related issues?
- How to validate the collected information?

Tips for the facilitator

Based on the mentioned questions, here are important things for facilitator to prepare before going for secondary information collection;

- Prepare a checklist of information required to be collected
- List down all the relevant sources of information. Sometime facilitator may have to search information on internet sources.
- It has been experienced that many of the non-governmental organizations have plenty of secondary information already in place and facilitator also needs to identify the list of NGOs in that particular area.

Sample of Secondary data collection matrix-Health Sector

Table-5-Secondary Data Collection-Health Sector

Information need to collect	Source-1	Source-2	Source-3
Lack of breastfeeding	Breastfeeding Foundation	Health Agency	District Office
Inadequate food intake	District Nutrition office	Health Worker	District Office
Health Related Sickness	Civil surgeon	Health Worker	District Office
Malaria, diarrhoea or dysentery	Civil surgeon	Health Worker	District Office
Worm infestation among children	DPHE	IWM Water Aid	NGO Forum
Physical injury	Civil surgeon	Health Worker	Red Crescent
Trauma	Trauma centre	……	DAM

Focus Group Discussions

In scoping of the community, the child inclusive CRA also suggests to have focus group discussion with mothers to know exactly the impact on children below 6 years old. Facilitator can organize group discussions among mothers to such issues as lack of breast feeding, inadequate food intake, health related sickness, malaria, diarrhoea and dysentery, worm infestation and drowning. Some of the issues here can be common and some will be specific. This group discussion will also provide idea to the facilitator to indentify the general and specific issues and their location in the community.

Tips to the facilitator

1. First of all, focus group discussion should be based on key question or facilitating question. There should not be too many questions to be asked in FGD otherwise it may take the shape of interview. For example- if facilitator is interested to inquire about lack of breastfeeding during cyclone or floods, the he/she requires to know:
    a. Eating habit of the community in general
    b. Eating habit of women and children in general
    c. Eating habit during and after cyclone
    d. Breastfeeding practice during normal and cyclone time.
2. The above 4 types of questions can lead the discussion to know the root cause of lack of breastfeeding due to cyclone.

3. FGD member i.e group of mothers can be from the neighbourhood or representing from all pockets of the community. This helps get the overall picture of the children in that particular community

Key Informant Interview

The key informant interview will select informants like mother, health worker and department at the union level to know the impact on child related to health during and after disasters. This interview will capture the impact on children at the age between 0-6. Key informant interview will also identify the impact on children at the age between 0-15. Health sickness, cases of drowning diarrhoea and dysentery will be discussed in the interview with the health workers and department.

Tips to the facilitator

1. Facilitating the key informant interview requires set of questions in a systematic manner to investigate the issue in detail. It is always better to summarize the focus group discussion conducted above and based on that interview can be conducted.
2. Key informant should be related to the issues, for example- health worker and mother can be a key informant for lack of breastfeeding issues during and after cyclone. In the case men will not have idea to talk much about it.

Sample of KII questions-Health Sector

Table-6-Sample of KII Health Sector

Area impact children	Issues	Target persons	KII checklist
Health	Lack of Breastfeeding	Health worker	1. How many children are there in this community between (0-6) age group? 2. How many of the children are underweight? 3. Is there any specific pocket in the community where children are underweight or it exists throughout the community? 4. Reasons for underweight among (0-6) age group of children during the normal time 5. Breastfeeding practice during and after the cyclone/floods 6. Does lack of breastfeeding contributes as one of factors of malnutrition?

Triangulation

All the collected information requires to be triangulated before it goes for validation. To ensure that information is valid and reliable, at least three sources must be consulted or techniques must be used to investigate the same topics. If there are no other sources of information available (e.g. Baseline maps for community level), available information are deemed to be true and reliable.

Hazard Mapping

Hazard mapping will assist in identifying the location of the health and education related impact on specific or common pockets/areas of the community. As this has been suggested in adult CRA as well, the hazard mapping will be taken as a reference to conduct the discussion/key informant interview with selected mothers, health workers and departments related with health and NGOs to locate the health

and education related issues on the map. For example, houses which are having children underweight can be located on the map.

Validation

Once the scoping of the community is accomplished, this should be validated in front of the adults.

Tools to be used for education sector:

Secondary Data Collection- at the stage of scoping of the community under the education sector, secondary data collection has been suggested. In the secondary data collection, there are few things which the facilitator should keep in mind as follows:

- What information is required to collect? Facilitator needs to prepare the area impact on health sector and issues related to it. Please see the below matrix.
- What are the relevant sources of information which help facilitator to capture the areas of impact and related issues?
- How to validate the collected information?

Tips for the facilitator

Based on the mentioned questions, here are important things for facilitator to prepare before going for secondary information collection;

- Prepare a checklist of information required to be collected
- List down all the relevant sources of information. Sometime facilitator may have to search information on internet sources.
- It has been experienced that many of the non-governmental organizations have plenty of secondary information already in place and facilitator also needs to identify the list of NGOs in that particular area.

Sample of Secondary data collection matrix-Education Sector

Table-7 Secondary data collection Education Sector

Information need to collect	Source-1	Source-2	Source-3
Loss of school Infrastructure due to disaster	District Education Office	ATEO	LGED
Loss of school learning material due to disaster	District Education Office	ATEO	Head Teacher/Teacher
Loss of school time and closure	Head Teacher/Teacher	ATEO	District Education Office
Lack of access to school	District Education Office	ATEO	Head Teacher/Teacher
Drop outs	District Education Office	ATEO	UNICEF
Road injury/accident during school time	Traffic Police Office	Transportation Authority	Road Safety Association
Loss of recreational activities	Head Teacher/Teacher	……	
Impact on school related programs and projects	District Education Office	ATEO	SMC
Impact on school examination	SMC	District Office	ATEO
Impact on school calendar	SMC	District Office	ATEO

Education Sector

Focus group discussion with teachers, parents, SMC and students:

Under the education sector, it is important to indentify the areas of impact. Some of the areas of impact have been mentioned in the areas impact matrix and others can also be indentified during the piloting the child inclusive CRA. The focus group discussion can be organized separately or with the mixed group. In focus group discussion, it is important for the facilitator to capture the impacts on education for respective hazards. For example, the impact will vary significantly during the cyclone, floods or flash floods. Facilitator can refer the hazard mapping and based on this, he/she can facilitate the discussions.

Tips for the facilitator

In education sector, facilitator needs to target school management committee members, teachers and students. Education office at the district or union level needs to be targeted as well. Based on the issues identified in education sector, facilitator requires discuss with the focus group. For example, if issue is road injury or accident, then facilitator can discuss with school management committee and teacher separately. Facilitator can also discuss with traffic police or road transportation authority or school safety association.

Key Informant Interview:

Education officers both primary and secondary level, UNO and department of education and engineering can be identified for the interview. The objective of these separate interviews is to discuss the impact areas with the respective informants. For instance, impact related to school infrastructure and access to school can be discussed with department of education and engineering, information related to school material and loss of child's learning can be discussed with district education officers and teachers as well.

Triangulation

This will follows to verify the collected data from different sources.

Validation

Once the scoping of the community is accomplished, this should be validated in front of the adults.

10.3.2 CRA workshop

As the CRA workshop is categorized under several CRA steps. Health and education sectors here in child inclusive matrix have also focused into these CRA steps. For health related to activities, there are two age groups (0-6) and (7-15) and for education only (7-15). Each of the activities in the areas impact matrix has been explained in detail and based on that, facilitator needs to pursue accordingly.

The selected tools for child inclusive CRA is based on hazard specific. As mentioned earlier, these tools will be used within the existing steps of CRA. This will allow the facilitators to follow the adult CRA and at the same time to indentify the children's vulnerability and later on the captured vulnerabilities and risk would be incorporated into the adult risk reduction plan.

10.3.3 Ensuring the children risk reduction options into adult CRA

It is important for the facilitator to monitor whether the children risk reduction options have been incorporated into the adult CRA. As facilitator will be conducting the adult CRA, at the same time it also requires to conduct the child inclusive CRA along with adult one. It is also important the activities should be coordinated well to facilitate both CRAs together. In other words, special attention should be given during the scoping the community, CRA step one, two and three where the impacts on children will be identified, issues related to child on health and education with be discussed and risk reduction option will be prioritized in the respective steps. Rest of the activity will be based on monitoring whether the adult CRA has included the children's issues or not. **Followings are the things which facilitators should take in to consideration while working with child inclusive CRA:**

The developed child inclusive CRA is not different from the adult CRA. The body and shape of the document is the same;

- Only few specific tools mentioned in the CRA steps have been introduced to captures children's vulnerability;
- Adult and children vulnerabilities are not the same, but both of them are linked with each other's reactions to the specific hazard and disaster;
- When we talk about children there are two types of vulnerabilities that they have such as physical and psychological. In this case psycho-social approach is an integrated component to indentify the child's vulnerability and see how it is linked with physical one.

11. Pilot Testing of child inclusive CRA

The developed child inclusive CRA was in Barguna from 21-23 May 2010. Participants from UDMC, Plan Bangladesh, SAF and Sangram participated in this piloting.

Methodology of Pilot Testing:

1. Detail discussion on CICRA steps, process and tools
2. Field visits.
3. De-briefing
4. Evaluation

Day 1 of the pilot test of CICRA: the CICRA document captures areas of impact on children due to natural and human made disasters. The field testing was framed in two parts; one-identify the areas of impact and related issues and second-deeper penetration to the issues, so that micro level problems can be identified. During the field testing, health sector was taken as a sample and areas of health sector and its impact on children between (0-6) and (7-15) was identified. The very first day of the pilot testing, a detail interactive discussion was made with the participants on the Need of child inclusive CRA. During the discussion, national action plan for children was also shared with the participants along with the case study of floods 1998 and impact on children. Further, group work on areas of impact from disasters on children was facilitated to identify the vulnerabilities with respect to hazard.

Table-8- Areas of Impact on Children and Reason

Hazard	Areas of Impact on children	Reasons
Cyclone	Health	
	- Injury	- Evacuation, fall of trees
	- Malnutrition	- Lack of food stock and breast feeding
	- WATSAN	- Washed away
	- Trauma	- Childhood trauma
	Education	
	- Drop outs	- Engage in livelihood
	- Loss of learning	- No education
	- Material loss	- Washed away

After the groups filled the table, brainstorming was done based on the group work and participants were asked followings questions:

a) What we have captured? Is it vulnerabilities of children or adult?
b) Is children and adult has different vulnerabilities then how to identify these?

To facilitate further, a sketch of the child was presented to identify the routine activities of children in normal and during the disaster time. Starting from the morning till the end of the night meal, what children do and where the disaster hit the maximum.

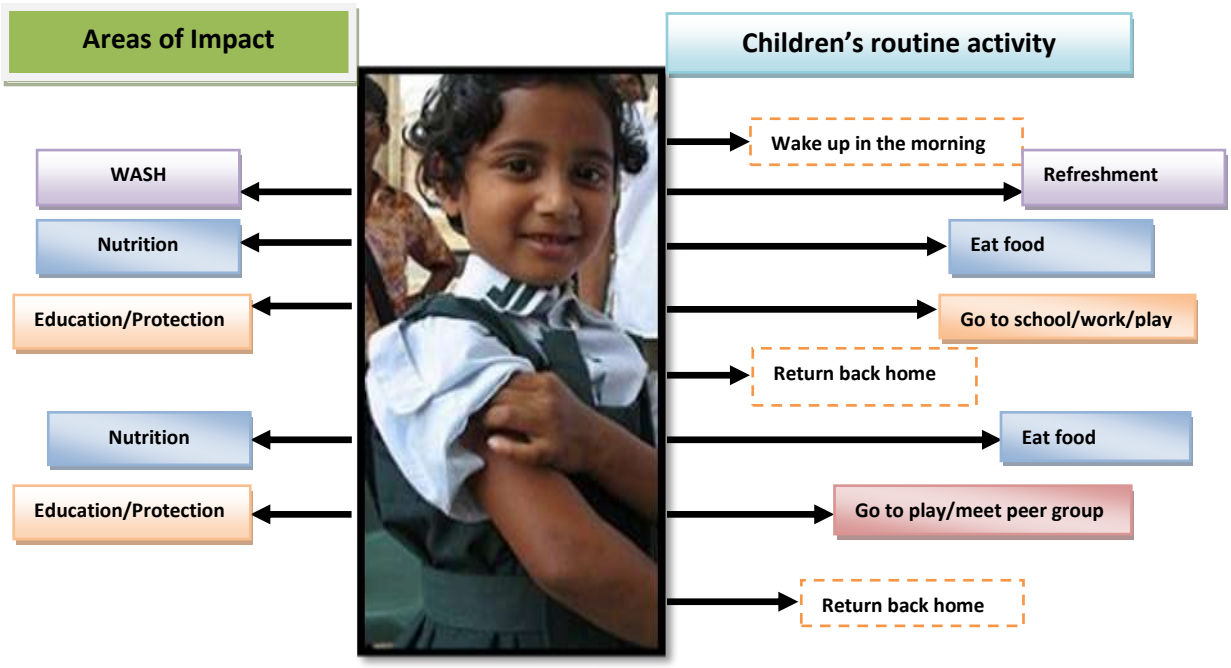

Figure-3-Children's mobility

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. Based on the group work done by the participants the above shown figure was referred to reflect on the areas of impact. Afterwards, a power point presentation was made on approach and summary of tools of CICRA were discussed in detail. Child inclusive matrix on areas of impact was also discussed with the participants. Followings are the detail steps discussed with the participants in terms of process and tools to be used to capture children's vulnerabilities:

Step 1: Scoping of the Community

Table-9 Scoping of the Community

Process	Explanation	Tools to be Used	Role of Children
Identification of Community/target group	If you are conducting CRA for adult, at this stage you need to include children as well	Secondary data/baseline survey	The role of children in the scoping of the community will be to identify the issues related to areas of impact from disaster (health/education) and validate in front of the adult and Union.
Identification of Areas of Impact with respect to Hazards	Health and nutrition, education, WASH and Protection can be included as areas along with the issues	Secondary Data	
Compilation of available information		Using triangulation	
Visiting the Target Area	This is to build up the relationship with community	Direct Observation, transect walk	
Contact with Mothers, health workers, children, teachers, students, SMC, and local elite to develop the rapport	This is to detail out the areas of impact to indentify the issues	Focus Group Discussion	
Discussions with the contacts on areas of impact and issues identification based on sector wise	This is to detail out the areas of impact to indentify the issues	Focus Group Discussion	
Capture the vulnerable pockets	This is locate the pockets of vulnerabilities	Social mapping/hazard mapping/hazard venn	

Step 2: Identification of vulnerable sectors, elements and location

Table-10 Identification of vulnerable sectors, elements and location

Process	Explanation	Tools to be Used	Role of Children
Discussion with group of mothers for (0-6) to detail out why children are vulnerable to particular hazard. Discussion with Children (7-16) to understand their perception about the issues identified above. Semi Structure Interview with Adults referring the children perception. Target group should be identified by referring the Social, Hazard Venn and Hazard Map	There are three different levels of interactions involved in this process. After selecting the issue (s)-three group meetings need to be organized. With Mothers-Children-Adult	Focus group discussion and semi structure interview	In this step children will indentify the location of the issues identified above on the social and hazard map and will present in front of the adult.

Step 3: Risk Analysis and Evaluation

Table-11 Risk Analysis and Evaluation

Risk Statement	Potential consequences	Consequence	Likelihood	Rating	Acceptability	Role of Children
1) If cyclone of same intensity like SIDR comes more that 200 children will affected in our working area	- Lack of Breast feeding	Major	Possible	High	Un-acceptable	Children will develop the risk statement based on the location and its impact
	- Physical injury					

Step 4: Specific Risk Reduction Options and action planning

Table-12 Specific Risk Reduction Option and action planning

Identified risk	Possible Options			Role of Children
	Immediate	Intermediate	Ultimate	

Step 5: Integration of identified Risk Reduction options and action planning in adult CRA- Based on the above identified risk and possible option; this can be integrated into the adult CRA. It will provide an opportunity to mainstream children issues related to disaster into community risk assessment.

Day 2 of the pilot test of CICRA: A field visit was made in two different areas of Barguna. The objective of the field visit was to interact with children, group of mothers and other community members to understand and indentify the vulnerable elements and related issues. For this field visit, step 2 of CICRA was considered to investigate the health sector and two related issues; one, malnutrition and physical injury. Participants formed two groups and identified activities and tools to be used for field visit. Focus group discussion and key informant interview were selected to investigate the vulnerabilities on health sector. For children between (0-6) - group of mothers were targeted. Children between 7 to15 were facilitated to have group discussion to allow them to identify issues related to physical injury and malnutrition.

Case of Malnutrition

The prevalence of malnutrition in Bangladesh is almost the highest in the world. Millions of children and women suffer from one or more forms of malnutrition. Children and women become malnourished if they are unable to eat enough nutritious foods or if they become ill. While these two causes sound simple, they are the result of many factors at the household, community and national and international level which makes the elimination of malnutrition so challenging. Natural disasters compound malnutrition which is often considered resilient emergency even in normal times. Disasters such as cyclone or floods, hit Bangladesh every year which causes widespread damage, wiping out crops, houses, safe water sources, livelihood and wreaking havoc on nutrition on nutrition. During the field visit, the reason for malnutrition during cyclone among (0-6) children was discussed to get the community's perception. Two focused group discussions were made with children, group of mothers

and one key informant interview was organized to understand the reasons for malnutrition during cyclone.

Group of children: in the normal time, children eat 2 to 3 times food daily including fruits and milk. During cyclone, the eating pattern is different and children do get food one or two times only in the form of dry food.

Group of mothers: mothers do recognize the loss of weight among their children during and post cyclone period. The community visited by the participants seemed well off as it was also found during the group discussion especially in terms of food. Question was asked why children do not get proper food during and after cyclone and is there any food security problem? The reply of group of mothers was very surprising. They said that, the problem of underweight among the children is, cyclone takes away all the food stock and there is no preparation to keep even dry food at safer place. As per mothers, food security is not a problem but they do not know when cyclone will come and hit their community. This leads to lack of preparation to keep the food stock at safer place. It also indicates that among many other factors of malnutrition, lack of preparedness to keep food stock before the cyclone comes at safer place, is one of the reasons which contribute to malnutrition.

Key Informant interview (KII)-The key informant interview was done with ward representative to understand the linkage between sufficient food availability and malnutrition. The informant did validate the perception of group of mothers. In addition, the key informant said that many farmers in this village do not have culture to maintain food stock at home and try to sale maximum yield to earn money and save little for their own consumption.

Case of physical injury

The program Bangladesh has made in the reduction of child mortality from infectious diseases has revealed that accident and injuries are now concern for child survival. An estimated 2,600 children are injured every day. Each day, more than half of all injury deaths are caused by drowning. While infections and non communicable diseases are the leading killers of infants, drowning is the biggest killer of children age between 1 and 4 accounting for 26 per cent of all the deaths among that age group. Injuries have been identified as the leading cause of death during disasters, such as floods and cyclones. Following cyclone SIDR in late 2007, disaster monitoring revealed that injury was the leading cause of death.
To understand the case of physical injury among children during cyclone, discussion was done with group of mothers and children. Key informant interview was also organized. According to children, during cyclone, injury takes place due to the chaos to reach safer place. In the process of pursuing evacuation children explained that, evacuation is very strange for them. No one listen children and overcrowded environment creates high possibility for children to get injured. As per the children injury also takes place due to the roof top collapse.

Day 3 of the pilot test of CICRA-

On the third day of the pilot test of CICRA, debriefing and evaluation of field testing was done. In the debriefing session, participants were asked to review the steps and process of CICRA. Followings were the observation by the participants on steps of CICRA:

1. Children will be involved from the very first step of scoping of the community. In Adult CRA after scoping there is a validation workshop at the UDMC level. In this case children will also validate the situation report along with adults in front of UDMC.

2. Children will also take lead in identification of identifying the areas of impact and micro level issues and risk analysis and evaluation will be followed. Once children develop the risk reduction option, this can be integrated into the adult CRA during the validation process.

The revised CICRA steps are as follows:

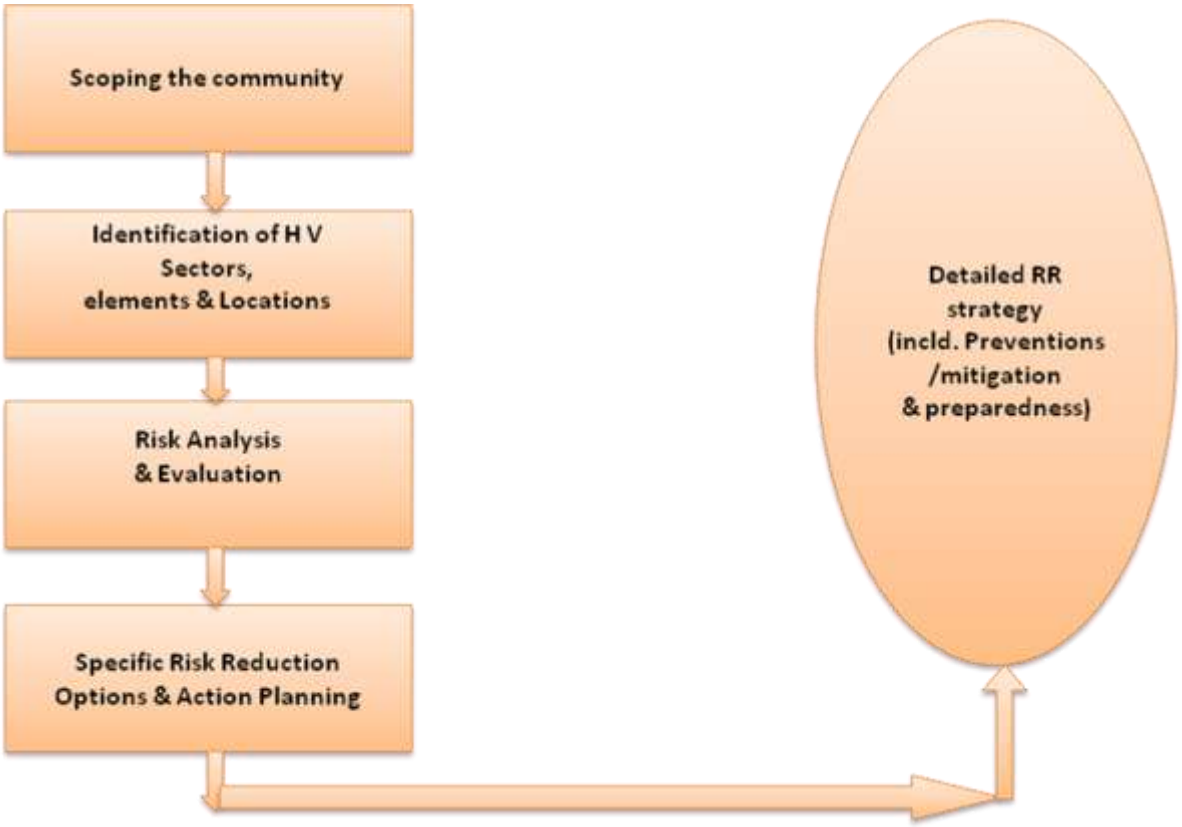

Figure-4 CICRA Revised Steps

Evaluation of the CICRA pilot testing*

1. What is your impression about CICRA document?
    - The CICRA document will help to the inclusion of children issues in CRA of CDMP
    - Consider all section of community people (adult, children and mothers)
    - Scope of building consensus of different community issues through validation
    - Reduced gap between adults & children regarding DRR issues, potentiality of children will be recognized
2. Where is the gap in CICRA document?
    - Children's role in implementation may be included
3. What needs to be improved in the CICRA document?
    - Details of different tools/methodology (objective, process)
    - Tips/guide for facilitator considering children facilitation
4. How you see the level of area coordinator after attending the CICRA pilot testing orientation meeting?
    - Level of understanding average 60-70%. They need refresher training before facilitation in the field as there was less opportunity to understand/practice concept and tools of CICRA during orientation
5. How you see the level of partner staff after attending the CICRA pilot testing orientation meeting? (Partner has no experience on CRA and other basics of DRR)
    - Average 30-60% (due to different level of staff). They also need refresher for field implementation
6. What about the content of CICRA pilot testing?
    - Contents of CICRA developed in line with CRA document considering issues of children and their active participation. Due to time constraint there was less opportunity to involve in in-depth group work/role play for better understanding

***Note**: This evaluation was done by the Plan Bangladesh representatives during the pilot testing of CICRA*

12. List of References

I. Bangladesh: Poverty Reduction Strategy Paper

II. Children's Rights and the Imagination of Community in Bangladesh

III. Convention on the Rights of the Child document

IV. COMMITTEE ON THE RIGHTS OF THE CHILD: Fifty first session

V. Children on the frontline: World Vision and Plan Child Center Community Development

VI. Child Oriented Participatory Risk Assessment and Planning: A toolkit

VII. Child led Disaster Risk Reduction: A practical Guide

VIII. http://www.ifrc.org/docs/appeals/annual09/MAABD00109p.pdf

IX. Impact of Disasters on the Education Sector in Cambodia, ADPC 2008

X. Let our child teach us: UNISDR

XI. Local Voices Global Choices: Successful Disaster Risk reduction

XII. National progress report on the implementation of the Hyogo Framework for Action

XIII. National Plan of Action for Children Bangladesh 2004-2009

XIV. Preparing for Disasters Saves Lives: DIPECHO Document

XV. SRI LANKA: Children as early detectors, preventers of disaster: IRIN Asia, Wednesday 14 October 2009

XVI. The Nation: Internet Edition. April 9, 2009

XVII. William, A. Anderson. Women and Children Facing Disaster

Annex

Kids with Kandy Game:

This game has been practiced in one of ADPC project in LAOS and Cambodia and was found very interesting among children. The idea is to draw circle or equal size for existing hazards and invite children to place CANDY in the respective circle which children assumes the biggest and priority hazard to be addressed first. This game helps children to understand the hazard environment and how to prioritize. It also creates interest and curiosity among children to learn more while maintaining the momentum among kids. Under this activity facilitator can place the impacts instead of hazard and facilitate children to prioritize the impacts accordingly.

CARD Game

The card game can be used to assist children to develop their own risk statement with respect to areas of impact and issues prioritized though KIDS with KANDY game. Facilitators need to provide VVIP cards to the students and select the prioritized issue. Based on this, facilitator can ask children to write one sentence about the prioritized issue, whatever children want to write. Later facilitator can compile the statements and discuss with children based on it.

Historical Profile

The historical profile will capture the quantitative data regarding health and nutrition. This can be done at two levels, one with selected mothers and health worker and other with children. Mothers and health workers will provide the information on the severity of the impacts, particular pockets in the community, common and specific problems as well