Community-based Development Initiatives (CDI) Programme

Bangladesh Red Crescent Society

BACKGROUND

Bangladesh, with around 160 million people, is one of the world’s densest nations and also one of the most vulnerable to the impacts of various disasters and climate change. People in Bangladesh live precariously close to the risks of cyclones, floods and droughts and more than 100 million people live in rural areas. Two-thirds of the country is less than 5 meters above sea level and in an average year, a quarter of the country is inundated. Bangladesh has experienced severe floods every 4 to 5 years that may cover more than 60 percent of the country, resulting in significant losses.

The socioeconomic condition as well is not better and the progress of economic development in Bangladesh remains work in process. Hence Bangladesh is vulnerable not only to natural disasters but also poverty and variety of social evils. It is a fact that more people die every year due to social economic causes than natural disasters in many third world countries like Bangladesh. So it is imperative to address both sudden disasters and slow onset disasters if we want to reduce the vulnerability of individual and community as a whole. And addressing poverty, ignorance and health & hygiene issues at both household and community levels is an important step in reducing a long-term vulnerability and increasing overall resilience to future disasters. That is why Bangladesh Red Crescent Society (BDRCS) has taken a holistic development approach in supporting vulnerable communities and initiated a program called ‘Community-based Development Initiatives (CDI)’ to address potential future disasters and existing socio-economic vulnerability of rural communities through various community based development and risk reduction interventions.
The CDI program began since May 2010 in 4 districts (8 communities) with financial support from IFRC for the period of 2 years. The 1st phase of the program has been completed successfully and notable impacts are already seen in target communities. The program, in fact, has not only helped impoverished communities but also greatly developed capacity of the BDRCS and its district branches (units) as well. The CDI is also unique and significant in a sense that it is appropriately embracing a concept of building overall resilience through development.

Communities and everyone concerned have highly accepted and appreciated the work of the CDI program. The recently conducted end of the term review also has confirmed the positive role of the CDI program in developing targeted vulnerable communities.

“The CDI programme of BDRCS and IFRC is a highly appropriate, relevant, and extremely successful programme that addresses and responds to clearly identified needs of some of the most vulnerable communities in Bangladesh.” – CDI Program End of the Term Review Report 2012, Gert Venghaus and Umesh Dhakal.

SUMMARY OF THE PROGRAMME

The CDI program is designed to enhance the overall resilience capacities of targeted communities through an integrated intervention of disaster risk reduction, poverty alleviation, health and hygiene as well as other components of the socioeconomic development. The program in principle embraces a new concept of ‘building resilience through development’. As it is not possible to enhance resilience and capacity of the people to cope with any disaster without addressing core issues and vulnerabilities such as poverty, sickness, illiteracy and ignorance, the overall development approach has been considered.

As said above the overall goal is to increase the overall community resilience to disasters through social and economic development of target population. It takes a holistic and integrated approach in addressing basic needs of the impoverished communities. Though more focus will be on economic empowerment, education and raising social awareness, disaster preparedness, risk reduction and mitigation as well are adequately emphasized and pursued.

Though actual activities to implement will be based on the detail need assessment of the target areas, some indicative areas of intervention are economic empowerment, educational empowerment, women empowerment, primary health care, creating social awareness, water
& sanitation, improvement of community houses, enhancing access to information, disaster risk reduction and preparedness, promotion of environment friendly technologies, capacity building of BDRCS district units, etc.

**Goal of CDI Programme:**

The overall goal of the TRC-CDI programme is to increase the community resilience to disasters and improve the basic living condition of over 40,000 people in 16 impoverished communities of Bangladesh by 2017.

**General Objective:** Socio-economic vulnerability of the targeted households is reduced and their resilience to future disasters is improved.

**Specific Objectives**

1. Basic health, education and economic status of the targeted vulnerable communities are improved.
2. Social ill practices or evils such as dowry, child marriage, domestic violence, etc. are eliminated from the targeted communities through effective awareness campaign on gender equality, women’s rights, human rights and other social issues.
3. The capacity of BDRCS units and community based organizations is developed and timely/quality responses/services provided. Communities’ awareness on DRR and preparedness for future disasters is increased.
4. Dissemination of the Red Cross and Red Crescent Movement reached to the community/grass root level and communities’ understanding and practice of humanitarian values and principles are increased.

**KEY EXPECTED OUTCOMES OF THE CDI PROGRAM**

Followings are key expected outcomes of the CDI program. These are however tentative and will depend on actual interventions made based on community needs identified through a detail household level baseline survey.

- Household sources of income diversified, family income level raised at least to the poverty threshold.
- Unemployed youth forces are engaged in productive work. Community youths receive skill trainings on various trades and employment opportunities improved.
- Health awareness is increased and primary health care and first aid services are available in the community.
- Infant/child and maternal mortality rates reduced.
- Literacy level in the community increased significantly, and number of children of school-going-age out of formal school decreased.
- Water, hygiene and sanitation situation in targeted villages improved significantly. Prevalence of waterborne diseases reduced.
- Hygiene behavior positively changed.
Drinkable water adequately available to all households in all seasons.

All houses in the community are more resilient to disasters like flood, tropical storms, etc.

Communities are aware of possible disasters in their communities and ways to reduce risks and impacts as far as possible.

Women are aware of their rights and opportunities, gain more confidence, increase their earning power as well as enhance their overall security.

Fuel efficient and environment friendly technologies like improved cooking stoves, bio gas, solar power, etc, are widely used in the communities.

Community people get access and exposed to vital information as well as able to secure specialists’ guidance and advices on various issues of daily life.

People’s awareness and confidence increased and social problems and ill practices like dowry, child marriage, gender discrimination, etc, reduced significantly.

Capacity of BDRCS units enhanced in participatory planning, management and disaster response/management in their districts.

Community people are aware of Red Cross Red Crescent Movement and its activities. Public acceptance and support to the work of the Red Cross Red Crescent increased.

CDI Programme ACTIVITIES

To achieve above stated goal and program outcomes, the following components/activities are being implemented.

1. Economic empowerment:
Under this component, several income generating and skill training activities will be implemented in order to increase the family income and economically empower the households. Without improving family income and reducing their financial vulnerability, other interventions will not work at all. So under this intervention, following 3 activities will be implemented.

1.1. Household-level Income Generating Project (HIGP):
Families living under the poverty line will be given unconditional cash grant of BDT 15,000-20,000 to start an income generating project at the household level. A HIGP proposal is developed beforehand with the help of project staff, and a brief training will be provided to each beneficiary on the proposed project. Cash grant will be transferred directly into the beneficiary’s bank account in two installments.

1.2. Homestead gardening:
A training on homestead gardening will be provided to all households. Following the training, vegetable seeds and saplings will be distributed to them. This intervention is expected to provide nutritional supplement and some income to the households. Further training will be provided to community farmers to improve farming technique and productivity.

1.3. Skill training:
Various skill trainings will be provided to community youths so that they are able to be employed and earn income as well as develop their capacities. Types of skill training will be based on market assessment.
2. **Women empowerment:**
Community women are mostly illiterate, financially dependent on and totally dominated by their husbands and are often subjected to violence. There is still visible discrimination between boys and girls. Problem of early marriage and early pregnancy still prevalence in communities. Hence several trainings and awareness raising activities will be organized to enhance confidence, dignity, skill and earning capacity of community women. Adult literacy and skill training for women will be vigorously pursued.

3. **Educational empowerment:**
Adult/adolescent literacy schools will be started in all communities in order to ensure that all adults and adolescents are literate. Illiteracy is one of the curses and impediments for development of community women. Because of ignorance and inability to read and write, many impoverished people are subject to fraud, cheating and hardship as well. So it is one of the key interventions the CDI program is going to make in communities. Another activity is to support poor students with some cash incentive. Each student will receive cash incentive of 100 BDT per month for 3 years. The purpose of this incentive is to motivate poor families to continue sending their children to formal school and reduce the rate of drop out mainly due to financial reason. In addition, schools in communities will be provided some support for teaching and playing materials so as to help in improving quality of education.

4. **Primary health care:**
Community Based Health and First Aid (CBHFA) program will be implemented in target communities to develop awareness and capacity in basic health issues. Mobile health camps will be organized in each community every 6 months so as to provide opportunity to community people to see specialist doctors in their own communities free of any cost. Maternal child and health awareness will be raised through trained volunteers. A MCH fund will be created in each community so as to assist most needy poor mothers to enable them buy required nutrients and medicines during the pregnancy or delivery.

5. **Social awareness:**
Several social awareness campaigns against various social issues and ill practices will be organized. IEC materials and informational posters on social awareness and health will be distributed to all households. Several courtyard sessions on key social issues will be organized, and RCRC information materials distributed to all households in the project area.

6. **Water and Sanitation:**
As the water & sanitation condition in rural communities is still poor and most of sicknesses are linked with poor hygiene and unsafe water, various water and sanitation activities will be implemented to address this problem. This component will implement a Participatory Hygiene & Sanitation Transformation (PHAST) program that will address the required hygiene behavioral change in communities. Another component will be the installation of new tube wells and repair of existing tube wells/water sources to ensure availability of adequate water in all seasons. All water sources will be tested against arsenic and harmful chemicals and bacteria as well. As most of households at the moment do not have a sanitary latrine, a proper sanitary latrine will be provided to all needy households.
7. **Improving community houses:**
Support will be provided to vulnerable households to make them more safe and secured as well as more resilient to future disasters. A thorough technical assessment of all houses in communities will be done to ascertain their condition and initiate required improvement.

8. **Access to information:**
As communities are still to see many modern technologies and facilities, and do not yet have access to electricity, television and internet, they are in a way isolated and deprived from vital information and opportunities available outside the community. Information, these days, is power, money and a vehicle for change in many respects. So the CDI program will try to provide access to information and a place for community gathering and sharing through following activities.

8.1. **Community Information Centre (CIC):**
One low cost community information centre (CIC) will be constructed in each community which will be equipped with solar power system and a television. Additionally a computer with internet connection may be installed there if electricity connection is available. This centre will provide the community access to vital information and also can establish link with outside experts in health, agriculture, livelihood and other area specialists.

8.2. **Community library:**
A library will be set up in the CIC so that community people can come and read books of their choices. This can provide further opportunity for reading to students graduating from adult literacy classes.

9. **Capacity building of BDRCS Units:**
As most of BDRCS district units at the moment are not capable enough even to carry out basic RCRC activities in districts. But they must be developed and strengthened in order to make them more effective in serving the vulnerable as well as make the BDRCS as a whole an able national society. So various capacity building measures will be undertaken in the units. Needed staff, equipment, training and infrastructure measures will be undertaken in the units. Needed staff, equipment, training and infrastructure will be provided to the units so that they can function better and implement program well. Setting up a district level disaster response fund, improving unit’s coordination and interaction with government agencies, humanitarian actors and stakeholders will enhance unit’s image and profile in the district and communities. RCRC dissemination will be vigorously pursued that will enhance public acceptance and understanding of the RCRC principles and values which will certainly embolden the BDRCS units.

10. **Promotion of environmentally friendly technology:**
    - Given the high acceptance and demand from people, low cost locally made smokeless cooking stoves will be installed at community houses. The purpose of this program is to reduce the health hazard by fire smoke and also reduce the consumption of firewood and other cooking fuels.
    - Effort will be made to construct a compost pit at each house. The purpose is to convert household wastages into bio-fertilizer through a low cost locally developed technology.
CDI program will assist households for installing a low cost home solar lighting system in communities where electricity is not available. This will greatly help poor people to thrash away the darkness and also facilitate kids in reading, writing and doing their homework at night as well.

11. Disaster Risk Reduction/Preparedness:

- At the community level, Community Disaster Response Team (CDRT) will be formed and trained. VCA will be conducted and hazard map will be prepared. Small scale community infrastructures like culvert, link road, etc, may be constructed, and height and quality of household plinth and tube well platform will be increased based on the need in order to reduce the risk or effects of future disasters in communities.

- At the district level, a Unit Disaster Response Team (UDRT) will be formed and trained. A Unit Disaster Response Fund (UDRF) of BDT 100,000 will be set up in each unit to enable the unit to respond immediately in small scale disasters in the district. But this will be a revolving fund, and unit will have to raise fund locally and replenish the used amount so that the fund can continue to help in future disasters as well.

All these planned activities, if implemented collectively and effectively, are expected to improve socio-economic condition of the targeted households, decrease their inherent vulnerability and eventually enhance the overall resilience to future disasters. This program will be for the period of three years, and implementation will start once baseline survey is done and plan of actions developed based on identified needs. The first 3 month period is expected to be used for the initial preparation and planning and the rest of the period for actual implementation of activities.

**IMPLEMENTATION MODALITY**

The CDI program is, in fact, the first program in BDRCS that is completely implemented by the NS through its district chapters. All program staffs are recruited by BDRCS and being managed by them in accordance to their own policies and procedures. As opposed to other programs, program staffs are placed in each district and district units are involved in day to day project implementation. District level activities are managed by a team of staffs (ULO, Program Officer, Finance & Admin Assistant and Community Workers) under the guidance and supervision of the District Program Committee. Major offices of the local government like department of public health, agriculture, livestock, deputy commissioner, upzilla nirbahi officer, civil surgeon, etc are involved in CDI activities in one way or another.

At the community level, a Community Program Committee (CPC) formed that meet every month, discuss and approve activities in the community, validate beneficiary list and monitor ongoing activities. Through this committee, community participation in the program is ensured. The CPC selected in a democratic way with the involvement of maximum number of community people.

A program team headed by a director is based at the NHQ that provides overall management guidance and support as well as conducts periodic supervision and monitoring of field activities.
SOME UNIQUE FEATURES OF THE CDI PROGRAM

Some key features of the CDI program are outlined below.
- Program entirely based on community needs.
- Program targets ultra poor and aims to bring all above the poverty threshold.
- Community participates at all level of project cycle.
- Adequate focus on education and awareness building.
- Holistic approach and integrated intervention.
- Both hardware and software activities implemented together.
- Key community problems are addressed from multiple angles so that real change and development can be brought in.
- Adequate emphasis on sustainable social change.
- High potential for bringing a sustainable hygiene behavior change.
- Program ensures total sanitation coverage in target communities.
- Widens horizon of positive thinking.
- Empowers BDRCS units by training, orientation, real-time implementation experience, and other material and systemic support.
- Program fully owned and implemented by BDRCS.
- BDRCS districts units are actively involved in implementation of the program.
- Little input but big impact.
- A good blend of DRR and development.

BASIC STEPS TO FOLLOW BY THE CDI PROGRAM (program design, development and implementation):

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<tr>
<th>SL #</th>
<th>Activities</th>
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<tbody>
<tr>
<td>1</td>
<td>Concept development and approved by the management</td>
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<td>2</td>
<td>Districts and Communities selection</td>
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<td>3</td>
<td>Need identification through baseline survey</td>
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<td>4</td>
<td>Preparation of Plan of Action (PoA)</td>
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<td>5</td>
<td>Community consultation / Validation of the Plan of Action (PoA)</td>
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<td>6</td>
<td>Program committee formation (district and community level)</td>
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<td>7</td>
<td>Staff recruitment / Orientation</td>
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<td>Development of implementation plan and technical assessment</td>
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<td>Training of Program committee and Volunteers</td>
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<td>11</td>
<td>Preparation of monitoring and evaluation plan / system</td>
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<td>Beneficiary ID assigned / beneficiary card distribution</td>
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<td>13</td>
<td>Implementation of planned activities</td>
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<td>14</td>
<td>Regular monitoring and supervision of activities / analysis of monitored data</td>
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<td>15</td>
<td>Mid term evaluation / program modification as required</td>
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DESCRIPTION OF CAPACITY AND SYSTEMS IN PLACE TO EFFECTIVELY PLAN, MONITOR, REPORT AND EVALUATE THE INTERVENTION

BDRCS is well placed and experienced when it comes to working in areas of early warning, disaster response and risk reduction. Its branches located in each district of the country are able to recruit, train and mobilize volunteers. BDRCS, being an organization with the largest network of volunteers in Bangladesh, can reach to any community and is well accepted by the people. Apart from its long experience and expertise in disaster management, risk reduction and mitigation activities; it has recently gained good deal of experience in managing socioeconomic development projects. Its’ ongoing CDI program is one of the good examples of BDRCS integrating disaster risk reduction with economic and social empowerment efforts in order to build a sustainable resilience.

The BDRCS is now well experienced in designing any project of any length and nature, and a systematic and rigorous monitoring of project activities is carried out at different levels. Even higher officials and members of the governance undertake regular monitoring visits of the project areas. Reports are prepared regularly and as per the need of the donors.

The International Federation has a sizable presence in the country that provides management and technical support to the BDRCS as needed and also does a close monitoring of all activities implemented by the NS. Both BDRCS and IFRC are fully committed to the principle of accountability and always strive hard to provide better benefits to people and value for money that we invest on any project. Furthermore it is the standard practice to conduct an impact evaluation by an independent external consultant at the end of the project period.

Monitoring & Evaluation:

Monitoring:

The CDI Programme prepares report quarterly from the field. These help verify, identify and, where possible, resolve any problems. Regular and ad hoc reports provide information on the progress and changes in the operation and situation, while helping with decision making.

The responsibilities for day-to-day monitoring of the operation lie with the CDI Program, NHQ level. CDI Program team visits the project areas regularly.

Communities, through their community program committee (CPC) will conduct participatory monitoring at all level of implement process.