STUDY ON WOMEN AND GIRLS’ PARTICIPATION IN COMMUNITY DISASTER RISK MANAGEMENT IN BANGLADESH

August 2021
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EXECUTIVE SUMMARY

This study on women and girls’ participation in community-based disaster risk management in Bangladesh is part of Plan International’s Inclusive Community Disaster Risk Reduction and Management (ICDRM) project. The project, funded by Margaret A. Cargill Philanthropies, aims to increase the level of inclusion and participation of women, girls and marginalized groups in DRM. In cooperation with local NGO Jago Nari, the project has successfully set up community-based organizations (CBOs) in Bhola, a rural region in southern Bangladesh that is particularly prone to flooding and cyclones. These CBOs are mandated to have gender parity as a first step to including women and girls in decision-making and planning for disaster risk reduction (DRR) at the community level. The CBOs also provide training on gender equality, women’s and girls’ rights and inclusiveness of marginalized groups in disaster planning and response.

The study objective is to understand how successful CBOs are in addressing the gender inequalities which result in women and girls suffering more than men and boys during disasters, the extent to which social norms and gender barriers persist within DRM once women are included in CBOs and the extent to which this inclusion has a positive effect on women and girls’ capacity to mitigate and survive disasters. Extensive qualitative data was collected to understand the root causes and marginalization of women in both society and during disasters, the specific barriers that prevent their inclusion in DRM and the extent and nature of their participation in DRM committees. The study also assessed several Bhola communities’ perceptions of the CBO’s setup by Jago Nari and Plan International, in terms of their contributions to providing a safe and inclusive space for women and their contributions to improving their communities’ resilience and adaptation to disasters for all people, including the most marginalized. Finally, the study assessed the extent to which CBOs serve as bridges for vulnerable and stigmatized groups, such as elders, children, people with disabilities and the transgender community, and the extent to which CBO membership has become more diverse, along with how trainings on inclusivity and human rights has impacted perceptions and behavior towards the most marginalized.

The study found that overall, the CBOs have made an initial impact on gender equality and inclusion in DRM in Bhola. A significant part of this appears to be due to the fact that such CBOs have previously not existed, and women’s subjugation in Bangladeshi society prevented any pathways for them to become involved in DRM. The CBOs have successfully opened the door for women and girls to be involved in DRM, even though the actual nature and extent of their participation recapitulate existing gender norms, with women taking on gendered roles in disaster preparation, mitigation and response. For example, it was consistently highlighted that both men and women found women’s greatest asset in disasters is their ability to mobilize other women, girls and marginalized groups, groups previously left in the home while the men evacuate by themselves.

The recognition of women and girls’ contribution to DRM is therefore seen through a practical and operational lens, and their involvement is seen to be positive as it results in more lives saved or less damage wrought by flooding. Men and male youth interviewed in the study frequently commented on this aspect, while also recognizing that women and girls do indeed suffer more during disasters, and indeed recognizing that this is largely due to women’s heavily restricted roles, where they are dependent on men and are mostly confined at home, unable to play a meaningful role in public life.

The extent to which CBOs in DRM can achieve meaningful gender transformation is yet to be seen, as the CBOs are still in their early days, but it will likely be through increasing recognition of women and girls’ value and contributions during disasters that will pave the way for women and girls to begin to claim greater agency and leadership in community-based processes and decision-making.
<table>
<thead>
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>APAC</td>
<td>Plan International’s Asia Pacific Regional Hub</td>
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<td>CCDMC</td>
<td>City Corporation Disaster Management Committees</td>
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<td>CRA</td>
<td>Community Risk Assessments</td>
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<td>C&amp;Y</td>
<td>Children and Youth Groups</td>
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<td>DDMC</td>
<td>District Disaster Management Committees</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GII</td>
<td>Gender Inequality Index</td>
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<tr>
<td>ICDRM</td>
<td>Inclusive Community Disaster Risk Reduction and Management</td>
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<td>IDI</td>
<td>In-Depth Interview</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>LGBTQI</td>
<td>Lesbian, Gay, Bisexual, Transgender, Queer and Intersex</td>
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<td>MoDMR</td>
<td>Ministry of Disaster Management and Relief Division</td>
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<tr>
<td>MoEF</td>
<td>Ministry of Environment, Forest and Climate Change</td>
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<tr>
<td>PDMC</td>
<td>Pourashava Disaster Management Committees</td>
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<td>SOD</td>
<td>Standing Orders on Disaster</td>
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<tr>
<td>UDMC</td>
<td>Union Disaster Management Committees</td>
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<tr>
<td>UZDMC</td>
<td>Upazila Disaster Management Committees</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WDMC</td>
<td>Ward Disaster Management Committees</td>
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I. INTRODUCTION

1.1 BANGLADESH DISASTER OVERVIEW

Bangladesh is recognized as one of the most susceptible countries to natural hazards in the world. Risk involves exposure to hazards, vulnerability and a lack of coping strategies to recover, all of which are important factors in disaster risk management (DRM).\(^1\) The term **vulnerability** is defined as “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard.”\(^2\) These characteristics apply to countries such as Bangladesh, which suffers from frequent disasters, which are exacerbated by climate change in rural areas. Bangladesh’s location next to the Bay of Bengal, with its flat, low-lying terrain and wide rivers, along with its high population density and extreme poverty have rendered it vulnerable to natural hazards floods and cyclones. Over the last three decades, more than 300 disasters have struck Bangladesh, with tropical cyclones being the most destructive hazards. Between 1970-2021, Bangladesh experienced more than 150 storms, which affected almost 70 million people and caused almost 500,000 deaths. In the same time period, 91 floods occurred, affecting more than 300 million people and causing 42,679 deaths.\(^3\) During a normal monsoon, about 20% of the country is flooded, disrupting life and causing significant loss of life. Between July and September 2004, floods swamped two-thirds of the country, killing around 800 people, affecting 37 million, and causing economic losses of almost $3 billion.\(^4\) During severe flooding, over 60% of Bangladesh can be become inundated.\(^5\) In addition, the neap tides during peak monsoon season are high enough to penetrate coastal plains normally protected by embankments, leaving entire areas inundated with salt water.\(^6\)

Disaster risks in Bhola

Bhola’s geographical location, at the coast and surrounded by rivers, is more vulnerable to a wide array of environmental hazards than the rest of the country, and these range from floods, cyclones and storm surges to rising sea levels and salinity intrusion. Bhola Sadar is referred to as a coastal tidal surge-prone area, according to Ministry of Environment, Forest and Climate Change (MoEF).\(^7\) Floods and cyclones are the most common hazards in Bhola district. Here, almost every year, disasters occur, as shown in Table 1. As recorded, the Great Bhola Cyclone in 1970 was the most devastating cyclone occurring in Bhola and is regarded as the world’s deadliest tropical cyclone. At least 500,000 people died, primarily due to the storm surge that flooded the low-lying islands of the Ganges delta. This tropical cyclone also set off a chain of events that led to the outbreak of civil war, resulting in the emergence of Bangladesh.

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4 EM-DAT.
Throughout the world, anthropogenic climate change and the increasing frequency and magnitude of disasters are having adverse impact on humans, natural ecosystems and quality of life, especially among the poor. Women are being pushed into more vulnerable and marginalized positions in Bangladesh. Vulnerability to natural disasters is multi-layered and multidimensional; the extent of one’s vulnerability is dependent upon wealth, disability, ethnicity, age and — arguably most of all — gender. The high death rate among women during natural disasters is not a result of biological and physiological differences between men and women, but rather a product of social norms and prescribed gender roles. According to numerous studies, gendered disaster impacts are further compounded by gender biases embedded in politics, social economy and culture in societies, which increase women’s vulnerability during disasters.8

Furthermore, according to the UN Gender Inequality Index (GII), Bangladesh ranks 133 out of 162 countries, reflecting vast inequality between women and men in three dimensions: reproductive health, empowerment and the labor market. The implications of such low status “restrict women’s opportunities and freedom, giving them less interaction with others and fewer opportunities for independent behavior, restricting the transmission of new knowledge, and damaging their self-esteem

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and self-expression,” according to the report. In Bangladesh, women do not have the right to property, have less access to education than men and have less control over their financial assets. Disasters exacerbate economic inequality between men and women and hamper women’s capacity to recover and restart economic activities. This situation exists in most of Bangladesh, and is even more embedded and severe in rural, ecologically marginal areas, such as Bhola. The structural inequalities in Bangladeshi society result in different capacities of men and women to prepare for, respond to and recover from disasters, as well as distinct vulnerabilities and exposure to risks.

**Women’s mortality and mobility**

The vulnerability of women increases when they are in a lower socioeconomic group. Research has shown that poverty severely inhibits a household’s ability to effectively prepare for, adapt to, mitigate and recover from disasters. This vulnerability becomes more severe when it intersects with gender. In Bangladesh, women (and girls) constitute the majority of casualties in major hydro-meteorological hazards. According to a UNEP 2005 report, the Cyclone Gorky disaster and subsequent flood of 1991, which slammed into the southeastern coast of Bangladesh in the Chittagong region, caused an estimated 140,000 deaths, of which 90% were women. Among women aged 20-44, the death rate was 71 per 1,000 compared to 15 per 1,000 for men. More than 10 million people became homeless, and property damage (e.g., cattle and crops) created starvation that posed a critical danger to the survivors. In addition, 75% of displaced persons were women and girls. While Bangladesh has managed to reduce the mortality rate due to cyclones and other natural disasters in the past 20 years, women still constitute 80% of fatalities.

The reasons for women’s vulnerability can often be traced to their roles in society and gender and cultural norms. This can include women and girls’ duty at home, the clothing they wear, the way they are expected to behave, as well as access to information, exclusion from decision-making, greater domestic responsibilities, and a lack of economic and health care resources. For example, in Bangladesh, the high mortality of women can be attributed to the social expectation that women and girls must take care of children or the elderly, sick people, and persons living with disabilities, thereby increasing their likelihood of remaining in unsafe locations during disasters due to an inability to transport their dependents safely. After a disaster, women are likely to be responsible for caring for the sick and injured while still maintaining their daily chores. Meanwhile, Muslim communities in Bangladesh that practice purdah require women and girls to wear burqas that restrict sight and movement. These restrictions make it hard to run away from danger like approaching flooding or collapsing buildings.

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14 A study by Bangladesh Institute of Social Research Trust (BISRT) from Bangladesh: Disaster Management Reference Handbook (Center for Excellence in Disaster Management & Humanitarian Assistance (CFE-DMHA), 2020), 60.
Further, the heaviness of the burqa can cause women to drown in flood waters. At the same time, traditional cultural beliefs and practices also means that women and girls engage in different recreational and daily activities. For example, girls are not taught how to swim, to climb trees or to run, all of which are life-saving skills, as these are considered “boy” activities. This disadvantage makes it more difficult for women and girls to survive flooding. Moreover, behavior patterns often result in women failing to receive hazard warnings. Men, for example, are more likely to receive disaster warnings while at their place of work, whereas women are more likely to be at home without access to this critical information. In addition, many Bangladeshi women who practice purdah cannot move outside without being fully veiled and accompanied by a male relative. All of these factors drastically increase the vulnerability of women and girls during disasters.

**Women’s sexual and reproductive health (SRH)**

Another aspect of gendered social norms that have negative consequences on women and girls during and after disaster events is health. There is some evidence showing that women and men may suffer different negative health consequences during disasters. Cultural taboos around menstruation and norms about appropriate behavior for women and girls have contributed to health problems for young women in disaster situations. A study reported that during the 1998 floods in Bangladesh, there was an increase in perineal rashes and urinary tract infections in women and girls because they were not able to wash out and dry menstrual cloths in private. Consequently, they often had to wear damp cloths, increasing the likelihood of infection. Another study confirmed that during emergencies women suffer increased risks of sexual and reproduction health problems. According to a rapid gender analysis of Cyclone Amphan done in 2020, women have no say over their sexual and reproductive health integrity, including birth control and family planning.

**Gender-based violence (GBV)**

The rate of gender based violence in Bangladesh is alarmingly high. A UN Women report showed that almost two out three (72.6 %) ever-married women in Bangladesh have experienced some form of partner violence in their lifetime, and more than half (54.7%) had experienced it in a 12-month period. In over 50% of cases, the perpetrator is the woman’s partner. Recent evidence suggests that GBV has increased during the Covid pandemic. BRAC, a leading human rights NGO related that the number of hotline calls from women reporting GBV between March and April, 2020 was 70% higher than the same time the previous year. Currently, there is little data on the incidence of GBV during disasters, however, there is some evidence that GBV, including sexual assault and rape, increases during disasters, leaving negative, long-term impacts on women and girls. A study on GBV in disasters in Bangladesh indicated that a large number (71.6%) of women respondents were subjected to violence during

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17 Gender and Health in Disasters.
20 See UN Women Asia and the Pacific (website), “UN Women Bangladesh,” https://asiapacific.unwomen.org/en/countries/bangladesh#
21 Bangladesh Bureau of Statistics (BBS) and the United Nations Population Fund (UNFPA) 2015
In addition, some women and girls indicated they experienced forced sex and rape at home and in shelters. The effectiveness of state mechanisms to provide personal security for women and girls in disaster shelters is very limited, and many women and girls do not take refuge in shelters during disasters. Yet, there is no specific policy or social protection to combat violence against women during disasters.

Moreover, women’s vulnerability during disasters does not diminish once the emergency ends. The long-term negative economic impact in their aftermath can increase incidences of GBV. The collapse of income-generating opportunities and loss of crops leads to financial ruin and food insecurity, which tends to increase tensions in the home. Men are often forced to migrate long distances for work, while women are left to tend households and secure money and food for their families. Men tend to be more psychologically vulnerable to the inevitable economic devastation that follows disasters, due to strict social norms of their role as breadwinners. The disaster-induced economic and mental strain leads many men to abuse alcohol, producing a spike in domestic violence. Due to such economic pressure, an increase in early marriages, in attempts to secure additional resources and offset disaster impacts, has also been recorded. Thus, existing gender-based inequalities and social norms that discriminate against women and girls tend to enhance the potential for worsening conditions long after a disaster.

It is also important to stress that natural disasters are common occurrences in Bangladesh. In the last 50 years, according to the World Meteorological Organization, “Bhola has experienced 1,942 disasters attributed to tropical cyclones, which killed 779,324 people and caused $1,407.6 billion in economic losses — an average of 43 deaths and $78 million in damages every day.” In the last 13 years, Bhola experienced eight cyclones or one every 1.6 years. The frequency of these events means that women living in these vulnerable places are likely to endure scores of natural disasters in their lifetimes. The cumulative effects of this barrage of destruction places a heavy burden of physical and emotional stress, food insecurity and economic uncertainty on families, and women in particular.

**Women’s participation and resilience**

Most disaster studies tend to portray women merely as victims and are less likely to highlight their resilience. In the context of disasters, women are often viewed as a vulnerable group rather than recognized for the strengths their participation and leadership can bring to DRM, to say nothing of the idea of providing opportunities for women and girls to improve their social positions within their communities. Yet, women’s equal participation and resilience are two crucial aspects of a gender
transformative and inclusive disaster response. Women already play a pivotal role in contributing to the disaster preparedness of their families and communities by sharing information. During disasters they save their children’s and elders’ lives. Post-disaster, they provide food and clean water as well as care for the sick and persons with disabilities.

In Bangladesh’s cultural traditions and norms, women have been conditioned to remain in the private sphere, which restricts their mobility. Women need to ask permission from their husband or another member of the household to go outside or join community organizations. As a result, they are often not consulted about their needs, and women’s formal participation and inclusion into the entire cycle of disaster risk decision-making tends to be unrecognized. As reported in a rapid gender assessment (RGA) after Cyclone Amphan in 2020, 65% of women respondents were not consulted by service providers and only 13% of respondents in the study noted that women-led NGOs and CBOs were involved in the response to Amphan. This exemplifies the extent to which women, or women-led organizations, have been marginalized in disaster management and risk reduction, which only serves to exacerbate their vulnerability. Another earlier study also found that a lack of formal participation by women in disaster relief management can negatively impact women and girls’ reproductive health needs and the needs of pregnant and breastfeeding women.

In addition, humanitarian assistance and interventions fail to adequately consider the differentiated needs, priorities and capacities of women, girls, men and boys, particularly excluding groups such as persons with disability and LGBTQI individuals. The lack of women’s participation in disaster management can aggravate the loss of lives. For example, many women in Bhola have to wait for their husbands’ approval before they can evacuate to shelters. Others do not feel safe in public without other women. Since they tend to stay behind with the children and older relatives, they often do not make it to the shelters in time and may get swept away during floods and cyclones. There needs to be greater recognition that gender shapes behavior and vulnerability, and that women possess knowledge, capacities and resources essential to strengthening hazard reduction and disaster management.

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31 Rapid Gender Analysis Cyclone Amphan.
34 Rapid Gender Analysis Cyclone Amphan.
35 Mehta, *Gender Matters.*
II. RESEARCH APPROACH

2.1 SCOPE AND OBJECTIVES

Plan International USA in collaboration with Plan’s Asia Pacific Regional Office (APAC) is implementing the Inclusive Community Disaster Risk Reduction and Management (ICDRM) Project, a four-year project (October 2017-September 2021) funded by Margaret A. Cargill Philanthropies, in Bangladesh and the Philippines. Through Plan Bangladesh and local NGO Jago Nari, the project seeks to increase the natural disaster preparedness capabilities of communities in Bhola Sadar, Bangladesh and identify elements of a replicable model for building inclusive community-level natural disaster preparedness (see Figure 1).

Figure 1: Map of Bhola Sadar Upazila

The purpose of this study is to gain a detailed, contextual understanding of the DRM needs of women and girls in Bhola. The study aims to determine the degree to which two community groups established by the project — (i) the Ward Disaster Management Committees (WDMCs) and (ii) children and youth groups (C&Ys) — encouraged and increased the active participation, including leadership and decision-making, of women and girls. The study also aims to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.
The study sought to address the following six specific aims:

1) Ascertain and describe the root causes of exclusion and marginalization of women and adolescent girls in Bhola that hinder them from participating in DRM and ways that these barriers have been and/or could be overcome.

2) Assess the degree to which adolescent girls participate in the C&Y groups, whether they are active or passive participants and if and to what extent their leadership capabilities are expressed.

3) Understand how women and girls perceive WDMCs and C&Y groups as welcoming places for them to participate and voice their views, and what more could be done to increase their participation.

4) Ascertain how, and to what degree, C&Y groups have served as bridges between vulnerable and stigmatized groups, such as LGBTQI individuals, and the community to encourage inclusion in the WDMC and C&Y group.

5) Determine if and how the ICDRM trainings on inclusiveness have affected the membership of the WDMC and C&Y groups.

6) Explore if and how much the trainings on mainstreaming of gender, disability and culture sensitivity have made DRR planning more inclusive and adapted to the needs of women and girls, and how excluded groups have responded to these changes.

The scope of the study is understanding the context of the disaster risk management (DRM) needs of women, girls, children, and youth in the 27-project site in Bhola. Eight sites were selected based on accessibility and size, the willingness of the district and village DRM committees and communities as well as the presence of women and girls in C&Y and DRM groups. Each selected site had both a functioning WDRMC and a C&Y group and was located within a reasonable distance of the researchers’ hotel.

2.2 METHODOLOGY

The field research took place in three areas in Bhola Sadar: Kaachia, Rajapur and Bheduria. Qualitative methods were applied to collect information on women and girl’s participation on the community disaster management committees. The team also conducted participant observation; did transit walks in flat areas and riverbank communities; carried out in-depth interviews (IDIs) and key informant interviews (KII); and held focus group discussions (FGDs) with local DRM officials, members of the C&Y and WDRMC committees as well as women and girls in the local communities.

Figure 2: Study design
The first step was conducting a desk review any existing data (including project-related documents) to gain an insight into the current situation of women and girls’ participation in community DRM in Bhola. IDIs and FGDs with beneficiaries as well as KIIs were also used to collect contextual information that is difficult to measure quantitatively, providing deeper insights. The research explored the perceptions and understanding of DRM from a gendered point of view. Figure 2 shows the adopted study design.

Field data collection

This study followed international best practice for professional conduct for collecting data and data management based on the guidelines and code of conduct under ESOMAR. Ethical approval from Plan International Global Office was obtained prior to the field work (see Appendix 2, Ethical Research). For the COVID-19 measure, Rapid Asia and the local team in Bangladesh adhered to WHO guidelines for preventing the spread of disease throughout the course of data collection stage, including (i) wearing masks at all times; (ii) washing hands or using hand sanitizer before and after each interview; (iii) adhering to social distancing guidelines; (iv) avoiding interviewing anyone at high risk of contracting COVID-19; and (v) confirming that the respondent is not immunocompromised before conducting an interview. All field team members have done PCR test for COVID-19 before and after the data collection in Bhola.

The field data collection took 12 days, including travel with seven people (5 females and 2 males). Prior to field work, all staff received a detailed briefing and training online on February 9, 2021. The training covering an overview of the project and its objectives, as well as how to execute the pre-designed discussion guide to ensure consistency of questioning and manageability of the data collected. In the field on February 23, the team received training on “Do No Harm” principles and Child and Youth Safeguard Policy conducted by Plan Bangladesh.

During field data collection, project staff from ICDRM project, Plan Bangladesh and Jago Nari assisted the team on the ground, including logistical and transport support, administrative support and introductions of the Bangladeshi field team to the communities and key informants. All interviewers were native Bangla speakers and conducted the sessions in Bangla. All interviews and FGDs with women were conducted by female field staff. The field team wrote summaries in English, which would be used for the key findings and triangulation process. All interviews were tape-recorded.

To explore and capture in-depth information around women and girls’ inclusion in the community DRM and for safety of the field team, site selection criteria were used (see Table 2). Fieldwork in Bhola was conducted based on the selection criteria, with assistance from Jago Nari. Information was collected with FGDs, and IDI with key informants and with members and non-members of WDRM and C&Y.

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<tr>
<td>Location in 8 rural areas in Kachia, Rajapur and Bheduria in Bhola Sadar Upzila</td>
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<td>Willingness of district and village DRM committees and communities to participate</td>
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<td>Presence of women and youth DRM groups</td>
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<td>Reasonable size and accessibility</td>
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<td>Distance to allow field teams to return to the hotel safely each day</td>
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<td>WDMC and C&amp;Y groups are actively functioning and have held regular monthly meetings in the last 12 months with at least half the members attending and sponsored at least 3 activities in the last 12 months in 6 locations (active groups)</td>
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<td>WDMC and C&amp;Y groups either not holding regular monthly meetings or not sponsoring activities in 2 years</td>
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Field observation
During field visits, the team walked through different areas of the neighborhood and talked with passers-by in order to gain insights into local people’s behavior and activities. The transect walk was conducted by the field team along a defined path (transect) across the project areas. During the walk, the team observed and explored the conditions of the cyclone shelters, housing conditions, public space, WASH facilities and so on. Picture 1 shows a map developed by villagers in Ramdevpur from a transect walk. The team completed three observations:

1) At the training on leadership roles for leadership development and disaster mitigation programs, led by Jago Nari in collaboration with Plan International at the training Centre of Grameen Jano Unnayan Sangstha in Bhola Sadar on February 25, 2021.
2) With the riverine Bede people in Jorakhal, Rajapur Union, Bhola.
3) In the Ramdevpur community in Majher Chor, Kachia Union, Bhola.

Semi-structured interviews
Interviews were conducted with key stakeholders in the selected localities including local government officials, local NGOs, experts and representatives of UDMC. In total, 10 key informants (KII) were interviewed (six males, three females and one transgender individual) using a mix of phone and in-person interviews. The objective was to explore the context of women and girls’ participation in DRM as well as to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.

Information was also collected with semi-structured interviews (IDI) with members and non-members of WDMC and C&Y in Bheduria, Kachia and Rajapur. Interviews were carried out to capture more insightful information about the roles of women and adolescent girls and their experiences as members and non-members of local disaster management committees and to gain information on barriers and enablers for participation. A total of 16 interviews were carried out face-to-face: nine females and seven males, five active members of WDMC, four active members and four inactive members of C&Y, and
three non-members.

FGDs were carried out to capture more in-depth information around gendered issues and gender roles in local DRM. Both active and inactive and male and female members of UDRM, WDMC and C&Y were recruited to participate, for a total of 18 FGDs from three locations. Each group had approximately eight participants. FGDs were conducted face-to-face and led by experienced moderator and one assistant.

All interviews were conducted in the local language and recorded on MP3 for quality control purposes. Specific details about the KII, ID and FGD are shown in Appendix 1.

The primary and secondary research findings from the various methods were reviewed in a triangulation workshop held on April 2, 2021, at Rapid Asia’s office in Bangkok. The project team used the multilevel combinations approach to ensure proper triangulation of the data. First, data from the desk review, stakeholders’ interviews, FGDs and IDIs were analyzed separately, and the core findings were agreed upon by the project team. Second, all core findings were linked to the seven key research objectives. Finally, data triangulation was accomplished by examining the key findings across the different information sources.

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III. DISASTER RISK MANAGEMENT

3.1 INCLUSION IN DRM IN BANGLADESH

The Government of Bangladesh (GOB) has been committed to putting DRM as one of its top priorities. The DRM is guided by a number of national drivers including the National Plan for Disaster Management — NPDM 2021-2025 and the Disaster Management Act (2012). The objectives of the DM Act 2012 include substantial reduction of disaster risk to an acceptable level with appropriate interventions which are endorsed by the Standing Orders on Disaster (SOD). The act provides the legal basis for DM in the country. The SOD in 1997 (revised in 2010) introduced the Ministry of Disaster Management and Relief Division (MoDMR), which coordinates national DM efforts across all agencies. NDMC is the supreme body and provides all directions. The revised SOD in 2010 reflects the vision of the government and outlines the roles and responsibilities of the ministries, divisions, agencies, organizations, committees, public representatives and citizens to cope with natural disasters at both national and sub-national levels.

Moreover, GOB has also been responding to the international framework on DRR such as the Sendai Framework (2015-2030) in understanding and managing different conditions, risks, impacts and potentials as essential to saving lives and reducing disaster losses. The Sendai Framework seeks to integrate gender, age, disability and cultural perspectives in all policies and practices and highlights the need to engage women, youth and children as key agents in designing and implementing gender- and age-sensitive DRR policies. A consensus has also emerged that further efforts must be made in disaster risk analysis to more vigorously disaggregate statistics by gender and age, as otherwise action on inequality in a disaster may be impeded.

Inclusion

Diversity and inclusiveness in community disaster risk planning and preparedness operationally means trying to encompass all members of a community, especially those who have been traditionally marginalized and disempowered, such as women and girls, youth, indigenous people, LGBTQI individuals, disabled individuals and the elderly, in the design and implementation of DRR and management plans. Accordingly, the GOB has been trying to promote the gender and DRR agenda within South Asia and has received global recognition for gender mainstreaming efforts in DRR. The revised SOD also includes the Ministry of Women and Children Affairs’ (MOWCA) Department of Women’s Affairs (DWA) in risk reduction activities and seeks to increase women’s participation in preparedness and disaster management activities as well as identify the gender gaps and provide support to women and children affected by disaster.

Furthermore, the formulation of the 8th National Plan NPDM (2021-2025) was reviewed through a gender lens, and specifically stated that inclusion was to be an underlying strategy in all the action plans incorporating DRR, with sensitivity to gender, disability, age and other vulnerabilities. The focus on inclusion is also to ensure incorporation of gender issues in decision-making; participation of women and

40 See also Section 3.1 in Making Disaster Risk Reduction Gender Sensitive, 141.
men, girls and boys in all the priority action of current NPDM; and adequate considerations for people with vulnerabilities in DRM policies and programs, as well as across implementation of the current NPDM. The government in Bangladesh has initiated a national program, in partnership with UNDP, UN Women and UNOPS, named The National Resilience Programme (NRP). The program will enhance women’s leadership capacities for gender-responsive national and local disaster management decisions, investments and policies at national and local levels.

3.2 KEY SUB-NATIONAL LEVEL DRM COMMITTEES

According to SOD, the structure of DRM at sub-national levels include: disaster management committees (DMCs) at district, upazila, union, pourasava and ward levels (see Figure 3). At the local level, committees include district disaster management committees (DDMC) headed by the deputy commissioner (DC) to coordinate and review the disaster management activities at the district level, upazila disaster management committees (UZDMC) headed by the upazila nirbahi officer (UNO) to coordinate and review the disaster management activities at the upazila level, union disaster management committees (UDMC) headed by the chairman of the union parishad to coordinate to review and implement the disaster management activities of the concerned union, pourashava disaster management committees (PDMC) headed by the chairman of pourashava (municipality) to coordinate, review and implement the disaster management activities within its area of jurisdiction, and city corporation disaster management committees (CCDMC) headed by the mayor of city corporations to coordinate, review and implement the disaster management activities within its area of jurisdiction.

According to the baseline report, in Bhola Sadhar so far only managed to include five women in the 66-member DDMC, two women in the 53-member UzDMC, nine women in the 39-member UDMC of Bheduria, five women of the 39 members of the UDMC of Kachia and seven women of the UDMC of Rajapur.
At the community level, there are WDMCs and C&Ys, which are established by the ICDRM team with sub-partner Jago Nari, in order to increase participation of vulnerable and marginalized groups in community disaster risk planning. However, WDMCs and C&Ys are not recognized as part of formal DRM structure. In 2012, the government declared it was the responsibility of mayors to form WDMCs in their communities but was not mandated. The National Alliance for Risk Reduction and Response Initiatives (NARRI) consortium has been working to include the WDMCs as government-mandated bodies in the Disaster Management Act and SOD. The SOD does mention the establishment of a WDMC in every ward, but since it was not a government requirement their creation depended on local interest.\textsuperscript{44}

The underrepresentation of the most marginalized is a global phenomenon that includes DRR in Bhola Sadhar, where opportunities for women’s participation in DRM remain limited and is reflected in the generally low representation of women on union DRM committees (see Figure 4). These committees have a great deal of decision-making power over how to prepare communities and districts for the inevitable series of floods, mudslides, cyclones and tsunamis that frequent the country’s southern delta region.\textsuperscript{45}


\textsuperscript{45} According to one study, women’s representation was ensured only two decades ago. However, within these two decades, women failed to ensure their effective participation due to three issues: (i) patriarchy or male domination, (ii) corruption and (iii) faulty legal provision imposed upon them. For information on this study, see Md. Mizanur Rahman, “Problems of Participation of the Women Leaders in the Union Parishad in Bangladesh: Unheard Voices and Grim Realities,” Silpakorn University Journal of Social Sciences, Humanities, and Arts 16, no. 1 (2016): 93-136, https://so02.tci-thaijo.org/index.php/hass/article/view/56805/47256
Yet, their presence in community DRM is not enough. The active participation, which includes leadership and decision-making, of women and girls as well as of other marginalized groups, is required as a pathway for gender transformation. Women and girls’ active participation can potentially create opportunities for individuals to challenge harmful gender norms, promote positions of social and political influence for women in communities and address power inequities between persons of different genders.

### 3.3 COMMUNITY DRM COMMITTEES

In order to improve the diversity and inclusiveness of DRM in disaster-prone areas such as Bhola, Plan focused its intervention at the grassroots level with the idea that changing the composition of DRM committees so they better represent all vulnerable groups would be more successful in communities than using a top-down approach. During the first three years of the project, the ICDRM team with sub-partner, Jago Nari, formed two community groups: WDMCs and C&Ys. The works of WDMCs and C&Ys means there has been a fairly large increase in women and adolescent girls’ participation in community DRM; however, other marginalized groups such as LGBTQI individuals, elders and the disabled are still significantly underrepresented.

#### 3.3.1 Ward disaster management committees (WDMCs)

The ICDRM staff have been working closely with the WDMCs to increase their interest and participation in community-level disaster risk planning and well as diversifying their membership. Currently, there are 27 WDMCs, each with 30 members, for a total of 810 members. Previously, such committees consisted of only men. However, membership in the WDMCs is, on average, reported to be close to 50% women (see Figure 5). According to project reports, these women are regularly attending meetings and trainings and participating in social activities. This change is remarkable, considering that women in Bhola rarely join meetings or speak publicly due to strong cultural norms that discourage them from participating in civic affairs. They are also joining in the community risk assessments (CRA) and contingency planning. However, it is not known if women are actively participating by freely expressing their views, or passively participating, following the actions and directions of male leaders.
3.3.2 Children and youth groups (C&Y)

Along with the WDMCs, ICDRM and Jago Nari also have formed 27 C&Y groups that also meet regularly to provide a wide range of DRM-related activities and services in the community. During last November’s Cyclone Bulbul emergency, C&Y group members, along with the WDMCs, served as early warning dissemination and emergency response volunteers, making sure that everyone in the community was able to access shelter. These groups, composed of almost equal numbers of girls and boys, received trainings on DRM, early warning systems, culture and inclusion, gender sensitivity and community activism in support of human rights for excluded people. Anecdotal information from project outreach staff suggests that at least one youth group has been successful in reaching LGBTIQI residents, who tend to be hidden and hard to reach due to stigma and discrimination. Although there is gender diversity in C&Ys, there were no presence of marginalized groups such as LGBTIQI and disabled individuals (see Figure 6). In three locations, girls’ membership is higher than boys (girls/females: 487, boys/males: 388). Some boys and girls are members of WDMCs (yellow). They joined the WDMC because no C&Y groups were present in the ward, or they joined with their parents. In addition, reports indicate that these youth groups have encouraged members to take on leadership roles in advocating for more representation in DRM, and serving as training grounds for young leaders, especially adolescent girls, to apply their leadership and advocacy skills to other civic issues beyond disaster planning.

### Figure 6: Composition of C&Ys

<table>
<thead>
<tr>
<th>DRM</th>
<th>Adolescents (13-18 years)</th>
<th>Adults (19-59 years)</th>
<th>Elders (60 years+)</th>
<th>Location</th>
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<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td>Female</td>
<td>Male</td>
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<td>8</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Ward Disaster Management Committees (WDMCs)</td>
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<td>199</td>
<td>7</td>
</tr>
<tr>
<td>Children and Youth Groups (C&amp;Ys)</td>
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<td>4</td>
<td>26</td>
</tr>
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</table>

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IV. GENDERED DISASTERS IN BHOLA

4.1 GENDERED DISASTER EXPERIENCES

As Bholo is a delta island surrounded by rivers, floods and tidal surges due to heavy rainfall and cyclones are the most common types of disasters, occurring at least once a year (see Figure 7). Riverbank erosion, due to heavy rainfall, was noted by two focus groups as being the most pernicious form of disaster, with one participant revealing that their house had been submerged in the Meghna river twice previously and is in danger of being submerged again.

“The water level raised up so high to their bed, they had to build a loft and take shelter.” — Female member of a WDMC in Kachia (FGD)

Figure 7: Timeline of recent cyclones in Bholo

The immediate impacts of floods and cyclones are loss of life and injuries. Long term impacts include damage to infrastructure and housing, loss of livestock and damage to crops. Many participants described their immediate actions during the onset of a disaster as seeking refuge on rooftops or hastily built rafts while witnessing the destruction of their homes and community.

“In the past when there was a flood, my aunty drowned and died. People used to travel from one place to another by building rafts with banana trees.” — Male member of the UDMC in Kachia (FGD)

“Years ago, during the flood, water raised up to the roof of the house and we had to stay on the roof with the children for a few days.” — Elderly female member of a WDMC in Bheduria (IDI)

“I am thrilled that I am still alive after the ’70s flood. I took shelter at a shop and saw water rising inside. Then I took shelter in a house which was in a higher place, but it was almost submerged. Then I came to my home on a raft. Coming home, I saw there was no food, not even salt, and no fire. Everything had disappeared.” — Female member of a WDMC in Rajapur (FGD)
Virtually all those interviewed in the IDIs and focus groups experienced similar impacts during the most recent cyclone, Amphan. Beyond loss of life, residents lost livestock, crops, houses and infrastructure, particularly roads and communications.

“During Amphan, a lot of crops were damaged. Loss of crops growing on 13 acres of land, as the water stayed there for seven days. All of the crops, everything including livestock, houses, trees and utensils were damaged and flooded away.” — Male member of a UDRM from Kachia (FGD)

“In the last rainy season in Ramdebpur many people’s houses were flooded and they had to live in trees and float on boats.” — Female member of a C&Y group in Rajapur (FGD)

Picture 3: Woman cleaning cooking utensils and pots in pond
Many of these short-term impacts have long-lasting implications as household and communities’ ability to economically recover are severely impeded by the cost of repairing housing, the loss of investment and income in farming and livestock and the cost of re-investing in those resources. In Bhola, many households rely on farming as a source of income. Residents in Bhola face lasting economic insecurity following these disasters, in addition to increased food scarcity.

Box 1: Cyclone Amphan

The Super Cyclonic Storm Amphan was an extremely severe event that took place between May 20 and 21, 2020, causing strong winds and heavy rain in parts of Odisha, West Bengal in India and Bangladesh’s coastal areas. It caused intense damage to the Bhola region. A total of 2.6 million people were affected and of them, 820,000 were women. Of the 3,83,906 affected households, 29,133 households (8.3%) were female-headed. One FGD participant from Kachia said, “the environment of the evacuation center is not well equipped…. It has no facilities like separate room, bathroom or toilets for male and female. We, as women, feel unsecure and uncomfortable.”

Amphan damaged 763 hectares of crops in Bhola. There was a treacherous stretch of water in the area for at least seven days. The cyclone damaged six kilometers of river embankment. Due to the breakdown of the embankment in the region, 400 fishponds were destroyed, and the fish swam away. One affected woman from Kachia said that the “damage of crops has caused great concern upon scarcity of food. I spent a lot of money on my fish farm and grains,” and the “cyclone took all of them and made me poor.”

Local people faced numerous hardships; loss of housing, loss of income and scarcity of food and fresh water. Several families had to survive three to four days without fresh drinking water.

Sources:

households rely on farming as a source of income. Residents in Bhola face lasting economic insecurity following these disasters, in addition to increased food scarcity.

“The last disaster, cyclone Sidr, many people lost their home and livestock. Many trees were uprooted and as the water level rose so high that crops and fishes were flooded away along with the water.” — Woman interviewed in Kachia (IDI)

The remoteness of such areas is a compounding factor in communities’ vulnerability, their limited capacity to adapt and their ability to mitigate and recover from disasters. Inhabitants lack basic resources as well as the luxury of developed infrastructure. Under these difficult circumstances, women and girls suffered the most, as they have little or no access to resources to adapt to or mitigate disaster events.46

“People who live in rural areas are mainly farmers. During cyclones, the crops get damaged so badly that these farmers lose their last resources. Some of the women in the village have their own cattle,

46 Ferdous and Malick, 95.
Similarly, when asked about the aftermath of a disaster event, one-third of interviewees stated what worried them the most were the economic concerns arising from the need to rebuild homes, the financial loss and food scarcity due to crop destruction or damage and the lack of fresh drinking water due to tube wells being flooded. One female focus group, representing a WDMC in Rajapur, highlighted the plight of farmers and laborers during and after a disaster, particularly those from the Bede community, who often work as laborers, as the flood water prevents them from getting to work, rice farmers' fields are inundated, and fish are washed away. One currently inactive member of a C&Y group in Rajapur noted that even though he did not personally face any problems in evacuating safely or have his housing damaged, the main difficulties came after the disaster, when he lost his family's main source of income from farming because their land and crops were flooded. Participants from several interviews described some of the specific impacts of flooding, such as loss of belongings, housing debris blocking roads and, most significantly, how the inundation of water greatly inhibited the ability of women, children, the elderly and disabled people to evacuate. Each of these groups face different and intersecting barriers in terms of mobility and ability to evacuate during a flood. For women and girls such challenges are only further compounded by harmful gender norms.

Picture 4: Bede Boat houses on Meghna River, Rajapur, Bhola
4.2 GENDER INEQUALITY IN DISASTERS

4.2.1 Lack of free mobility

The majority of focus group participants were cognizant of the extra challenges and risks those women and girls face during disasters. These acknowledgements ranged from the constraining properties of women’s clothing, their perceived lack of physical strength and their prescribed caregiver roles in the household to the more conceptual aspects of prioritizing the needs and wants of men at the expense of women.

“In our village, families give priority to the male children. They are so happy if a male child is born. If a girl is born, they become upset. Male children get more food than female children.” — Female member of WDMC in Bheduria (FGD)

In many of the focus groups, both men and women highlighted the physical constraints that children, elders and disabled people face during flooding events and how the responsibility to ensure their safety or evacuation falls to women, contributing to their own vulnerability during disasters.

“Women move more slowly than men. When they are with their kids or with their older mother or father-in-law along with the personal belongings, she cannot walk fast or even in normal speed. A tree can be uprooted and fall on her, or she can be swept away by a strong tide. On the other hand, the man does not care or need to care for anything. So, disaster affects women vigorously.” — Female member of a WDMC Kachia (FGD)

Cultural practices in Bangladesh serve as significant barriers for women to mitigate, adapt to or even survive a disaster. Due to the social institution of purdah, meaning seclusion, Muslim women and girls in rural areas of Bangladesh such as Bhola are severely restricted from participating in public life, limiting
their social agency and virtually confining them to the household.\textsuperscript{47} In order to leave the house, women and girls must be covered by a veil and must obtain permission from their husband or father. Girls begin to experience more limits on their mobility by their fathers once they experience their first menstruation, and this continues until marriage, which often happens before the age of 18, when their husbands assume the dominant role.\textsuperscript{48} Besides a lack of mobility beyond the home, both women and girls, having been given virtually all household and care duties, are given extra burdens during disasters, such as walking significant distances to collect clean water when tube wells are flooded and caring for those who are ill or injured. They face physical constraints in evacuating.\textsuperscript{49} Many of the focus group participants clearly expressed the fact that women are the most negatively affected during disasters due to the combination of household duties and social stigma of moving around in public without a man or proper dress.

\textit{“Men can easily go from one place to another, but a woman cannot. Before going, a woman has to take permission from her husband. She also has to think about her dress. Many women do not want to go to the evacuation center because they think that if they are wet from rainwater, other men will see them which will be very shameful for the women.”} — Male member of the UDRM in Kachia (FGD)

There was strong and consistent acknowledgement of ways in which these restrictive social norms prevent women from even leaving the house during a flood or cyclone, with one respondent articulating that even during a disaster, women require express permission from men to leave the house.

\textit{“Men go to the cyclone center first and tell the women that ‘I will call you if the situation gets worse. Then you get packed and come to the center. Without my permission do not go anywhere.’”} — Female member of a WDMC in Behduria

The dynamics of unfree movement are further complicated by the burden of caring for children, the elderly and disabled people. Staying at home during a disaster ends up being the result of either an implicit or direct order from a husband or father, as well as the prescribed responsibility of care for others. These factors join with women’s lack of security and power in public spaces, including in the evacuation shelters themselves. For women, especially elders or disabled women, delays in getting to the shelters, or not being willing or able to go, become a strong contributing factor to their increased vulnerability to death or injury during a disaster.

\textit{“Parents usually keep the elders at home and want to take the children to the cyclone center with them. My grandmother at home is elderly and during a disaster my father might want her to stay at home as she would die in some days anyway.”} — Female member of a C&Y group in Rajapur

\textit{“I couldn’t bring another [woman], as she said she wouldn’t go even if she may die there. She was old and she could die on her way and she did not want to take the chance, she did not want to go to the evacuation center.”} — Female member of a WDMC in Rajapur

\textit{“Women are willing to die at home but not willing to go out.”} — Male member of a WDMC in Bheduria


\textsuperscript{49} Asadullah and Wahhaj, 3.
Those whose mobility is compromised to some degree, either due to clothing, age or disability, have limited options for adaptation or mitigation during a disaster. When women become unable to fulfill their socially imposed duty of care due to social restrictions on their movement, men often fail to take up this responsibility in their place. These harmful gender norms result in a contradiction in which the decision-making power rests with the men, yet responsibilities lie with the women. This form of inequality contributes significantly to the devaluing of women’s lives and an apparent sense of apathy from men towards those most in need during such events. Children, disabled people, and elders end up falling in between this gap of power and responsibility, which in times of disasters results in increased vulnerability, injury or even death.

“The husband’s opinion is the woman’s opinion. Men know more about the outside world, so women should listen to what her husband says.” — Elderly female member of a WDMC in Behduria (IDI)

Data from the Global Age Watch Index indicates that the elderly in Bangladesh in particular face significant difficulties, much of which is due to natural hazards. But these are greatly compounded by ageism within the health care system, within families and in terms of employment. Social stigma towards the elderly sees them as unhealthy, unproductive and in need of constant and intensive care. Their needs are also deprioritized in times of disasters.

“Men only think about their lives. Men think if they manage to keep alive, they will get another wife, as in our society it’s common for men to get married several times, while women have nobody who will care for them, and they are at risk during disasters.” — Female member of a WDMC in Kachia

Picture 6: (a) Raised tube well (b) general tube well and bathroom (c) tube well and toilet

4.2.2 Women as responsible for the domestic sphere

The sense of responsibility that women have towards their households stands in stark contrast to the behavior of men during disasters. Many focus group participants attributed women’s refusal to go to evacuation centers partly to a sense of attachment and responsibility for their children, house, domestic

animals and belongings. Women’s forced absence from the public sphere results in a justified lack of trust, security or confidence to move around beyond the household, as well as a greater sense of attachment and responsibility than men to the household, other family members and their belongings.

“As Bhola is a conservative area, there is always mobility restriction for the women and girls, for which the chances of skill development decreases. Whenever there is any disaster, women do not want to leave their houses and belongings due to the emotional attachment and also for their own security reasons.” — DRM Specialist, Plan International

Women and girls with extra vulnerabilities face even greater risks during disasters. The restriction of free movement is tenfold when it comes to elderly women, women with disabilities, lactating mothers with small children and pregnant women. It is these groups specifically that come under the “duty of care” of women, since women are tasked with caring for others in the household. Transgender individuals are excluded from mainstream society and have even less access to resources, information or security to reach and stay in evacuation centers.

Female-headed households, destitute women and women without employment or male partner face some of the most serious risks in times of disaster, according to a gender analysis of the 2019 floods in Bangladesh. Female-headed households end up relying on male counterparts (if there are any) to generate income. In times of floods, these means that the men have to migrate for work, often not returning. These women also have reduced capacity to respond to disasters, mitigate damage and recover, as well further restricted mobility with no male guardian to ensure their safety in public (in addition to the social stigma of not having a male partner).

When asked about the problems that people, particularly women, face following a disaster, a majority of focus group members commented on the damage to housing and crops that results in an immediate lack of clean drinking water and food.

Cognizance of the ways rigid gender roles are continually reinforced by society and how this results in women’s diminished capacity to mitigate and adapt to disasters was consistent throughout the IDIs. Mentioned was how women cannot react in the ways men do and vice versa because of the imbalance of responsibilities of the household, and the fact that women are compelled to stay and take care of the household while men are free to go straight to the evacuation center, acting on information that does not reach the women. Participants from numerous focus groups agreed that women’s responsibilities to manage and save everything and everyone within the household means they are left behind during a disaster.

“Women suffer more because of this negligence of men.” — Female member of a WDMC in Kachia (FGD)

“I will die in my own house with my family; I will not leave anything behind.” — Inactive male member of a C&Y group in Rajapur (FGD)

4.2.3 Clothing as a barrier to evacuation

One of the most significant causes of a lack of physical mobility cited was clothing. As previously mentioned, women and girls in Bhola are socially required to practice purdah. Outside of the house this means being veiled and covering the head, and sometimes the face, with something known as a nikab, and wearing black, loose-fitting clothing so as not to show off one’s body shape, with a burkha, jilbab, abaya or manteau. The practice of wearing some form of covering not only reflects adherence to a religious doctrine but can reflect a diverse range of meanings for different women and girls. Regardless of the personal meaning, the forms of clothing worn represent a genuine physical barrier to safety and survival during floods and cyclones. Women are severely hindered in evacuating during floods due to the combination of their cumbersome clothing and social stigma preventing them from undressing or removing items of clothing in public. As the founder of Youth Net for Climate Justice explained, “they can’t move or climb as quickly as men.” Even if they know how to swim, “their dress is not suitable for swimming. I remember an incident that I heard during Sidr [a cyclone] in Barguna,” when someone “died because of her clothes tucked in a tree,” and she couldn’t move, the founder said.

Lack of security was also emphasized, partly due to housing damage. But for women, the fact that they are compelled to stay in dirty, wet clothes due to the taboo of revealing skin, while men are free to go without much clothing for several days, is also problematic, since clothing and gender norms bring shame or potential harassment from men and boys if women remove any of this wet clothing.

“They [women and girls] tend to wait for the male members of the family to take them to the cyclone shelters. Another reason for not wanting to go to the shelters is because of the breach of privacy for the female as both male and female are gathered and using the common toilet becomes an issue.” — Plan International DRM Specialist

4.2.4 Gender-based violence in disasters

There is a strong link between women’s public exclusion, lack of free movement and GBV. Since purdah attaches an “inherent” shame to women moving individually in public or wearing revealing clothes, men who seek to inflict violence on women who are not following purdah are given a sense of impunity and the women are blamed for not following social norms. This situation means that women and girls lack security and safety to leave their houses during a disaster. Significantly, the evacuation shelters themselves do not have gender-segregated toilets and therefore do not represent a safe space.

Research shows that GBV tends to increase during natural disasters. According to the UN Women Rapid Gender Analysis following Cyclone Amphan, GBV increased by 65% in the affected areas after cyclone Amphan. With disasters causing the breakdown of both familial and social infrastructure and economic livelihood protection mechanisms (where they exist), offenders are given virtual impunity to commit violence against women and girls. Intimate partner and domestic violence also increase as any power or resources women had prior to a disaster are seriously compromised, forcing them to endure

53 Rapid Gender Analysis Cyclone Amphan.
54 Rapid Gender Analysis Cyclone Amphan, 24.
abusive relationships. Violence is also more prevalent due to the economic stress and anxiety faced by households following a disaster. A DRR Programme Specialist for UN Women emphasized the increased risk of GBV, especially rape, for women, which only increases in the chaos and confusion of disasters.

“Women face rape, sexual assault and abuse predominantly as they have to sleep on the roadside.” — UN Women DRM Programme Specialist

Women do not feel they can evacuate during a flood because that would mean having to swim or wade through water in their clothes or sleep outside, which leaves them exposed to men who may take advantage of the situation to sexually assault or abuse them.

“The older women could not sleep because they had to guard their adolescent girls during the night when they were sleeping. They do not face this kind of situation with their male children.” — UN Women DRM Programme Specialist

The same social norms which restrict women in terms of clothing and mobility also permit men to act with a sense of freedom in their own movement and a lack of awareness or attention to the ways in which women are held back. Men can both move freely and seek shelter without a thought about their safety from others, or whether their lack of clothing will put them in danger.

“During the disaster, men can walk into the flood naked, which women definitely cannot do. They have to walk in wet clothes. Women also do not have access to toilets. They have to wait for the night to go to the toilets or rice paddies.” — UN Women DRM Programme Specialist

Outside of the disaster context, women in Bangladesh face very high rates of GBV, with one report stating that two-thirds of women in the country have experienced partner violence and over half had experienced it within the previous 12 months.

4.2.5 Male economic dominance

Restricted physical mobility and violence further intersect with economic concerns, with men dominating the managing of household finances and income. If what little economic resources women do manage is lost during a disaster, the man will immediately reset resource management in his favor. The DRR Specialist for UN Women noted how economic disempowerment is a major cause of women’s subjugation and lack of autonomy, which only increases exposure to violence and mental stress:

“For example, one woman was raising 10 chickens. Due to the flood, she lost all the chickens and her income as well. When her husband started to earn money, he spent all the money buying vegetables and other necessary things. The woman does not have additional funds to establish her business; as a result, women lag behind economically.”

It is important, however, to note that many men in this context are also operating within social norms and structures, and they are usually acting according to social expectations, chiefly as the principal

55 Rapid Gender Analysis Cyclone Amphan.

income generator, and that they face social stigma for “allowing” their wives to work or move independently in public.

Existing institutional gender discrimination, which serves to disempower women economically, combines with women’s reduced agency and power in the aftermath of disasters to further marginalize them by capping any potential for economic independence.

“When you are financially independent, you are empowered. When you are disempowered, you will face gender-based violence. Men have more resources than women. For example, only men are allowed to get agricultural loans. After the disaster, men leave the house in search of work that women cannot do. They have to look for household chores and take care of children and elders.” — UN Women DRR Specialist

Findings from a joint needs’ assessment following Cyclone Amphan found that the vast majority of people affected lost food stocks, lost income to buy food and were forced to turn to negative coping mechanisms such as taking out loans, selling productive assets and consuming less food. Such negative coping mechanisms are much more likely to disproportionately affect women and girls, especially in terms of increased violence, less access to menstrual hygiene, trafficking and child marriage.

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58 Cyclone Amphan: Joint Needs Assessment.
4.3 GENDERED BARRIERS TO WOMEN AND GIRL’S INVOLVEMENT IN DRM

To understand women’s lack of participation and engagement DRM in Bhola, the qualitative interviews sought to explore the root causes of women and girls’ exclusion and marginalization in Bhola. A wealth of literature exists on the nature of gender inequality in Bangladesh and there is ample qualitative data on how this translates into greater risk for women during disasters.

Much like gender inequality in many parts of the world, rigid and unequal gender roles in Bangladesh are prescribed by religious doctrine and perceived biological inequalities, which together reduce women to subservient and passive actors dependent on men. Women are seen to be inherently physically weaker,
while masculinity is associated with power, assertiveness and aggressiveness. These perceived biological characteristics are reinforced by religious beliefs and laws, which directly govern the bodies of young girls, specifically by associating a daughter’s virginity with the family’s honor and designating it as something to be protected.\textsuperscript{59}

It is through this enforced obedience that women are restricted to the household, bound to purely domestic duties and excluded by way of the practice of purdah from participating in public life, exercising freedom of movement or making decisions. Their lives are thus governed from birth to marriage by their fathers, and then subsequently by their husbands. The insidious effect of such a lack of agency is that even when women or girls are presented with a choice, they are fully aware that their father’s or husband’s honor is at stake with their decision.\textsuperscript{60}

Lack of any decision-making power naturally leads to significant social constraints for women in Bangladesh in all aspects of personal and social life. Men have virtually exclusive control over income distribution, property, access to credit, communication channels, information and sources of food. Women’s lack of social and economic capital translates into severely compromised capacities to mitigate disaster situations; it has been estimated that during the 1991 cyclone in Bangladesh the death rate for women was five times higher than that of men.\textsuperscript{61} Men’s advantage during disasters even extends to simply being able to warn other men in public spaces and rarely communicating these warning to the rest of their families. Paradoxically, women are left to develop coping strategies to mitigate the disasters in the context of their low social position and lack of power whilst also overseeing the security of the household. An example of this is needing to maintain a secret cache of money as an emergency fund in the wake of a disaster as a result of not being allowed to access family finances whilst also being left to manage the household.\textsuperscript{62}

The existing literature was validated in interviews with those working directly with communities in Bhola on DRM and other community-based organizations. A community leader representing Coast Trust, a local NGO working to strengthen coastal communities’ resilience to disasters, confirmed that gender inequality in rural Bangladesh is still prevalent and deeply entrenched, despite overall progress in reducing inequality in the last 20 years. One example of progress, relative to the Bangladeshi context, is that now the Department of Women’s affairs creates employment training opportunities for women, though these are highly gendered, such as training to sew garments or work in a beauty parlor as well as other forms of employment restricted to the home. In addition, according to the community leader, almost all girls of school-going age now attend compulsory education, a major success for gender equality. However, significant barriers persist in accessing higher education. Evidence of increased gender parity in education in Bangladesh can be found in a 2019 Asian Development Bank report, where it is observed that the secondary school enrollment rate for girls increased from 14% in 1990 to 72% in 2016, while in the same period for boys it increased from 27% to 66%.\textsuperscript{63} Recent data regarding the Bhola

\begin{itemize}
\item \textsuperscript{59} Presler-Marshall and Stavropoulou, iv.
\item \textsuperscript{60} Presler-Marshall and Stavropoulou, 3.
\item \textsuperscript{61} Understanding the Roles of Women Members in Union Disaster Management Committees in Bangladesh (Dhaka: UN Women Bangladesh, 2015), 4.
\item \textsuperscript{62} Presler-Marshall and Stavropoulou, iv.
\item \textsuperscript{63} S. Xu, A. S. Shonchoy, and T. Fuji, Illusion of Gender Parity in Education: Intrahousehold Resource Allocation in Bangladesh, ADBI Working Paper 1004 (Tokyo: Asian Development Bank Institute, 2019). Note that the paper found that significant government and non-governmental interventions explain this increase but household expenditure remains heavily skewed towards boys, despite greater secondary school enrollment for girls.
\end{itemize}
region specifically is more difficult to obtain, but a report from 2011 found that in the time spanning 1991 to 2011, girls’ literacy rates improved drastically at the upazila, urban and rural levels. This is especially true at the zila level, where it increased from 19% to 42.91%, while boy’s literacy rates increased from 28.6% to 43.59%. The same study found that school attendance for boys and girls was roughly the same in 2011 at different ages, with both sexes seeing a significant drop in attendance once they reach the age of 15. In both zila and rural settings, men and women’s education attendance for ages 20-24 were exceptionally low, but women’s attendance was virtually negligible (10.14% for men and 2.88% for women).  

There was a strong consensus among interviewees on the persistence of harmful gender norms in Bangladesh resulting from a fundamental social belief in the inferiority of women inherited from ancestors and engrained through religious dogma.

“The superstitious practice of keeping inside the house has been going on in our society for a long time.”
— Female member of a C&Y group in Kachia (IDI)

According to the participants, the most significant aspect of gender inequality in Bangladesh is the strict division between the household and public life, with women being responsible for all domestic matters and men taking charge economically and dominating public life. One participant noted how even when women are overburdened with household tasks, social norms strongly discourage men from helping their wives as people will question the woman’s ability to manage her household and fulfil her duties.

“Men basically work outside and arrange money and food for the family. As they earn money, they are the owner, master, or you can say, leader of the family.” — Female member of a WDMC in Bheduria (FGD)

“If a boy does a girl’s work, everybody will say: ‘what happened? You are doing girl’s work? Have you turned into a transgender?’” — Male member of a C&Y group in Kachia (FGD)

At the same time, however, participants of the IDIs clearly did not agree with these divisions and gendered roles. This seemed consistent with the relative progress of the last 20 years but also an observation about and apparent frustration with progress yet to be made.

“Because people don’t understand the simple fact that if men and women get equal opportunities to work, society will develop more quickly.” — Female from Kachia not involved in DRM (IDI)

The division between the household and public life, and how this essentially confines women to managing all domestic and familial affairs, was found to also be a major inhibitor of women participating in DRM. Findings from the focus groups and IDIs confirmed that some women were still too constrained by their busy schedules and various domestic responsibilities to be able to join. One participant said she had been informed of the training but could not attend without her husband’s permission. In such conditions, women’s responsibilities stretch no further than as a carer, meaning they lack the power to participate and decide in public life, precisely where the DRM meetings happen.

“As I don’t know about WDMC or C&Y, I can’t say what they do. Many women of the community are like me, they also don’t know. So the first thing is, they need to know and [a] meeting should be arranged to pass them the proper information.” — Female in Kachia not involved in DRM (IDI)

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64 S. Xu, A. S. Shonchoy, and T. Fujii, iv.
A major barrier to women taking on active rather than passive roles in DRM meetings is the persistent belief that their perspectives are worth less than men’s. Several interviewees noted that while women may be encouraged to speak during meetings and have their opinions heard, social norms continue to dictate that decision-making rests with men.

It was also apparent that women perceived natural strengths and existing social networks among women in their community as both an enabling factor for greater practical participation in DRM and a hindrance for decision-making in positions of power. This was noted by some key informants who believed that men’s dominance in society blocked pathways to decision-making positions, while women’s inclusion into local committees for DRM provided them with tangible and operational responsibilities that are seen by their communities as active participation and leadership.

“The female representatives of the C&Y groups have some specific responsibilities. For example, the female representatives work in their respective communities, prepare [task] force groups, help marginalized groups, and provide necessary support. Also, they raise awareness and actively inform all the community people about the warning signal.” — Project Manager of Jago Nari

Key informants echoed these aspects of women’s lower status in Bangladeshi society, with men ultimately holding the decision-making authority. Focus group respondents similarly believed that the biggest barrier to women’s participation in DRM was patriarchal elements within the family, stating that raising women’s awareness of their own capabilities is only half the battle.

“We are talking about female awareness, but the people who are the main barrier in the way of women’s participation are the husbands, mothers-in-law, fathers-in-law, parents. They should participate in the meeting and listen to what is going on.” — Female member of a WDMC in Bheduria

Two interviewees believed that power remains with the men and that they should either grant permission for their wives or daughters to go or accompany them to meetings. Another interviewee remarked that in their community, women send their children to the meetings instead, due to the burden of their domestic responsibilities.

4.4 WOMEN’S PARTICIPATION IN DRM THROUGH COMMUNITY-BASED APPROACHES

According to the quarterly progress reports of the ICDRM project, trainings and participatory assessments conducted with the 27 WDMCs and 27 C&Y groups throughout the Bhola district have shown that all groups have been able to roughly achieve gender parity in their participation, as well as include children and youth, people with disabilities, transgender individuals and individuals from minority backgrounds.

At the beginning of the project in 2018, 27 WDMCs and three UDMCs took part in participatory assessments across the 27 wards. Included were 233 women, compared to 345 men. In the following quarter, the WDMCs and C&Y groups participated in training on DRR and climate change adaptation, organized by union-level coordinators and community mobilizers. These trainings reached a total of 1,387 people, of which 229 were women and 242 men. There were also 770 children and youth, 80 elderly people, 18 people belonging to minority groups, 46 people with disabilities, and 2 transgender

65 1st quarterly report
people. Participants in the IDIs credited the WDMCs and C&Y groups with increasing women’s participation through active encouragement and awareness-raising tactics such as street performances, which are seen as a simple, accessible and engaging way to reach more women and girls. Most crucially, the groups were able to tap into the existing social networks that women have in their communities and relied on women spreading awareness among themselves to ensure those at home could be included.

One of the key informants credited word of mouth among women and girls with increasing their participation, at least in terms of attending meetings and trainings.

Community courtyard meetings also were also able to reach gender parity, and during the July to September 2019 reporting period, the number of girls participating, 288, outstripped the number of boys, 196, for C&Y groups. The courtyard meetings, while successful in increasing representation for elderly people, people with disabilities, and people from minority groups, do not appear to have been successful in including transgender individuals. Observations gleaned from the qualitative data confirm that most members observe a roughly equal representation of men and women in their committees.

Beyond the practical benefits of involving women in DRM, some respondents simply saw their inclusion as logical.

“Of course, women should participate as they are half of the nation.” Woman from Kachia with no involvement in DRM (IDI)

Perceptions of the potential of WDMCs and C&Y groups to tip the balance in favor of women by empowering them to take leadership roles in DRM was positive, according to key informants. One from ICDRM program staff admitted that community-based organizations were still in their infancy, and awareness of them is still low, yet they could already see how women and girls were gaining crucial leadership and decision-making skills.

“As the C&Y group members are young, they are very active, and can reach people in the community during a disaster within a short time. They can quickly disseminate the message, as they can speak in front of 10 people without hesitation and can take decisions independently. They will be the next leaders of their respective community.” — Project Manager of Jago Nari

4.4.1 Changing perceptions of women and girls in DRM

While it is certainly not a sustainable or effective solution for gender equality, the starting point of including women in WDMCs and girls in C&Y groups is setting quotas for their representation. As discussed below, values and perceptions towards women did slowly begin to change as a result of their initial inclusion, as well as the trainings on inclusion and gender.

The WDMCs and C&Y groups brought a positive change in mindset for various respondents. While some had initially responded with resistance, many said they recognized the positive change that such groups could bring to their community. Numerous interviewees said they appreciated becoming aware of the harms of child or early marriage and felt their perceptions of women and girls changed.

A few of the participants noted that while many women may not speak up in a meeting, one or two will, and this can have a role in inspiring other women to take charge and slowly develop leadership skills.

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66 2nd quarterly report
67 An open-air performance on the street, like street theater or busking, including singing and dancing.
68 3rd quarterly report.
The key element in promoting increased participation of women highlighted by interviews appeared to be greater awareness of women’s rights among women and girls, in combination with encouragement from family members as well as other women, particularly those inspired by seeing women active in DRM. Some also highlighted the fact that women need to be given women-only safe spaces in order to discuss topics deemed too sensitive to discuss in front of men, particularly relating to menstruation and sexual and reproductive rights.

“To encourage more women and girls to participate in the WDMCs and C&Ys, it is important to give importance to their opinion. Girls should be treated with respect. They should not be neglected.” — Male member of a C&Y group in Kachia (IDI)

There was unanimity among the interviewees that women should participate in DRM meetings and trainings, in recognition that women suffer the most from disasters and should therefore be prepared for how to respond, and also because they can convince other women to attend trainings. This recognition is founded more on practicality rather than progressive gender principles.

“We want to encourage the participation of women in DRM. We want the participation rate to increase. One of the reasons is because they can help the male members of the family tidy up their belongings to save time.” — Male member of a WDMC in Rajapur (IDI)

Receptiveness to women participating in disaster committees and activities was mostly positive among the focus groups, with several noticing an observable and positive change in men’s attitudes towards the idea of women working outside and participating in disaster planning. Part of this change in perception has also come from children who have learned in school to value women in society. Those children take these lessons home and influence their parents.

“Our children learn many things in school and teach us many things, including about disasters. So, the children suggest to their mothers to go and join the [disaster planning] meeting. After listening to the children, the husband also gets inspired. So not only parents give education to their children, but they also get lessons from them.” — Female member of a WDMC in Bheduria (FGD)

“During Ramadan when I came home in the morning after fishing all night in the river, I told my husband that I had to go to the council to attend a meeting, to which he agreed without hesitation.” — Female member of a WDMC in Kachia (FGD)

There was a lack of consensus among focus groups concerning men’s perception of women’s increased involvement in DRM. Fewer than half said that norms were already beginning to transform and become welcoming of women’s presence in public meetings and DRM committees. Three interviewees believed that men and women are treated equally in the WDMCs and C&Y groups.

One adolescent respondent recalled how it was her mother rather than father or uncles who did not want her to attend DRM meetings due to strict religious practices in combination with the fear of shame associated with women speaking up and participating in public forums. A male respondent believed that it was fine for women to participate as long as they did within the confines of Islamic law.

“Women can work but have to work with a veil. They have to work according to Islamic law.” — Male member of a WDMC in Rajapur (FGD)

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69 Of seven FGD groups that expressed positive feelings towards increased women’s participation, four of them were all men.
Several respondents from the IDIs found that women’s participation had increased in community-based trainings organized by Jago Nari, in large part due to their usefulness and relevance to community needs in preparing for disasters. The fact that the trainings were held in local courtyards also appeared to increase women’s participation, providing a safe space for community members and drawing more women than men. Some of the trainings were gender segregated, allowing women to feel safe and confident in speaking up. The C&Y groups all had equal gender representation.

Much of the focus from key informants about the positive ways in which the WDMCs and C&Y groups have impacted women and girls’ participation in DRM was on their representation and access to training and information. This was similar to the perspectives shared in the IDIs and FGDs, where emphasis was placed on the practical roles that women can play in disaster preparation rather than their roles as leaders or decision-making.

Picture 7: Leadership development training at Bhola Sadar
In terms of encouraging more women to be involved in DRM, the majority of interviewees believed that this can be done simply by showing that women’s contributions are valued, providing a space to discuss freely and, crucially, demonstrating the usefulness of the trainings. On a more practical note, some recommended offering more trainings, establishing more committees, and seeking aid from a variety of organizations. One interviewee believed that the role of women themselves, encouraging other women to join, was crucial.

4.4.2 Gendered division of labor in DRM

Despite success in providing trainings to women and girls, increasing their participation in meetings and trainings and making incremental improvements to people’s perceptions of women and girls, persistent gender divisions of labor are difficult to change.

The division of labor during disasters is not decided according to women’s strengths, but rather entrenched social norms dictating what women can and cannot do. There were differences of opinion among several focus groups about whether or not women’s decision-making power had increased as a result of their participation in WDMCs. Some group members said that, in the absence of a higher male authority, women would make decisions themselves. Almost half of the groups agreed that men and women make decisions collectively. Another group found that only men continued to make decisions.

“As the village people are Islamic minded, if any female volunteer [is] using the mic in the village, they will criticize and will say, ’see, his wife is shouting’; it is a matter of shame if a woman talks loudly.” — Female member of a WDMC in Bheduria (FGD)

When asked about whether men and women should have different roles in DRM, around half agreed that the responsibilities should be allocated based on gender, with women carrying out “lighter” duties such as going door to door to encourage others to go the evacuation center while men do the “heavy” work such as using the megaphone, giving signals, and carrying elders or disabled people to the evacuation centers. This belief in segregating tasks based on gender appeared to be an important factor.
in explaining the social acceptability of women participating in DRM, especially in terms of their participation results in more people being evacuated. One male C&Y group member commented that in his group, the boys are more active than the girls in the field work because working at night is not considered appropriate for girls and their fathers would not allow it.

Two focus groups found that the C&Y groups were also active during a disaster, citing the gendered division of roles as a positive: girls mobilize people in the community to evacuate by going door to door, while the boys attend to the announcements and flag signals.70

4.4.3 Decision-making and leadership in gender balanced DRM committees

Interestingly, when the focus groups were asked about how women and men are involved in the committees and who makes decisions, the majority stated that decision-making was collective. Only one youth female group in Rajapur explicitly said that all decisions are made exclusively by men. A female WDMC group in Bheduria explained that both men and women make decisions but the division of tasks is based on the “context of society.” Another female member of WDMC in Bheduria, when asked if women and girls have their opinion heard, said that most families do not want to hear the opinion of women and that men are seen as decision-makers because they are the “breadwinners.”

Three other focus groups, a mix of male and female and adult and youth, stated that the duties are distributed by a man with authority, and when he is not available other men will distribute the tasks. Similarly, a male member of a WDMC in Rajapur stated that women are heard when they are asked questions but they cannot take decisions without men’s “help.” One female C&Y group member commented while boys and girls make decisions together, she could see that girls are able to now take “better” decisions because of awareness-raising from Jago Nari.

At least two male youth, one female youth and one man interviewed believed that women and girls have their voices heard and that women and girls would not join otherwise; they believed the very presence of female volunteers meant that their opinion is heard. This appears to indicate that existing social norms and power structures cannot be upended by inclusion alone. Indeed, there is positive change in terms of women and girls’ value and contribution to society, yet their voices and agency is still restricted by deeply embedded gender norms.

A number of informants believed that the trainings had a demonstrable impact on women’s leadership and decision-making, specifically in terms of taking active roles within their community to ensure that households are prepared for disasters and that other women and marginalized groups know how to get to the evacuation centers and feel safe and confident about taking shelter in them. Terms such as participation, leadership and decision-making thus appear to be interpreted in a way that suggests a low threshold for each of those terms, as well as blurring of the definitional lines of each concept. For instance, when asked about how the ICDRM project has encouraged leadership and decision-making, the responses focused on the roles that women were taking on during disasters, namely in getting other women, children or elders to evacuation shelters, rather than their roles during planning meetings.

“They can articulate their need and safety better, compared to previous times.” — Chairman of the UDMC in Bheduria

70 One WDMC and one C&Y group.
“ICDRM training has greatly encouraged women and girls in leadership and decision-making.” — Female member of C&Y group

“Those who did not go to the shelter previously are taking shelter now. For preparedness among family members, women are playing a key role and different female members of the committee play active roles, not only for their family but also for the community.” — Male Plan International Bangladesh DRM Specialist

Box 4: Field observation, training on leadership roles and leadership development in disaster mitigation programs

A whole-day training session on developing leadership among the people of the disaster-prone districts in Bhola was held at the training center of Grameen Jono Unnayan Sangstha, Bhola Sadar. The training was organized by Jago Nari in collaboration with Plan International. There were two separate groups of trainings for non-members and members of WDMC and C&Y committees. Because women and girls are one of the most vulnerable groups during disasters, Jago Nari promoted women and youth participation in trainings as well as in the disaster management committees. However, male participants still outnumbered female participants, 60% to 40%.

All female participants maintained socially accepted dress code, wearing the hijab and burka (a piece of religious cloth that covers the whole body). There were two trainers, one male and one female. The female trainer used inspiring stories on women’s empowerment, role play, poem recitation and a warm-up exercise to engage young participants. An ice-breaking session was conducted at the beginning of the session, which includes different type of songs, jokes and games. Most of participants were engaged and responsive during the training and discussion. Yet, more boys talked than girls.

All activities provided knowledge on how vulnerable and traditionally marginalized groups (e.g., women, children, the elderly, Bede communities, LGBTQI individuals) are affected by disasters and how this can be improved. Through the activities, participants got an idea of leadership. Participants also were given a detailed description about community risk assessment (CRA), risk reduction action plan, the social taboo issues, including topic on reproductive health, menstruation, and sexual violence. During a discussion among youth, one boy said, “now many males, especially kids, are also getting raped, but no one talks about it.” Then a girl laughed and opposed his views. At this point, the trainer jumped in to explain that nowadays many madrasa (Islamic school) students were raped by some abusive teachers (locally called Hujur). This made evident the fact that there were different perspectives and life experiences between men and women and boys and girls.

4.5 PERCEPTION OF WDMCS/C&Y GROUPS

4.5.1 Contributions of WDMCs and C&Y groups to DRM

According to the majority of focus groups, WDMCs and C&Y groups provided crucial roles during cyclone Amphan, with members dividing their work to effectively reach every household to warn about the cyclone and ensure people knew how to get to the cyclone center. Within these groups, tasks were divided between men and women, with women performing better than men in certain roles, namely
Door-to-door awareness-raising, and being able to convince the elderly and other women to leave their homes. This last point was emphasized by one participant:

“After hearing the signals, female volunteers go to the female villagers and say to pack everything and come with her. If a male volunteer goes to the female of the house and say[s] come with me, it will be a crime, as village women are very sensitive.” — Female member of WDMC in Bheduria (FGD)

Door-to-door activities are conducted by groups of women, usually youth members with at least one male present. During early warning activities, only men can speak on the loudspeaker, due to their belief that women cannot “show” their voices, by raising them or shouting. During door-to-door activities, women will go inside the house and talk to women and make a record of how many people will go to the shelter. The men are present to provide security, to reduce catcalling and to offer practical assistance, like carrying sick people or elders during evacuation. Men and women’s roles complement each other. Youth members will volunteer to go door to door, while other women will stay at home to take care of elders and children.

Youth participants in the FGDs found that C&Y groups helped significantly in raising awareness about the basics of DRM, what happens and how they should respond, as they had not previously received any information. Training and advice was also tailored for specific groups. For example, adolescent girls were given advice on recognizing and responding to menstrual pains and who to speak to in the evacuation center if they have concerns or are experiencing pains.

WDMC and C&Y groups were also credited with tailoring assistance and training for specific groups and making sure each group feels confident and is able to evacuate safely from their homes.

Participants from several focus groups also credited the WDMCs with successfully making community members much more cognizant not only of the risks of disasters but of the practical steps they can take to better prepare and recover, such as storing dry food, finding a safe place to store important documents and tying cattle up in safe, high places. Awareness raising was cited as one of the most important contributions that community-based groups have made to improving villages resilience and their ability to adapt to and mitigate disaster. This was noted as especially for women and vulnerable groups, as many simply had not been aware of what steps they could take before a disaster or how to reach evacuation centers. Community-based groups were also credited with covering dos and don’ts during disasters and equipping people with specific skills, such as how to provide signals by hoisting flags and warnings using mikes and how to provide first aid.

“In the past, people were not so cautious about disasters. Now they are very much concerned because of NGO initiatives and trainings.” — Male member of a C&Y group in Kachia (FGD)

Jago Nari was also credited with providing support to those who need it most, as well as being more effective than district-level government services in reaching everyone. The government was referenced by a number of groups as their first point of call, but it was acknowledged that government failed to help villagers during one disaster. One group noted that the union parishad only wrote down names of those in need but did not take any action.

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71 Four youth FGDs.
I lost my poultry farm, fish farm, two of my projects, banana and vegetable gardens during Amphan. I put my name on the Union Parishad list, but nobody showed up to help. During the previous disaster, the same thing happened.” — Female member of a WDMC in Bheduria (FGD)

Some members felt that government officials were less likely to help the poorest, and that NGOs had filled this gap by helping the most vulnerable, regardless of their background or connections. Others, however, said that NGOs did not do enough to establish who was needy and who was not.

“There are some steps to follow for receiving government and NGOs relief. Poor people cannot follow the procedure. Rich people or people from higher authority recommend their relatives or known persons to the NGO and the NGO, without checking their details, if the person is really poor or not, gives relief to them.” — Female member of a WDMC in Kachia (FGD)

The respondents in the IDIs had particularly positive views of Jago Nari and its contribution to raising community awareness and improving access to information regarding evacuation and how to respond to disasters, as well as introducing them to the work of the WDMCs and C&Y groups. While Jago Nari is seen as the inception point of community-based DRM, the WDMCs and C&Y groups are widely recognized among participants as doing the groundwork and practical tasks during disasters.

4.6 INCLUSION OF MARGINALIZED GROUPS

The community participatory assessments events, which took place in November 2018 across the 27 wards in Bhola Sadar, included 56 elders, 15 people from minority groups, 37 people with disabilities, 52 children and 2 transgender people. The next quarter’s training on DRR and climate change adaptation, organized by union-level coordinators and community mobilizers, included 80 elders, 18 people belonging to minority groups, 46 people with disabilities, and 2 transgender individuals.

Representation of marginalized groups in the development of contingency plans for UDMCs and WDMCs can be found in Table 3 below, extracted from the April-June 2019 ICDRM report. It is notable that the number of elderly men vastly outstripped the number of elderly women, while there was roughly gender parity for those from minority backgrounds or with disabilities.

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Participants</th>
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<tbody>
<tr>
<td></td>
<td>Female</td>
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<tr>
<td>Women</td>
<td>322</td>
</tr>
<tr>
<td>Children &amp; Youth</td>
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<td>Elderly people</td>
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</tr>
<tr>
<td>Ethnic minority people</td>
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<tr>
<td>Differently abled people</td>
<td>13</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>734</td>
</tr>
</tbody>
</table>
The community simulation awareness sessions, considered to be one of the most effective tools in raising awareness of disaster preparation, were able to achieve the highest number of elderly women of all the forms of meetings or trainings.

**Table 4: Number of participants by group — WDMC**

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Women</td>
<td>391</td>
</tr>
<tr>
<td>Children &amp; Youth</td>
<td>608</td>
</tr>
<tr>
<td>Elderly people</td>
<td>126</td>
</tr>
<tr>
<td>Minority people</td>
<td>7</td>
</tr>
<tr>
<td>Differently abled people</td>
<td>18</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
</tbody>
</table>

The extent of inclusivity in the ICDRM training of community groups for developing community-based early warning systems which took place between April and September 2019 can be seen in **Tables 5 and 6** below.

**Table 5: Number of participants, early warning systems training — April-June 2019**

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Training Participants—April-June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Women</td>
<td>322</td>
</tr>
<tr>
<td>Children and Youth</td>
<td>370</td>
</tr>
<tr>
<td>Elderly people</td>
<td>13</td>
</tr>
<tr>
<td>Minority people</td>
<td>16</td>
</tr>
<tr>
<td>Differently abled people</td>
<td>13</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>734</td>
</tr>
</tbody>
</table>

**Table 6: Number of participants, early warning systems training — July-September 2019**

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Training Participants—July-September 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Women</td>
<td></td>
</tr>
<tr>
<td>Children and Youth</td>
<td></td>
</tr>
<tr>
<td>Elderly people</td>
<td></td>
</tr>
<tr>
<td>Minority people</td>
<td></td>
</tr>
<tr>
<td>Differently abled people</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td>Types of Inclusion</td>
<td>Female</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Women</td>
<td>162</td>
</tr>
<tr>
<td>Children and Youth</td>
<td>224</td>
</tr>
<tr>
<td>Elderly people</td>
<td>10</td>
</tr>
<tr>
<td>Minority people</td>
<td>06</td>
</tr>
<tr>
<td>Differently abled people</td>
<td>14</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
</tbody>
</table>

What is most striking in all of these figures is the near total lack of representation of transgender individuals, with participation only ever reaching one or two people. This was also noted as a particular challenge by one of the key informants, noting that discrimination and stigmatization against transgender individuals and the LGBTQI community in general is still deeply entrenched. Regardless, key informants believed that WDMCs and C&Y groups are best placed to remove barriers not only to transgender individuals but also people with disabilities because much of their training focuses on inclusivity and they have the capacity to directly reach those groups and encourage them to share their perspectives. One key informant noted that the perception of transgender individuals in their community has changed for the positive since the foundation of the community-based groups. In some cases, the very presence of diversity within the meetings had increased tolerance and respect for marginalized groups.

“Previously we hated the transgender people, but now we think that they are human beings like us. They have the right to live like us.” — Female member of a WDMC in Bheduria (IDI)

Some practical barriers to inclusion were noted by Plan International's DRM specialist, like lack of transportation and awareness of the sessions, safety for women and girls in reaching the training centers and, critically, the fact that trainings clashed with the schedules of those who need to prioritize work. Some of these barriers can be addressed with simple solutions such as providing transport, being aware and considerate of people's conflicting duties and raising more awareness throughout communities about the meetings and their practical application.

“When school is open, for the C&Y, the training sessions are held after school hours. However, for the poor families who depend on daily earnings, [they] are unable to attend training sessions, [and] this barrier is addressed by considering their preferred timings.” — Plan International DRM Specialist

4.7 IMPACT ON MEMBERSHIP OF WDMCS AND C&Y GROUPS

The guidelines published by the Disaster Management Bureau in 1999 mandate that UDMCs must include female representation. Unions are comprised of nine wards, and each UDMC consists of 12 seats, three of which must be held by women. UDMC’s are given gender sensitivity training to better
understand the unique challenges to women in disasters how DRM can adopt a gender lens and increase female representation to better prepare and address the risks that women face.\textsuperscript{72}

Within the training curriculum that is used to increase gender sensitivity within the UDMCs, attention is drawn to harmful cultural practices and their central role in overburdening women with domestic responsibilities, which intensify during and after disasters, as well as the ways in which women have limited or no access to information about incoming disasters. The modules highlight the crucial roles that women currently play in maintaining resilience and ensuring recovery and survival of their communities during floods and cyclones and highlight the fact that they are completely excluded from participating in the decision-making process in community-based DRM. This acknowledgement serves to put a case forward for men to better appreciate the need for inclusive preparation and how it will contribute to the overall community’s ability to mitigate and reduce the damage of disasters.\textsuperscript{73}

According to most of the focus groups, local DRM is conducted by a mixture of non-governmental and government entities, with NGOs such as Jago Nari and Coast Trust filling in the gaps left by the government. These groups’ main function is to raise awareness in communities of what disasters there are, how to prepare for them, how to get to the evacuation centers, how to improve recovery and how important it is to distribute survival kits. According to several focus groups, the WDMCs and C\&Y groups established by Jago Nari and Plan International are the most visible entities working on the ground to prepare communities effectively for disasters, and in promoting inclusive participation in DRM.

“DRM activities did not happen before, but after the emergence of Jago Nari and their meetings, women have become more conscious. Jago Nari has initiated the programs and for them people are more aware.” — Active female member of a WDMC in Rajapur (FGD)

“Before the NGOs existed here, people were reckless about disaster. They didn’t want to move to the cyclone shelters. But now they are more aware about disaster preparedness. Now they know what to do before and after [a] storm. Because of that, they are safer from disaster.” — Inactive male member of a WDMC in Bheduria (FGD)

Both WDMCs and C\&Y groups have managed to achieve equal representation between men and women, and at least one youth group in Bhola includes members of the LGBTQI community. In practice, however, according to the focus groups, there are mixed results in terms of whether this representation translates into participation.

“Involving just women would not change the situation, but a responsible leader must be involved who can distribute, attend meeting[s] and work as a team.” — Active female member of a WDMC in Rajapur (FGD)

“Male and female, both are involved in WDMC committee actively and they both can take decisions on the activities and distribution of duties. One respondent said that as women are higher in number, sometimes women’s decisions get priority.” — Active female member of a WDMC in Kachia (FGD)

Many WDMCs reported having greater female participation than male, and some groups were beginning to take decisions collectively.


\textsuperscript{73} Ikeda, 70.
“In the WDRM committee both men and women attend and discuss in the meeting. They take decisions altogether and distribute duties.” — Active female member of a WDMC in Rajapur (FGD)

“Both boys and girls are involved in [the] C&Y committee actively and they both can take decisions on the activities and distribution of duties.” — Active female member in a C&Y in Rajapur (FGD)

Meanwhile, one inactive C&Y group in Rajapur said that they did not have any women participate in their committees.

“There isn’t any female member on the committee here. Only men work and take decision[s]. Women’s involvement is so passive here.” — Inactive female member of a C&Y in Rajapur (FGD)

Age dynamics appeared to play a role in one WDMC in Bheduria, where it was observed that elderly members’ decisions are prioritized.

“If there is any elderly [person], his/her decisions sometimes get priority.” — Active female member of WDMC in Bheduria (IDI)

One of the C&Y groups in Kachia found that due to the outdoor nature of their activities, more boys participate than girls, with girls not being allowed by their guardians to go outside at night.

One of the key modules in the trainings for WDMC and C&Y groups is on gender and inclusivity, as an objective of Jago Nari is to raise awareness of the rights of women, girls and marginalized groups and the importance of intersectionality in DRM. The ICDRM project facilitated 81 courtyard meetings to deliver trainings on gender and inclusiveness in addition to the trainings on basic DRR, DRM and practical skills and duties for disaster preparedness. As can be seen in Tables 7 and 8 below, similar to the figures reported earlier, the inclusion of transgender individuals continues to be extremely low and the number of elderly men is much higher than elderly women, while female children and youth and women with disabilities outnumber men and men with disabilities.

Table 7: Number of participants by group — April-June 2019

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Participants — April-June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Women</td>
<td>225</td>
</tr>
<tr>
<td>Children and Youth</td>
<td>794</td>
</tr>
<tr>
<td>Elderly people</td>
<td>11</td>
</tr>
<tr>
<td>Minority people</td>
<td>8</td>
</tr>
<tr>
<td>Differently abled people</td>
<td>23</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 8: Number of participants by group — July-September 2019

<table>
<thead>
<tr>
<th>Types of Inclusion</th>
<th>Number of Participants — July-September 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.8 IMPACT ON INCLUSIVENESS

According to key informants, the community-based trainings have had an undeniable impact on the inclusivity of membership of DRM committees for women and girls, yet very little impact for other vulnerable groups. One informant claimed that much of this credit lies with word-of-mouth awareness throughout existing networks within communities and the relevance of the trainings to their experiences during disasters, especially how inclusiveness is integrated into DRM.

Among the key informants, those who found the training most relevant were those either leading youth groups or those who had previously been excluded. One transgender member of a youth group felt an increased sense of acceptance as well as awareness of transgender rights.

“It helped the Hijra community, as people’s perception regarding them is slowly changing.” — (KII)

The majority of IDI interviewees who had participated in the ICDRM trainings, 11 out of 14, felt that the content on inclusiveness was useful and relevant to them. They said the training has improved participation and increased efficiency within groups by improving communication between members. One male participant from Rajapur believed that the training content on leadership and inclusiveness was important and beneficial for children, the elderly, people with disabilities and transgender people by making participants better equipped to take charge during disasters and ensure similarly marginalized people can overcome existing barriers in safely evacuating.

Another male youth group member said people in his community felt better prepared for COVID-19 since their trainings also included how to respond to pandemics.

The relevancy of trainings on disaster preparedness was the most consistently cited reason for positive feedback concerning all ICDRM trainings, as the content has solid, tangible solutions for the exact challenges that interviewees face during disasters. All the interviewees found the training easy to apply to their daily lives.

In terms of what could be improved about the trainings, two interviewees felt that simply arranging enough food and water for participants would make a difference. A male member of a C&Y group felt that it would be more efficient to make one person a “master” of one subject rather than trying to make all training participants masters of all the subjects covered, as the information can be overwhelming when delivered in such a short period of time. Similarly, another youth member felt that refresher trainings would be crucial in developing confidence to participate in meetings by becoming more familiar with the topics. Three interviewees (from C&Y and WDMC groups) felt that more
workshops and trainings on various topics would be useful, in addition to including and hearing the perspectives of people with little or no literacy.
V. CONCLUSION

This qualitative study sought to assess the degree to which community-based groups have been able to engage women, girls and marginalized groups in participating in and even leading community DRM groups throughout eight of the 27 project sites of Plan International’s ICDRM project in Bhola. Interviews and FGDs with members and non-members of WDMCs and C&Ys were conducted. Key informant interviews added context to the ways in which gender norms play a role during disasters and in the aftermath of disasters as well as in community-based DRM. Below is a review of the main findings and some recommendations to encourage and increase the active participation, including in leadership and decision-making, of women and girls in Bhola.

5.1 MAIN FINDINGS

The findings below correspond to the six specific aims listed on page 13

1. Ascertain and describe the root causes of exclusions and marginalization of women and adolescent girls in Bhola that hinder them from participating in DRM and ways that these barriers have been and/or could be overcome.

The study confirmed and reiterated the various ways in which harmful gender norms serve to exacerbate the negative outcomes faced by communities during disasters. Prescribed domestic care roles play a significant role in preventing women from even being able to evacuate from their homes. The lack of consideration for women in the design of evacuation centers prevents them from feeling safe or confident in reaching and staying in them. Most importantly, the way in which women are left to take care of remaining family members creates an overwhelming burden, one in which women are not even afforded the power of decision-making to help carry out.

Men are decision-makers and holders of power but in the face of disasters they often shirk responsibility for the safe evacuation or safeguarding of their homes. Since the house is the domain of women, this is left to them. Women must take charge of helping children, the elderly and people with disabilities to survive disaster events, as well as try to ensure minimal damage to their house and try to keep important documents safe. Men’s responsibilities lie with protecting or mitigating damage to domestic animals and crops.

Seemingly mundane details, such as women’s clothing and the imposed shame of exposing skin, plays a powerful role in inhibiting their freedom of movement and their ability to run, swim or climb their way to safety and evacuation. While men are free to shed wet clothes, women are either discouraged from removing any garments, or made to feel threatened or ashamed for doing so.

The barriers to women and girl’s participation in DRM are closely linked to the same gender norms which prevent women from effectively evacuating their homes during disasters. Women’s lack of agency, power and free movement in public results in a lack of participation in public and community life and in the failure to consider their specific needs and vulnerabilities during disasters. However, as this study took place after the establishment of WDMCs and C&Y groups, which were mandated to have equal gender representation, improvements, at least in terms of attendance, can already be seen.

2. Assess the degree to which adolescent girls participate in the C&Y groups, whether they are active or passive participants and if and to what extent their leadership capabilities are expressed.
In terms of participation alone, there are significant improvements, as virtually all of the WDMCs and C&Y meetings and trainings have been able to reach gender parity. While parity alone is not sufficient to bring about equality in the decision-making processes and address the gender power imbalance, most of the participants interviewed strongly believed that both women and girls should participate and were pleased to see them take part in meetings. This change in perceptions appeared to arise due to the very tangible and practical nature of DRM. Virtually all participants agreed that women and girls suffer more during disasters and should therefore be included in disaster preparation and mitigation.

It was particularly emphasized that adolescent girls’ strongest attribute in DRM was in raising awareness of how to prepare for disasters and how to respond and in increasing participation in WDMCs and C&Y groups for other girls and women. This also meant, in practical terms, speaking and mobilizing their local communities and the most marginalized to evacuate and reach the evacuation center safely.

Both women and girls appeared to be lagging behind, however, in terms of leadership in DRM, particularly in terms of leading or facilitating trainings or making decisions, though several groups of respondents believed that decisions were made collectively. This seemed to suggest that men and women were in alignment over which tasks were best suited to which gender, effectively carrying over prescribed gender roles into DRM decision-making.

3. Understand how women and girls perceive WDMCs and C&Y groups as welcoming places for them to participate and voice their views, and what more could be done to increase their participation.

Both women and girls, along with male members of WDMCs and C&Y groups mostly saw the groups as welcoming. This mostly appeared to be due to the mobilizing efforts of Jago Nari and its mandate that groups have either gender parity or some trainings and meetings made up exclusively of women or girls. Virtually all participants saw women and girls’ participation in DRM as crucial, due to the recognition that women and girls do suffer more during disasters. While many participants, both men and women, believed that opinions and voices were equally respected, others would say that men still have the decision-making authority. Some participants believed that the few women and girls who exhibited more confidence and assertiveness could be role models for younger girls. Discussions within meetings and the nature decision-making appeared to be mostly operational in terms of task distribution, and these roles mirrored those in society at large, with women and girls taking the roles of mobilizing or taking care of the most vulnerable people and getting them to the evacuation centers.

Despite achieving gender parity for female children, youth and adults, elderly women’s participation tended to be considerably lower than men’s. This is most likely because traditional and patriarchal views are considerably more entrenched and internalized among older people.

4. Ascertain how, and to what degree, C&Y groups have served as bridges between vulnerable and stigmatized groups, such as LGBTQI individuals, and the community to encourage inclusion in the WDMC and C&Y group.

Among those interviewed, the ICDRM trainings on disaster preparedness and inclusion had an undeniably deep and positive impact on membership, at least in terms of gender, because these groups have a mandate for gender parity. For many, it is the first time to see girls and women actively engaged in their community. However, there was a distinct lack of representation and participation from transgender individuals and people with disabilities in committee meetings and trainings. While the training content did attempt to raise awareness of marginalized groups’ rights and it was reported that members’ views had changed, particularly towards transgender individuals, more action is needed to
include the most marginalized in decision-making and leading. From the interviews, it appeared that participants continued to see the responsibility for caring for marginalized groups as resting solely on women, and therefore women’s inclusion in DRM meetings was possibly seen as sufficient in considering those groups’ needs in preparing for disasters.

5. Determine if and how the ICDRM trainings on inclusiveness have affected the membership of the WDMC and C&Y groups.

The majority of the participants believed strongly in the value of the trainings, not just because of their very tangible and practical application but also because of the content on gender, women’s rights, and early marriage. Participants believed these topics are crucial in shifting views about women and girls in their communities. However, it should be emphasized that such trainings are only an initial step towards gender equality and the inclusion of marginalized groups. While inclusive DRM appears to provide a practical pathway towards inclusiveness, systemic discrimination and harmful cultural practices continue to marginalize women, girls and vulnerable groups.

6. Explore if and how much the trainings on mainstreaming of gender, disability and culture sensitivity have made DRR planning more inclusive and adapted to the needs of women and girls, and how excluded groups have responded to these changes.

Despite this somewhat negative outlook for substantive gender transformation, key informants and interviewees believed that the establishment of community-based groups including women was a significant improvement and only the first step towards longer and deeper impact. This appeared to be linked to women’s ability to harness interest, awareness of DRM among other women and the idea that greater visibility and representation will gradually begin to erode patriarchal beliefs as more and more people witness and come to value women’s contributions to the well-being of their communities. The true value of ICDRM trainings appears to be in making women and girls more visible in their communities, which bestows greater value on their lives by men, albeit from demonstrable practical contributions rather than intrinsic value. The greatest impact is likely to come from the C&Y groups, as girls are witnessing active women who are slowly taking on greater responsibilities in their communities. These examples can inspire the young while they are also receiving trainings on leadership, inclusivity and DRM.

5.2 RECOMMENDATIONS

Based on the study findings, we make the following recommendations for integrating gender and inclusion and increasing women, girls and vulnerable groups’ leadership and decision-making into community disaster risk management.

5.2.1 Recognize unequal gender experiences in disasters.

Acknowledging the differential risks, experiences and impact of disasters based on gender and social tradition can be translated into operational steps at the local level. Develop a clear, step-by-step mitigation plan for emergency situations, considering both short- and long-term impacts. Service providers should:

1. Raise awareness of GBV in conjunction with strengthening community DRM; enforce laws and policies that help to prevent GBV for vulnerable groups.
2. Ensure better access to care and timely treatment by encouraging health staff and DRM to become more sensitive to the needs of specific groups of women and girls, especially around reproductive health.

3. Seek ways to expand basic training on practical disaster preparedness and resilience, including on WASH.

4. Recognize women’s abilities and incorporate them into disaster relief efforts with the goal of changing gendered roles and perception of rights.

5. Teach children (boy and girls) about how to protect themselves in disaster prone areas, including life-skills such as swimming and understanding cyclone signals.

6. Encourage new studies to strengthen data and evidence regarding gender, age inequality and disaster risk at local levels through coordination with local authorities.

7. Improve access to critical services and facilities, shelters with adequate spaces for women and girls with proper sanitation and separate halls for men and women.

8. Design education and empowerment programs to address the increase in the domestic burdens of women following disasters.

5.2.2 Reduce barriers to women and girls' active participation and inclusion in DRM.

1. Time activities and schedules (in terms of hour of day and distance) to allow women and girls to attend.

2. Promote women trainers and women’s-only groups for meetings and trainings.

3. Set an example for local DRM committees by maintaining gender parity in DRM committees at the Union, Upazila and District levels.

4. Expand training programs to other community members and to other communities and make them more inclusive and relevant.

5. Encourage LGBTQI individuals to participate in DRM at community events or similar activities, ensuring their safety and collaboration through innovative and inclusive activities.

6. Foster discussion on the redistribution of roles and responsibilities before and during disasters to reduce risks among women, children and other vulnerable groups.

5.2.3 Increase women and girls’ leadership in community-based DRM groups.

1. Expand quotas on women and girl’s participation in DRM leadership and amplify women’s voices in local communities, as well as in open dialogue at the community level.

2. Promote the use of creative media including social media, radio, television, and popular drama and theater for disaster preparedness planning and early warning; although television, radio, and printed media will never replace the impact of a direct approach (door-to-door), sensitively designed and projected messages can provide a useful supplement.

3. Challenge social norms and cultural beliefs related to the acceptance of inequality, like women’s status in the family and society (for example, the religious interpretation that women and girls are subordinate to men).

4. Develop a better understanding of the traditions embedded in social norms that encourage or discourage women's leadership, as this is likely to enhance women's leadership program initiatives.

5. Promote cooperation and networking with women and youth on climate change at the local, regional and national levels.
VI. REFERENCES


Understanding the Roles of Women Members in Union Disaster Management Committees in Bangladesh. Dhaka: UN Women Bangladesh, 2015.


UN Women Asia and the Pacific (website). “UN Women Bangladesh.” https://asiapacific.unwomen.org/en/countries/bangladesh#


## APPENDIX I: Participant demographics

### Table 1: Key informant interview, n=10

<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Position</th>
<th>Location</th>
<th>Sex</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Youth Net for Climate Justice</td>
<td>Founder</td>
<td>Barishal, Bhola</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>2</td>
<td>Primary Teacher Association</td>
<td>President</td>
<td>Ratanpur, Bhola</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>3</td>
<td>Youth groups</td>
<td>Member</td>
<td>Ratanpur, Bhola</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>4</td>
<td>Coast Trust (Local NGO)</td>
<td>Regional team leader</td>
<td>Barishal Sadar</td>
<td>F</td>
<td>Phone interview</td>
</tr>
<tr>
<td>5</td>
<td>Jaago Nari</td>
<td>Project Manager</td>
<td>Bhola</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>6</td>
<td>DRR, Climate Change and Humanitarian Actions Bangladesh Country Office</td>
<td>Programme Specialist</td>
<td>Dhaka</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>7</td>
<td>Youth groups</td>
<td>Member</td>
<td>Modho Chor</td>
<td>Transgender</td>
<td>Face to face</td>
</tr>
<tr>
<td>8</td>
<td>Union Disaster Management Committee (UDMC) at Bheduria</td>
<td>UP Chairman</td>
<td>Bheduria, Bhola</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>9</td>
<td>Plan International Bangladesh, Barishal Division</td>
<td>Disaster Risk Management Specialist</td>
<td>Dhaka</td>
<td>M</td>
<td>Phone interview</td>
</tr>
<tr>
<td>10</td>
<td>Ministry of Disaster Management and Relief</td>
<td>Project Implementation Officer (PIO)</td>
<td>Dhaka</td>
<td>M</td>
<td>Phone interview</td>
</tr>
</tbody>
</table>

### Table 2: In-depth interview, n=16

<table>
<thead>
<tr>
<th>No.</th>
<th>Status</th>
<th>Organization</th>
<th>Location</th>
<th>Sex</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Active</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>2</td>
<td>Active (elder)</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>3</td>
<td>Non-member</td>
<td>-</td>
<td>Bheduria</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>4</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>5</td>
<td>Non-member</td>
<td>-</td>
<td>Kachia</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>6</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>7</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>8</td>
<td>Active (disable)</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>9</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>10</td>
<td>Active</td>
<td>WDMC</td>
<td>Kachia</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>11</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>12</td>
<td>Non-member</td>
<td>-</td>
<td>Rajapur</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>13</td>
<td>Active</td>
<td>WDMC</td>
<td>Rajapur</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>14</td>
<td>Active (disable)</td>
<td>WDMC</td>
<td>Rajapur</td>
<td>M</td>
<td>Face to face</td>
</tr>
<tr>
<td>15</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>F</td>
<td>Face to face</td>
</tr>
<tr>
<td>16</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>M</td>
<td>Face to face</td>
</tr>
</tbody>
</table>

**Total**

- **WDMC**: 5 active members
- **C&Y**: 4 active members and 4 inactive members
- **Non-member**: 3 people

Wbeduria=3
Kachia=7
Rajapur=6
F=9
M=7
Table 3: Focus group discussion, n=18

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex</th>
<th>Status</th>
<th>Organization</th>
<th>Location</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>Active</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>Inactive</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>Active</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>Active</td>
<td>WDMC</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Bheduria</td>
<td>Face to face</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>Active</td>
<td>WDMC</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>Active</td>
<td>UDRM</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>Active</td>
<td>WDMC</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>11</td>
<td>F</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>12</td>
<td>F</td>
<td>Inactive (including disable)</td>
<td>C&amp;Y</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>13</td>
<td>F</td>
<td>Active</td>
<td>WDMC</td>
<td>Kachia</td>
<td>Face to face</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>Active</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>Face to face</td>
</tr>
<tr>
<td>15</td>
<td>F</td>
<td>Active</td>
<td>WDMC</td>
<td>Rajapur</td>
<td>Face to face</td>
</tr>
<tr>
<td>16</td>
<td>M</td>
<td>Active</td>
<td>WDMC</td>
<td>Rajapur</td>
<td>Face to face</td>
</tr>
<tr>
<td>17</td>
<td>M</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>Face to face</td>
</tr>
<tr>
<td>18</td>
<td>F</td>
<td>Inactive</td>
<td>C&amp;Y</td>
<td>Rajapur</td>
<td>Face to face</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>F=9</td>
<td>M=9</td>
<td><strong>UDRM:</strong> 1 active group</td>
<td><strong>Bheduria=6</strong></td>
<td><strong>Kachia=7</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>WDMC:</strong> 8 active and 1 e groups</td>
<td><strong>Rajapur=5</strong></td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX 2: Ethical research

Plan International Ethics Review Team Application form

## 1. Background and General Information

### 1.1 RESEARCH DETAILS

<table>
<thead>
<tr>
<th>a) Full Title of research initiative:</th>
<th>Study on women and girls’ participation in community disaster risk management in Bangladesh</th>
</tr>
</thead>
</table>
| b) Initiative Start Date:            | (21/12/2020)  
| Initiative Estimated Completion Date:| (31/03/2021) |
| c) Estimated Start Date of Data Collection (must be following receipt of ethical approval): | (19/12/2021)  
| Estimated Completion Date of Data Collection: | (05/03/2021) |

### 1.2 APPLICANT DETAILS

| a) Name, role, Plan International office/external organisation and contact details of applicant(s) | Rapid Asia Co., Ltd.  
| Dewi Ratnawulan - Senior Gender and Human Rights Adviser  
| ratnawulan@rapid-asia.com  
| 65, 42 Tower, 10th Fl., Suite 1001 Soi Sukhumvit 42, Sukhumvit Rd., Bangkok 10110 - Thailand |
| b) Relevant Plan International office(s) involved | Plan USNO, Plan APAC and Plan Bangladesh |
| c) Plan International staff involved, job title(s) and contact details (if the applicant is not a Plan International staff member) | Lories Bromhall, Sr. MERL Advisor lorie.bromhall@planusa.org  
| Lingling Liu, Asia Regional DRM Project Coordinator Lingling.liu@plan-international.org  
| Tariq Ul Hassan Khan, Research & Knowledge Management Specialist Tariq.Khan@plan-international.org |

## 2. Ethical Reviews

### 2.1 LOCAL APPROVAL

<table>
<thead>
<tr>
<th>a) If the country in which you are conducting the research has national or local ethical approval processes, these should be followed. Do such processes exist in the country where you are conducting the study?</th>
</tr>
</thead>
</table>
| Yes ☐  
| No ☒ If no, please skip to Question #4 |
| b) If yes and you did apply, to whom did you apply and what was the outcome? |
| c) If yes, but you did not apply, please explain why you did not seek ethical approval from the country in which you are conducting the initiative. |

### 2.2 APPLICATION TO OTHER ERCs

<table>
<thead>
<tr>
<th>a) Have you submitted this application to any other Ethics Review Committees (ERCs)?</th>
</tr>
</thead>
</table>
3. Methods for Data Collection

3.1 SAMPLING

a) List the country/countries and sites where the data collection is being conducted.

Bangladesh: Bhola Sadar Upazila, in 3 Union, for FGD, IDI and observation
1. Kachia Union
2. Bhedaria Union
3. Rajapur Union

For KII: Dhaka, Barisal and Bhola Sadar Upazila

b) Please give details on the expected size and composition of your sample. Include general details of the group of participants, such as age, sex, gender identity, disability and migratory status of participants involved in the data collection.

Key Informant interview n=10
In-depth interview n=16
FGD n=18
Observation (transects walk) n=2 (in rural and urban areas)

c) How will your sample your participants?

Recruitment of key informant KII, IDI and FGD participants will be done with the assistance of Plan Bangladesh and Jago Nari. Purposive sampling and snowballing sampling methods will be used to identify and contact relevant stakeholders for IDI based on the information from Jago Nari and desk review.

c) Will your sample include any of Plan International's sponsored children? If so, please describe.

No

3.2 DATA COLLECTION AND ANALYSIS METHODS

a) Briefly describe the methods that you intend to use for data collection. Include whether you intend to use qualitative, quantitative or a mixed methods approach, as well as specifics of the methods — such as focus group discussions, interviews, surveys/questionnaires or key informant interviews.

The study will utilize a qualitative method.

The method include:

1) Desk reviews, to review any existing data (including project related documents) to gain an insight into the current situation of women and girls' participation in community disaster risk management in Bhola. Review relevant peer-reviewed studies and other relevant material and policies. Identification of gender issues and social inclusive related to disaster management risk reduction.

2) Key informant interviews, a semi structured format with open ended questions will be conducted to capture key organizations (Plan BDG and Jago Nari) as well as local authority and other key stakeholder (experts, community leaders, and key partners).
3) In-depth interviews, a semi-structured format with open-ended questions will be conducted to capture the roles of women and adolescent girls and their experiences as a member and non-members of union disaster management committees. In addition, IDI will provide information on barriers and enablers for them in participating in the committees.

3) Focus group discussions, to capture the views of stakeholders including DRM Committee, WDRM and C&Y groups member men and women, adolescent boys and girls from active and non-active site in Kachia, Rajapur, Bheduria Unions in Bhola Sadhar Upazila.

4) Observations. To address some questions on participation and engagement of women and girls in the WDMC and C&Y, the relevant information and data could be obtained during field visits and conduct observation. Two observation activities will be conducted:

   a) The transect walks will be conducted and it allow for direct observation of conditions on the ground in disaster-affected communities. By watching participant and recording it (make notes) during the WDMC and C&Y activities.

   b) The observation method does not require the willingness of the participant to record. The researcher can observe from a distance and record his findings.

We will provide with Moderator guides for moderator, informed consent for participants. There are three moderator guides and informed consent: KII, IDI and FGD. All will be translated into Bangla.

**b) What methods will you use for analysis of data collected?**

The findings will be triangulated according to the multilevel combinations approach, which foresees that results will be analysed separately before core findings are linked to the main research questions and the reviewed literature and finally examined across the different information sources. First, data from the desk review/literature review, KII, IDI and FGD and observation will be analysed separately, and key findings will be identified and agreed. Second, all key findings will be linked back to the set study objectives. Finally, triangulation can be carried out by examining the key findings across the different information sources.

### 4. Data Collectors

**4.1 Who will be collecting the data?** Please include details on the number of male and female data collectors, their age bracket, their experience and which organisation they belong to. If not known yet, please include the criteria for the hiring of data collectors.

We have two teams: Bangkok, Thailand team (4 people: 2 females and 2 males): Manage the whole project, including workplan and develop the tools, conduct desk review, analysis and reporting. Ages 25-55 years. Bangladesh team (10 people: 7 females and 3 males). Ages 20-55 years. Criteria: Experiences doing data collection, qualitative research, speak English and Bangla, Please check Appendix 2.

**4.2 How will data collectors be trained?** This should include training on: ethical issues; gender-sensitive and inclusive data collection and child and young people safeguarding.

Training will be conducted in Dhaka and in location. All data collection team have to attend and training will be conducted in one day. Rapid Asia will conduct the training on line as well as in the field lead by field manager. Dhaka: ethical issues including Do no harm, research with children, gender sensitive, project background and data collection and quality assurance (the interview’s training orientation manual guide), Mod guide Location: Pilot test or mock interview

**4.3 Are there any risks posed to the data collectors? If so, what are they and what are the measures and support mechanisms that will be implemented to ensure their safety and wellbeing?** It is important that you keep in mind different vulnerabilities, such as gender and disability of data collectors.

To reduce the risk of COVID-19 infections, the following precautions will be implemented throughout the course of data collection stage, including (i) wearing masks at all times; (ii) washing hands or using hand-sanitizer before and after each interview; (iii) adhering to social distancing; (iv) avoiding interviewing anyone at high risk of contracting COVID-19; and (v) confirming that the respondent is not immune-compromised before
conducting an interview (see Appendix 4). For all field team members will do test PCR before and after the data collection in Bhola.

Selection of site for data collection: Each site selected must be located within a reasonable distance to reach from the hotel each day. No travel to restricted and remotes areas will be necessary and will use rented cars, not public transport. For more details about safety, please see the Safety Guidelines 2021.

All data collectors will have a letter of endorsement from Plan Bangladesh (or Jago Nari).

5. Risks to Participants and Vulnerable Groups

5.1 Will participants be exposed to any potential discomfort, distress or hazards before, during or after data collection? If so, please describe these, including a gendered analysis of these risks.

The participants will be interviewed or meet interviewer during data collection. The risk: COVID-19, discomfort being interviewed (meeting new person).

5.2 What precautions are being taken to control and mitigate these risks?

Rapid Asia field team will follow the guidelines and apply health and safety protocols during data collections. (See attachment on COVID-19 precautions). If necessary, interview with KII will be held virtually by phone or zoom.

The interview will be held in or near their homes in their own language, and the interviewer will be conducted by the same gender of interviewee. Also, all interviews are of course voluntary so should not present any inconvenience for the participants.

All interviews will be recorded in MP3. Each interview will be processed in summary interview in English in an excel format. All data collected will remain with Rapid Asia and will not be shared with any third parties. We will ensure that personal data cannot be traced nor an individual's identity. Rapid Asia will take all reasonable precautions to ensure that personal data is held securely, using password and limited access. It must be protected against risks such as loss, unauthorized access, destruction, misuse, manipulation or disclosure. Only member of study team has access to all stored data. All recording will be destroyed after the study finished.

**Interview with children**: Will follow the interview with children guidelines (attached)

The assurances of confidentiality and anonymity will be upheld, especially concerning the collection of sensitive information.

All interviewers will receive training on Child Protection policy and communication policy by Plan’s Child Protection officer, they will have a copy of Plan’s child protection policy and will incorporate this into their data collection process. They will follow ESOMAR/GRBN guideline on Research and Data Analytics with Children, Young People, and other Vulnerable Individuals.

We would recommend and will accommodate for someone from Plan to assist with this task. If this is not possible, Rapid Asia would prepare something and share with Plan beforehand for input and guidance.

If a child is shown to be distressed, interviewers shall contact social workers or refer to provincial hospital with child psychologist to provide necessary care and consultancy. If the interviewers become aware of a child at substantial risk in terms of the Plan child protection policy (e.g. a child who reports being abused), the interviewer will advise the team leader who will report the incident to Plan.

5.3 Vulnerable Groups

a) Are any of the following groups involved as participants? Please tick

1. Children under 18 years old: Yes
2. Religious/ethnic/language minority group: Yes
3. Forcibly displaced persons [ ]
4. Children/people with disability: Yes
5. Survivor of violence, abuse, exploitation and neglect [ ]
6. LGBTIQ+: Yes
7. Others:
   a. Please specify: Elderly

b) If yes, please explain how they will be involved as participants? *Please describe the level and intensity of their involvement.*

This study will include children aged 10-15. LGBTQ, Person with disability, ethnic minorities, and elderly. They will be involved as FGD participants (90 min) and In-depth interview (30 min)

c) Please describe the potential risks posed to these groups resulting from the identified vulnerability.

The participants will be interviewed or meet interviewer during data collection.

The risk: COVID-19, discomfort being interviewed (meeting new person).

Young people may be considered vulnerable individuals in connection with some types of research. Identifying these individuals outside of protected environments can be difficult and researchers should obtain consent from a responsible adult when in doubt.

d) What special measures have you put in place to ensure their safe participation in data collection?

Rapid Asia field team will follow the guidelines and apply health and safety protocols during data collections. (See attachment on COVID-19 precautions). If necessary, interview with KII will be held virtually by phone or zoom.

The interview will be held in or near their homes in their own language, and the interviewer will be conducted by the same gender of interviewee. Also, all interviews are of course voluntary so should not present any inconvenience for the participants.

**Interview with children:** Will follow the interview with children guidelines (attached)

The assurances of confidentiality and anonymity will be upheld, especially concerning the collection of sensitive information.

After data collection:

All data collected will remain with Rapid Asia and will not be shared with any third parties. We will ensure that personal data cannot be traced nor an individual's identity.

Rapid Asia will take all reasonable precautions to ensure that personal data is held securely, using password and limited access. It must be protected against risks such as loss, unauthorized access, destruction, misuse, manipulation or disclosure.

Only member of study team has access to all stored data

All recording will be destroyed after the study finished.

---

**6. Informed Consent**

**6.1 How will you obtain informed consent from participants – including parents/guardians and children?** *For example, will you obtain written, verbal or group consent?*

We will be prepared translated informed consent and will be read before the interview start. Their consent will be obtained written or verbal (recorded).

In case people are illiterate the consent form will be read out to provide information about the study to the participant. If a person does not understand the questions in the consent form, they will not be interviewed.

**6.2 How will you ensure that participants (including parents or guardians) have sufficient time to consider and decide whether they want to take part in the data collection?**
During the recruitment, we will share informed and consent and make appointment for interview. The interviewer will come back another time if needed for them to think of it.

6.3 How will you make the informed consent process accessible to children and young people, illiterate participants and participants with disability?

All informed consent will be translated into local language. The interviewer will read it for them (parent/guardian).

In case people are illiterate the consent form will be read out to provide information about the study to the participant. If a person does not understand the questions in the consent form, they will not be interviewed.

7. Compensation and Reimbursements

7.1 How will you appropriately reimburse participants for their time? For example, through providing refreshments or travel reimbursements.

Through providing refreshment and or travel reimbursements. We would suggest to provide healthy snacks such as fruit and juice or similar.

7.2 Are you offering any other incentives to children, their families and communities for taking part in the data collection?

No

8. Research Use

8.1 How will the study be used to inform Plan International’s future work and benefit children, families and communities?

It will be informed in the recommendation section. Suggest to be translated into local language and make a child version as well.

8.2 Will study results be shared back with participants? If so, how?

Rapid Asia does not share any report or client information with any third parties without written approval from Plan, who remains the sole owner of all data. It is entirely up to Plan’s consideration if Plan would like to share the report with any stakeholders or participants.

9. Confidentiality and Data Protection

9.1 CONFIDENTIALITY

a) What arrangements are in place to ensure that the identity of each participant and their individual responses remains confidential?

The assurances of confidentiality and anonymity will be upheld, especially concerning the collection of sensitive information.

After data collection: All data collected will remain with Rapid Asia and will not be shared with any third parties. We will ensure that personal data cannot be traced nor an individual’s identity. Rapid Asia will take all reasonable precautions to ensure that personal data is held securely, using password and limited access. It must be protected against risks such as loss, unauthorized access, destruction, misuse, manipulation or disclosure.

Only member of study team has access to all stored data

All recording will be destroyed after the study finished
b) Do you intend to use any of the following recording devices as a means of collection information for this research study? If so, please explain how.

<table>
<thead>
<tr>
<th>i) Audio/sound recorder</th>
<th>Yes, will have a specific question in the consent form and ask before the interview start. If the participant agreed, we can use. Otherwise, will use the notes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii) Photography</td>
<td>Yes, will have a separate consent.</td>
</tr>
<tr>
<td>iii) Film/video recordings</td>
<td>No</td>
</tr>
</tbody>
</table>

c) If yes for any of the above, how will specific permission be obtained for this?

We will have a consent form taking picture and translated into local language. See attachment: Informed consent.

d) Will any personal data be collected? Please explain. For example, are you collecting any information that can lead to the identification of individuals - including names, ages and gender, address — in any part of data collection, including in recruiting participants or obtaining consent?

Yes. Names, age, gender, address and phone numbers.

9.2 DATA MANAGEMENT

a) How will data be securely managed and stored? Include information on how data will be recorded during data collection, transported to and held in the office, and transferred to other individuals involved in the study.

All interviews will be recorded in MP3. Each interview will be processed in summary interview in English in an excel format. All data collected will remain with Rapid Asia and will not be shared with any third parties. We will ensure that personal data cannot be traced nor an individual's identity. Rapid Asia will take all reasonable precautions to ensure that personal data is held securely, using password and limited access. It must be protected against risks such as loss, unauthorized access, destruction, misuse, manipulation or disclosure. Only member of study team has access to all stored data. All recording will be destroyed after the study finished.

b) How long will data be stored for, and who will be responsible for destroying the data at the end of the period? You can consult Plan International's Data Retention Policy and Data Privacy Policy for guidance.

Rapid Asia will destroy all data stored 6 months after the end of the study by took out from the browser and delete it (digital data), and for printed data will be destroyed suing paper shredded machine.

10. Safeguarding, Risks and Mitigation Measures

a) It is important that Plan International’s Global Policy on Safeguarding Children and Young People are upheld throughout your initiative. Please attach a copy of your signed-off ‘Safeguarding Risk Assessment for MERL’ and, if any risks have changed, please describe below.

11. Signatures

<table>
<thead>
<tr>
<th>Signature(s) of Applicants</th>
<th>Submission Date</th>
</tr>
</thead>
</table>

74 As a standard, photographs should NOT be taken during a MERL initiative. If it is absolutely necessary for the success of the research methodology to take photos or videos of participants are taken you must use the global consent form for media use in addition to the consent form for MERL initiatives.

75 As above, videos or film should not be taken during data collection, unless it is part of the methodology.
12. Document Checklist

Please ensure the following documents are attached with your ethics application. Please send the completed application to research@plan-international.org

- Terms of Reference / Concept note
- The Inception Report
- Consent forms
- Information sheets for participants
- Data Collection Tools

APPENDIX 3: Moderator guides

KII MODERATOR GUIDE

(February 2021) FINAL

<table>
<thead>
<tr>
<th>Respondent full name</th>
<th>Organization, Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile no:</td>
<td>Email:</td>
</tr>
<tr>
<td>Date</td>
<td>Time begins</td>
</tr>
</tbody>
</table>

DECLARATION

I confirm that the interview was carried out per this moderator guide and following the guidelines and instructions provided by Rapid Asia. I understand and agree that the information gathered during the interview will be kept confidential and not shared with any third party.

Signed by moderator: ___________________________

FOR MODERATOR:

1. Goals of the interview:

   - to gain an in-depth, contextual understanding of the disaster risk management (DRM) needs of women and girls in Bhola, Bangladesh;

   - to determine the degree to which two community groups established by the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) project: the Ward Disaster Management Committees (WDMC) and Children and Youth groups (C&Ys) encouraged and increased the active participation, including leadership and decision-making, of women and girls. We also want to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.
• The findings will be used by to increase participation of women and girls in community
disaster risk management in Bangladesh. It will be very helpful to us to hear about your
perspective.

2. **Prepare your interviewee.** Share with them why you have chosen to speak with them. Speak
from your heart and be sincere. Be clear you are not here to judge, but to learn. Convey that you
respect and are interested in their experience, that you value what they might share, and their
life’s perspective.

3. **Prepare your logistics.** Location: Choose a quiet place where there are minimal distractions
and, if you are recording the interview that offers better sound quality. Equipment: Charge your
phone or recording device beforehand. Silence your phone during the interview. Bring a paper
and pen so you can note follow up questions without interrupting. Placement of recording device:
Place the recording device somewhere it can easily pick-up sound and the mic is unobstructed.

me about...”. You are looking for more than a yes or no answer.

**INTRODUCTION: 3 min**

Thank you for spending the time talking with me today. I'd like to introduce myself – I am (NAME) from
RAPID ASIA.

We really do appreciate you giving us your time today. We are currently undertaking a study on the
participation, leadership, and decision-making of women and girls in disaster risk management in Bhola,
Bangladesh. The findings from the study will be used by Plan International to encourage and increase the
active participation of women and girls in community disaster risk management in Bangladesh. It will be
very helpful to us to hear about your experiences and perspectives on this subject.

Your contribution is very valuable and there are no right or wrong answers, just give your honest opinion.

I will record our discussion so I can concentrate on what you are saying. The interview will take up to 30
minutes. The recording will be deleted upon completion of the project and will only be used for internal
processing purposes. Your record will not be shared with anybody except people from our research team.
May I record our conversation? [Yes / No]

Please be assured that anything you say is confidential and your participation is voluntary, you can withdraw
at any time. While we are talking, if you want to stop the interview at any time, please say so and we will
do that, or you can decide not to answer a question and that is ok. If you have questions, concerns, or
complaint about your rights as a participant, you may contact the Plan Bangladesh and the Plan
International Regional Office directly at the information provided.

**CONFIRM UNDERSTANDING (Yes, I understand and hereby give my consent to be
interviewed)**

**WARM-UP QUESTIONS (2 min)**
**FOR RESPONDENT WHO IS WORKING FOR AN ORGANISATION:**

1.) In what areas of disaster risk management does your organization work? (you, the participant)
(e.g., early warning system, healthcare system, WASH, Food security, livelihoods and
malnutrition, education and training, gender-based violence, child protection, trafficking, etc.)
2.) What is your role in your organization?

**FOR RESPONDENT WHO IS NOT WORKING FOR AN ORGANISATION:**

1.) In what areas of disaster risk management, you have been involved? How long have you been involved in it?

### GENDER INEQUALITY & EQUALITY BARRIERS: 3 min

1.) What is the current situation of male and female inequalities in the locality?

2.) In your opinion, why male and female inequality continue to exist?

3.) From your experience, do you think women and girls have higher vulnerabilities and exposure the threats of disasters than other groups? Why?

4.) What are significant impacts of disasters on women and girls, particularly marginalized or vulnerable groups (such as widow, transgender women, pregnant women, lactating women, women with disability, ethnic minority etc)? Why? How do women’s vulnerabilities compare to men’s?

5.) From your perception, to what extent do women participate in disaster risk reduction programmes in Bhola? If they do participate, what do they do? How much the amount of their participation? How are girls normally included in disaster planning? What roles, if any, do they play?

### PERCEPTION of WDMC / C&Ys: 3 min

**FOR MODERATOR:** There are 2 community groups established by the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) project: (1) the Ward Disaster Management Committees (WDMC) and (2) Children and Youth groups (C&Y). They work to increase the number of active participants and encourage women and girls’ leadership and decision-making in disaster risk planning.

1.) Are you familiar with the national SRM policies? **IF YES, ASK:** To what extent is the work/programmes of WDMC/ C&Y aligned with national policies and strategies for disaster risk management (DRM)? **IF NOT, CONTINUE TO THE NEXT QUESTIONS:**

2.) How effective are the activities of WDMC/C&Y in increasing the active participation of women and girls in DRM? Please briefly describe how it works.

3.) How often you (and your organization) collaborate with the WDMC and C&Y? **IF THEY COLLABORATED, ASK:** Would you tell me about the past collaboration, when and what?

4.) **IF THEY DON’T COLLABORATE, ASK:** Why not? What would encourage you to work together?

### PARTICIPATION: 3 Min

**FOR MODERATOR:** Participation refers to women and girls’ involvement in community-level DRM. Their active participation in DRM reflects an element of inclusiveness. The term “inclusive” refers to all community members, including those traditionally marginalized and disempowered. This includes women and girls, youth, indigenous people, LGBTI, disabled, and the elderly, who often are excluded when designing and implementing DRM plans.
1) How, and to what degree, have C&Y and WDMC groups encouraged participation and supported DRM leadership for women and girls?

2) What roles do women and girls currently have, and what is their contribution to local DRM?
   a. Membership
   b. Speaking at meetings
   c. Leadership
   d. Decision-making

3) What roles do marginalized groups currently have in disaster risk management, and what has their contribution been to local DRM? [If the respondent says none or not much, ask] What do you think prevents women, girls, and marginalized groups, to participate in DRM?

4) In your opinion, what can be done to remove those barriers?

5) To what extent have C&Y groups encouraged marginalized groups’ participation (such as widows, transgender women, pregnant women, lactating women, women with disability, ethnic minority etc.) in DRM?

6) In your opinion, what can be done to remove those barriers?

7) To what extent have C&Y encouraged the inclusion of stigmatized groups (such as LGBTQI) to participate in the WDMC?

8) In your opinion, what can be done to remove those barriers?

TRAINING: 3 min

FOR STAKEHOLDER/EXPERT:

1. To what extent have women and girls, including LGBTQI and people with disability, participated in DRM training? How or why not?

2. What prevent women and girls, as well as marginalized groups, to participate in training?

3. In your opinion, what can be done to encourage wider participation?

IMPACT ON MEMBERSHIP:

4. To what extent has the IC-DRM training on inclusiveness helped increase women and girl's membership in the WDMC and C&Y groups? How was that accomplished?

IMPACT ON INCLUSION:

1. In your experience, how relevant are the IC-DRM training to women and girls’ needs and expectations? Why?

2. To what extend has the IC-DRM training encouraged leadership and decision-making of women and girls in DRM?
FOR RESPONDENT HAVE PARTICIPATED IN THE TRAINING DRM:

1) In what DRM training have you participated?
2) What did the training cover?
3) To what extent was the training relevant to you?

THANK YOU FOR YOUR CONTRIBUTION

IDI MODERATOR GUIDE

(February 2021)

<table>
<thead>
<tr>
<th>Respondent full name</th>
<th>Location</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Mobile no:</td>
<td>Email:</td>
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<tr>
<td>Date</td>
<td>_____ /_______ / 2021</td>
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</table>

DECLARATION

I confirm that the interview was carried out per this moderator guide and following the guidelines and instructions provided by Rapid Asia. I understand and agree that the information gathered during the interview will be kept confidential and not shared with any third party.

Signed by moderator: ___________________________

FOR MODERATOR:

5. Goals of the interview:
   o to gain an in-depth, contextual understanding of the disaster risk management (DRM) needs of women and girls in Bhola, Bangladesh;
   o to determine the degree to which two community groups established by the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) project: The Ward Disaster Management Committees (WDMC) and Children and Youth groups (C&Ys) encouraged and increased the active participation, including leadership and decision-making, of women and girls. We also want to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.
   o The findings will be used by to increase participation of women and girls in community disaster risk management in Bangladesh. It will be very helpful to us to hear about your perspective.

6. Prepare your interviewee. Share with them why you have chosen to speak with them. Speak from your heart and be sincere. Be clear you are not here to judge, but to learn. Convey that you respect and are interested in their experience, that you value what they might share, and their life’s perspective.
7. **Prepare your logistics.** Location: Choose a quiet place where there are minimal distractions and, if you are recording the interview that offers better sound quality. Equipment: Charge your phone or recording device beforehand. Silence your phone during the interview. Bring a paper and pen so you can note follow up questions without interrupting. Placement of recording device: Place the recording device somewhere it can easily pick-up sound and the mic is unobstructed.

8. **Probing.** Probes should be open-ended. Probes with “Why”, “How”, “Can you describe…”, “Tell me about…”. You are looking for more than a yes or no answer.

**INTRODUCTION: 3 min**

Thank you for spending the time talking with me today. I’d like to introduce myself – I am (NAME) from RAPID ASIA.

We really do appreciate you giving us your time today. We are currently undertaking a study on the participation, leadership, and decision-making of women and girls in disaster risk management in Bhola, Bangladesh. The findings from the study will be used to encourage and increase the active participation of women and girls in community disaster risk management in Bangladesh. It will be very helpful to us to hear about your experience with this subject.

Your contribution is very valuable and there are no right or wrong answers, just give your honest opinion.

I will record our discussion so I can concentrate on what you are saying. The interview will take up to 30 minutes. The recording will be deleted upon completion of the project and will only be used for internal processing purposes. May I record our conversation? [Yes / No]

Please be assured that anything you say is confidential and your participation is voluntary, you can withdraw at any time. While we are talking, if you want to stop the interview at any time, please say so and we will do that, or you can decide not to answer a question and that is ok. If you have questions, concerns, or complaint about your rights as a participant, you may contact the Plan Bangladesh and the Plan International Regional Office directly at the information provided.

**CONFIRM UNDERSTANDING (Yes, I understand and hereby give my consent to be interviewed)**

<table>
<thead>
<tr>
<th><strong>WARM-UP QUESTIONS: 2 min</strong></th>
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<tbody>
<tr>
<td><strong>Description of self:</strong></td>
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<tr>
<td>▪ Tell me a bit about yourself. Probe: education, married, etc.</td>
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<tr>
<td>▪ What does your typical day look like?</td>
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<table>
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<tr>
<th><strong>DISASTER EXPERIENCES: 3 min</strong></th>
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<tbody>
<tr>
<td>▪ What types of disasters have you experienced?</td>
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<tr>
<td>▪ How often do disasters happen in your area?</td>
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<tr>
<td>▪ Would you describe what difficulties did you experience from the last disaster?</td>
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<tr>
<td>▪ What are your responsibilities during a disaster?</td>
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<tr>
<td>▪ What worried you the most after the disaster was over?</td>
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<tr>
<td>▪ What would you do when disasters occur in the future?</td>
</tr>
<tr>
<td>▪ Can you describe the environment of your home? How easy to go get health care near your home? Where do you get your water? During a disaster, where do you go for shelter?</td>
</tr>
</tbody>
</table>
What supports have you received during and after a disaster? Who provides that support? (For example; community, organization, religious organization, local government etc.) and what did they provide?

GENDER INEQUALITY & BARRIERS: 3 min

1.) Can you describe what roles of men and women, boys and girls have in the community and in the house?
2.) In your opinion, why do women and men, boys and girls have different roles at home and in the community?
3.) What happens when a girl does a boy’s job? What happens when a boy does a girl’s job? Do you think women and girls suffer more from disasters than men and boys? Why do you think that is? Can you give an example?

PARTICIPATION: 3 Min

Note: Participation refers to the participation of women and girls in community-level disaster risk management (DRM)/disaster preparedness. Their active participation in DRM reflects an element of inclusiveness in DRM. The term “inclusive” is operationally defined as encompassing all members of a community, especially those who have been traditionally marginalized and disempowered, such as women and girls, youth, indigenous people, LGBTI, disabled and the elderly, and therefore left out of the design and implementation of disaster risk reduction and management plans.

1) Do you participate in any DRM programs in your community?
   o IF YES, why do you participate in the program?
     o What is your role in the program?
     o In your group, how many are women?
     o If there a few women in your group, ASK QUESTION: Why are there so few in your group?
   o IF NOT, why don’t you participate in any programs?
     o What are the barriers for you to participate in DRM programs in your community?
     o What would encourage you to participate in the DRM programs?
2) Do you think women should be included in DRM program in your community? [IF YES, ASK:]
   What can be the roles of women on DRM? [IF NOT, ASK:] why don’t you think women should not be included in DRM planning?
3) [For those who think women should be more involved in DRM ask:] What can be done to encourage women and girls to be more involved in DRM? How?
4) How do you rate participation of women and girls in DRM in your community?

PERCEPTION of WDMC / C&Ys: 3 min

Note: Two community groups established by the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) project: The Ward Disaster Management Committees (WDMCs) and Children and Youth groups (C&Ys) encouraged and increased the active participation, including leadership and decision-making, of women and girls in the community-level disaster risk planning.

1) Can you tell me about WDMC and/or C&Y.
2) How did you first find out the WDMC and/or C&Y?
3) What have the WDMC and C&Y groups done for your community?

4) From your experience, has the WDMC /C&Y groups encouraged the participation of women and girls in DRM in your community?

5) In your opinion, what can be done to encourage more women and girls to participate in the WDMCs and C&Ys?

6) Do you think the work/activities of WDMC/ C&Y is relevant to the needs of women and girls when disaster hit?

(ONLY FOR MEMBER WDMC or C&Y) MEMBERSHIP: 3 min

1.) Do you participate in the WDMCs and /or C&Ys?
   ▪ IF YES, what encourage you to participate in the program? What is your role in the program?
   ▪ IF NOT, what are the barriers for you to participate in those programs? Why do you say that?

2.) Do you think it is important for women and girls to participate in the WDMCs and C&Ys? Why do you say so?

3.) Do you think women and men benefit equally from activities conducted by the WDMCs and C&Ys? Why do you say so?

4.) In your perception, what roles should women and girls in the WDMCs and C&Ys? Do you think women and men have different roles in the WDMCs and C&Ys? Why do you say so?

5.) Do you feel that women and girls have their opinion heard? Why do you say so?

6.) What can be done or changed to make more women lead the meeting?

7.) What issues would you to raise, but you feel uncomfortable to discuss in the meetings? Why is the issue important?

TRAINING: 3 Min

Note: Training refers to the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) trainings on inclusiveness

1) Have you ever participated in the IC-DRM trainings on inclusiveness?
   ▪ IF YES, what was the training about? Do you think it was useful? How?

   IMPACT ON INCLUSION:
   o From your experience, how relevant is the IC-DRM trainings to the needs and expectations of women and girls?

   o To what extent has the IC-DRM training and activities helped to increase the participation, including leadership and decision-making, of women and girls in disaster risk reduction planning? Please give an example.

   IMPACT ON MEMBERSHIP
   o How the IC-DRM training on inclusiveness have affected the membership of the WDMC and C&Y groups? Has female membership of the WDMC and Y&C groups increased?
• **IF NOT**, what prevent you from participating in the IC-DRM trainings?

2) From your perspective, what were the factors make the trainings relevant?

3) In your own view, what can be done to make the trainings better?

**THANK YOU FOR YOUR CONTRIBUTION**

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**FGD MODERATOR GUIDE**

(February, 2021)  

<table>
<thead>
<tr>
<th>No of participants</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time begin</td>
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**DECLARATION**

I confirm that the discussion was carried out per this moderator guide and following the guidelines and instructions provided by Rapid Asia. I understand and agree that the information gathered during the discussion will be kept confidential and not shared with any third party.

Signed by moderator: ___________________________

---

**Criteria for recruitment in general:**

- Men and women older than 18 years old
- Agreed consent and sign
- For children: the guardian agreed and give consent, and sign
- Member of DRM committee in Bhola district
- Member of WDRM in Kachia, or Rajappur, or Bheduria
- Member of C&Y in Kachia, or Rajappur, or Bheduria
- Non-member of WDRM, C&Y in Bhola district

---

**FOR MODERATOR:**

9. **Goals of the FGD:**

- to gain an in-depth, contextual understanding of the disaster risk management (DRM) needs of women and girls in Bhola, Bangladesh;
to determine the degree to which two community groups established by the Inclusive Community Disaster Risk Reduction and Management (IC-DRM) project: The Ward Disaster Management Committees (WDMC) and Children and Youth groups (C&Ys) encouraged and increased the active participation, including leadership and decision-making, of women and girls. We also want to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.

The findings will be used by to increase participation of women and girls in community disaster risk management in Bangladesh. It will be very helpful to us to hear about your perspective.

10. **Prepare your participants.** Share with them why you have chosen to speak with them. Speak from your heart and be sincere. Be clear you are not here to judge, but to learn. Convey that you respect and are interested in their experience, that you value what they might share, and their life’s perspective.

11. **Prepare your logistics.** Location: Choose a quiet place where there are minimal distractions and, it should be quiet and should have space for participants to sit comfortably. Make sure participants sit in a way that you can see all their faces so you can see their body language and facial expressions. **NOTE TAKER** will record the discussion and take notes so moderator can focus on the discussion. Equipment: Charge your phone or recording device beforehand. Silence your phone during the FGD. Placement of recording device: Place the recording device somewhere it can easily pick-up sound and the mic is unobstructed. Prepare name tags/signs. Ask the participants if they are comfortable wearing nametags or use name signs. Prepare the informed and consent form to sign it. Follow strictly the COVID-19 procedure for everyone.

12. **Probing and stimulating discussion.** Focusing on the topics listed in a guide and ensuring all participants participate actively. Probes should be open-ended. Probes with “Why”, “How”, “Can you describe…”, “Tell me about...”. You are looking for more than a yes or no answer.

**INTRODUCTION: 5 min**

Thank you for spending the time talking with me today. I’d like to introduce myself – I am (NAME) as a moderator and (NAME) as a note taker, from RAPID ASIA

We really do appreciate you giving us your time today. We are currently undertaking a study on the participation, leadership, and decision-making of women and girls in disaster risk management in Bhola, Bangladesh. The findings from the study will be used to encourage and increase the active participation of women and girls in community disaster risk management in Bangladesh. It will be very helpful to us to hear about your experience with this subject.

Your contribution is very valuable and there are no right or wrong answers, just give your honest opinion.

I will record our discussion so I can concentrate on what you are saying. The discussion will take up to 90 minutes. The recording will be deleted upon completion of the project and will only be used for internal processing purposes. May I record our conversation? [Yes / No].

We also will take photograph if necessary. If you are uncomfortable with that, please let me know. May I take photograph during our discussion? [Yes / No].

Please be assured that anything you say is confidential and your participation is voluntary, you can withdraw at any time. While we are talking, you can decide not to answer a question and that is ok. If you have
questions, concerns, or complaint about your rights as a participant, you may contact the Plan Bangladesh and the Plan International Regional Office directly at the information provided.

Do you have any question? (MAKE CLARIFICATION AS NEEDED). If you are agreed to participate, please sign in the form and hand it over to us.

SIGNED THE CONSENT FORM and START TAPE RECORDER

WARM-UP QUESTIONS (10 min):
• Let’s start and introduce ourselves. LET EVERYONE SPEAK IN TURN – (DO AN ICE BREAKER TO INTRODUCE OURSELVES)
• Tell me about your main responsibilities at home? What do you do for a living?
• LET EVERYONE SPEAK IN TURN. WRITE DOWN ON THE CARD OF THEIR WORK OR MAIN ACTIVITIES AND WRITE ON A FLIP CHART.

EXPERIENCES AND IMPACTS :30 min

I want to talk about direct and indirect impacts of disasters on people in your community

• What are the main hazards or disasters experienced by your community?
• Can you please tell me about the last disaster that hit your village? [Prompt: when did they happen? What kind of disaster? What kind of damage did it do? Was anyone killed or hurt? Can you talk about that? What happened afterwards?] then ask Can you tell me about the worst disaster that hit your village in the last ten years? (five if you are asking youth)
• How did these disasters affect women? Girls? FOR ELDERLY OR DISSABLE PEOPLE: How did these disasters affect people living with disabilities? Elderly?
• Who was most affected most? Why?
• Why do you think women, children and elderly are more at-risk during disasters? What are some of the limitation’s women face in coping with the disasters?
• What are some of the biggest problems people face after a disaster? What are some of the problems that women face that might be different than what men face?
• Do people need to evacuate after a disaster? How? Do any groups face specific difficulties in evacuations? How about women? Girls? Children, etc. Can you give me some examples?

GENDER INEQUALITY & EQUALITY BARRIERS: 30 min

In your village, how disaster risk management and planning done? Who does it?

• Can you tell me who is on the committee? Are there any women or girls on the committee? Who makes the decision about disaster planning? How much do you think women participate in DRM and disaster planning?
• FOR PEOPLE MENTIONED WDRM or C&Y: How did the WDRM and C&Y groups help the community to prepare for the most recent disaster? (if that was too long ago, you could ask
them about what they know about how the WDRM and C&Y groups are preparing the village for the next disaster?

- What do people here in the village do to prepare for the last and worst disasters? (Who does what).

- When people in the village need help during a disaster, who do they reach out to? Can you give some examples?

- What are the roles of men and women in preparing for disasters? What are women’s responsibilities during disasters? What are girls’ responsibilities? What responsibilities do women and girls have during disasters that might put them at greater risk of harm?

- Are there any activities to assist specific groups to prepare for disasters for women and girls? How about for elderly? For pregnant women, and women with infant?

- What interventions have helped to improve community preparedness for disaster? (Can be from the WDRM or C&Y, or other source of help)

- What additional/future interventions could help to build preparedness for disaster?

**NOW I would like to know about the disaster WDRM committee in your village.**

- What kinds of things is has done by the WDRM committee? Who is on it? How many women involved? **IF THERE ARE FEW WOMEN, ASK:** Why are there so few women on the DRM committee?

- How are women and men involved in the DRM committee?

- What type of tasks of women and men in DRM?

- Who decides who will do what task? Why?

- What do they think men feel about women being involved in DRM?

- Do you think women should be included in DRM planning? Should they be members of the WDRM? **[IF YES, ASK:]** What can be the roles of women on DRM? **[IF NOT, ASK:]** why don’t you think women should not be included in DRM planning?

- **[For those who think women should be more involved in DRM ask:]** What can be done to encourage women and girls to be more involved in DRM? How?

**THANK YOU FOR YOUR COOPERATION**
Thank you for agreeing to talk with me today. My name is .................I work with RAPID ASIA on behalf of by Plan International. You are invited to participate in a study conducted by Plan International. Currently we are undertaking a study on the active participation, including leadership and decision-making, of women and girls in community-level disaster risk management (DRM).

We invite you because of your knowledge and involvement on the issues of disaster risk management. The purpose of the study is to gain an in-depth, contextual understanding of the disaster risk management (DRM) needs of women and girls in Bhola, Bangladesh. Your responses will be included in our study and will inform the development of our program.

Although you may not receive any benefits from participating in this study, the information that you provide may help to encourage and increase the active participation of women and girls in community disaster risk management in disaster prone areas like Bhola, Bangladesh. Any information we collect is confidential. No personal details will be shared with any third parties and will be deleted upon completion of the project. We will use a tape recorder so I can concentrate on what you are saying. Please be assured that your participation is voluntary, you can withdraw at any time. The interview will take up to 30 minutes.

Do you have any question? (MAKE CLARIFICATION AS NEEDED). If you agree to participate, please sign in the form.

CONFIRM UNDERSTANDING

1. I confirm that the information sheet concerning this study has been read to me and I understand what is required of me take part in this study.
2. I agree to participate in the above interview / photography
3. I have been given the opportunity consider the information, ask questions and a reply was given for all the questions to my satisfaction.
4. I understand that participation is voluntary and that I may withdraw at any time.
5. I understand that any information given by me and others will be compiled and used for preparing a report by the research team.
6. I understand that my name will not appear in any reports, articles or presentations.
7. I agree that some or all of the information, interview statements, images, or other contributions I make/ appear in may be used for any of the following purposes:
   • to publicise and promote Plan International’s work;
   • for marketing of the organisation;
   • in connection with Plan International’s advocacy, educational and/or media work;
   • in connection with Plan International’s research and/or monitoring and evaluation work;
   • in connection with Plan International’s sponsorship and/or programming work;
   • to help raise money for Plan International; and/or
   • by a donor to publicise its relationship with Plan International and/or its support for a programme.

8. I understand and agree that the information, statements, images that I provide may be used in many different forms, including:
   • in newspaper, magazines, and books;
   • on television and/or radio;
   • on electronic media, including social media and on the internet;
   • in reports, leaflets, and letters.

9. I understand that I do not own copy rights or have any rights of ownership or other claim over the written copy, photographs or films that Plan International produces.

If you have questions, concerns, or complaint about your rights as a participant, you may contact the Plan International Office directly at the information provided below.

**Contact information:**
RAPID ASIA Co., Ltd.
Name: Dewi Ratnawulan
Phone: +662 231 8181, Fax: +662 713 6070
Email: ratnawulan@rapid-asia.com
65, 42 Tower, 10th Floor, Unit 1001
Soi Sukhumvit 42, Sukhumvit Road, Phra Khanong,
Bangkok 10110 – THAILAND

**SIGN**

________________________________________  ________________  _______________________
Name of participant                                Date                                Signature
INFORMED CONSENT – IDI and FGD

Thank you for agreeing to talk with me today. My name is ………………. I work with RAPID ASIA on behalf of Plan International. Currently we are undertaking a research on the active participation, including leadership and decision-making, of women and girls in community-level disaster risk management (DRM) in Bhola, Bangladesh. We select you because you have experience of disasters. We want to hear your story how you have been affected and learn from you how to cope with the disasters.

Any information we collect is confidential. No name or personal details will be shared with any third parties and will be deleted upon completion of the project. We will use a tape recorder so I can concentrate on what you are saying. Please be assured that your participation is voluntary, you can withdraw at any time. The interview will take up to 30 minutes. Do you have any question? (MAKE CLARIFICATION AS NEEDED). If you are agreed to participate, please sign in the form.

CONFIRM UNDERSTANDING

1. I confirm that the information sheet concerning this study has been read to me and I understand what is required of me take part in this study.
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   • in connection with Plan International’s research and/or monitoring and evaluation work;
   • in connection with Plan International’s sponsorship and/or programming work;
   • to help raise money for Plan International; and/or
• by a donor to publicise its relationship with Plan International and/or its support for a programme.

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Email: ratnawulan@rapid-asia.com
65, 42 Tower, 10th Floor, Unit 1001
Soi Sukhumvit 42, Sukhumvit Road, Phra Khanong,
Bangkok 10110 – THAILAND

SIGN

________________________________________  ______________________________  _______________________
Name of participant                                    Date                           Signature
INFORMATION SHEET FOR CHILDREN

Disaster preparedness in Bhola- Include us!

What? We are going to several community in Bhola to talk to women and children in order to understand the needs during disaster preparedness time. We also would like to know how often are you involve in the disaster risk planning and preparedness time. It will take about 30-40 minutes.

Do I have to take part? No. It is up to you to decide whether or not to take part. You don’t have to answer the questions or some of the questions if you don’t want to. You can also stop me at any time if you don’t want to continue.

Keeping the information private and safe. We will be writing up everything you tell us and what the other children tell us, but we will not write down your name on any reports. It is very important to Plan to keep children safe. If you do tell us something where we are worried about your safety, we will share this with Plan.

Why are we doing this? We will use this information to make better inclusion and make sure that women and children participate in disaster preparedness in Bhola. If you agree I will make a recording of what we say.
If you want more information contact:

Dewi Ratnawulan (Senior Gender and Human Rights Adviser)
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INFORMED CONSENT

Thank you for agreeing to talk with me today. I’d like to introduce myself – I am (NAME) from (ORGANISATION)

We are currently undertaking a study about women and children participation in disaster risk preparedness. (INCLUDING LEADERSHIP AND DECISION MAKING OF WOMEN AND GIRLS IN COMMUNITY-LEVEL IN BHOLA, BANGLADESH).

CONFIRM UNDERSTANDING

1. I confirm that the information sheet concerning this study has been read to me and I understand what is required of me/my child if I/they/we take part in this study.

2. I have been given the opportunity consider the information, ask questions and a reply was given for all the questions to my satisfaction.

3. I understand that participation is voluntary and that I may withdraw at any time without giving a reason.

4. I understand that any information given by me/my child may be used in future reports, articles or presentation by the research team.

5. I understand that my name/my child’s name will not appear in any reports, articles or presentations.

6. I agree to take part in the above study/ I give permission for my child to take part in the above study.

CONSENT FOR ADULTS TO PARTICIPATE

__________________________________________  ______________  __________________________
Name of Adult                                Date                           Signature or thumbprint

CONSENT FROM PARENT/CARETAKER FOR CHILD TO PARTICIPATE

Relationship to child of person giving consent: ______________________________________________

__________________________________________  ______________  __________________________
Name                                       Date                          Signature or thumbprint

__________________________________________  ______________  __________________________
Name of Researcher                              Date                                     Signature
CONSENT FORM FOR CHILDREN

A study on women and children participation in disaster risk preparedness. (INCLUDING LEADERSHIP AND DECISION MAKING OF WOMEN AND GIRLS IN COMMUNITY-LEVEL IN BHOLA, BANGLADESH).

Participant name: ____________________________________________
Name of Researcher: ____________________________________________

Child consent:
Read out the information sheet with the children, and use a signer, as necessary. Show and demonstrate the recorder so they understand how it works.

Do you understand why we are doing the research? ☺ ☠

Are you happy to talk to me? ☺ ☠

Do you understand that you can stop me at any time and you don’t have to answer questions that you don’t want to? ☺ ☠

Are you happy that I record the information with the recorder? ☺ ☠
(Demonstrate this)

Do you know who to contact if you need someone to explain more about this research? ☺ ☠
APPENDIX 5: COVID-19 safety precautions

COVID-19 SAFETY PRECAUTIONS
During interview and recruitment

- Wash hands or use hand sanitizer before and after each interview
- Wear a mask at all times
- Do not shake hands
- Keep safe distance of 1.5 meters apart from others
- Do not interview/recruit anyone if it is known that they have contracted the COVID-19 virus

Some practical tips:

1. Confirm that the respondent has not been in close contact with any individuals who have been infected.
2. Bring **disinfectant gel** and use it before each contact is being made.
3. If incentives are provided, **please ensure that they are sealed** before handing them out.