Disaster Risk Reduction And Young Children

Assessing needs at the community level

A Guidebook for the Asia-Pacific Region

2011

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DISASTER RISK REDUCTION AND YOUNG CHILDREN

ASSESSING THE NEEDS AT THE COMMUNITY LEVEL: A GUIDEBOOK FOR THE ASIA-PACIFIC REGION

Why this Guidebook?

This guidebook was designed to fill some gaps in the current approach to Disaster Risk Reduction (DRR) and young children. The focus is on the social variables and community level activities associated with DRR for young children.

DRR refers to the concept of reducing risks and strengthening supports in order to mitigate the impact of disasters. Beyond policy and political issues (at national and international levels), DRR takes place at the community level and the programme level.

Young children have specific needs which can be addressed in DRR processes and activities. Research suggests that resilience within the early childhood development (ECD) sector could be an important DRR factor for young children (Shores, Grace, Barbaro, Flenner & Barbaro, 2009). Furthermore, it is suggested that children in emergency situations benefit from being informed and involved in their community (Mitchell, Haynes, Hall, Choong, & Oven, 2008; Morris, van Ommeren, Belfer, Saxena, & Saraceno, 2007).

An informed community is an important part of DRR and recovery processes (Abrahams, 2001; Camilleri et al., 2007; Machel, 1996; Ronan et al., 2008). Successful engagement in DRR may minimise disruptions in services and opportunities for children (UNICEF, 2010d).

There is a growing literature which addresses national and programme levels for DRR. There is less information about developing DRR programmes at the community level. Meanwhile, a focus of DRR for young children is not prominent in any literature, especially in terms of the social variables of DRR. This guidebook seeks to provide tools and processes to assist in addressing these gaps.

Who should use this Guidebook?

The guidebook was designed to be used by agents and organisations that have an interest in the wellbeing of young children and families. The guidebook can be used to assist communities in identifying the strengths and gaps in their DRR and support for young children.

The processes and recommended tools need to be adapted for each situation and context. In many cases the very act of reviewing these items will raise awareness of issues which need to be considered in terms of support for young children at the community level.

The data gathered through the use of the tools provided in this guidebook constitutes evidence which can inform advocacy activities for enhanced support.

The guidebook consists of three sections.

SECTION ONE

- Background
  - Components of DRR
  - Young children and emergencies
  - Addressing DRR and young children

SECTION TWO

- Assessing social variables of DRR for young children at the community level.
  - Tool #1: Developing a working team and advisory committee
  - Tool #2: Current status of legislation and support for young children in community: Information flows
  - Tool #3: Checklist of Indicators for Assessing Disaster Risk Reduction Readiness for Young Children

SECTION THREE

- Analysing and using the information gathered through these processes

A note regarding terms: ECD, ECCD, ECCED

The early childhood sector makes use of several terms including ECD (Early Childhood Development), ECCD (Early Childhood Care and Development), ECED (Early Childhood Education and Development) and ECCED (Early Childhood Care, Education and Development). In this Guidebook we are using the term ECD for brevity's sake, and assuming that this refers to the definition below (adapted from INEE, 2010).

DEFINITION OF ECD, ECCD, ECCED*

ECD REFERS TO PROCESSES - Early Childhood Development refers to the processes through which a child, aged 0-8, develops his/her optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn.

INTEGRATED POLICY AND PROGRAMME APPROACH - These processes are supported by an enabling social and financial policy environment coupled with a comprehensive programming approach that integrates health, nutrition, water, sanitation and hygiene, education and child protection services.

HIGHLIGHTS DISADVANTAGED - While all children and families can benefit from high quality programmes, disadvantaged groups stand to benefit the most.

ENABLES DUTY BEARERS TO FULFILL RIGHTS - A holistic early childhood development framework enables the young child to claim his/her rights to survival, growth, development, protection and participation and ensure that the duty bearers, namely, parents, caregivers, communities, sub-national and national authorities respect, protect, promote and fulfil those rights.

*Adapted from INEE (2010) Minimum Standards For Education: Preparedness, Response, Recovery, Geneva.

SECTION ONE: BACKGROUND

Components of DRR

Disaster Risk Reduction (DRR) refers to the concept of reducing risks and strengthening supports in order to mitigate the impact of disasters.

DRR programmes tend to target both infrastructure variables and social variables.

Infrastructure variables of DRR refer to the tangible items which can be identified, reviewed and fortified as part of a DRR plan. Examples of infrastructure variables include:

- buildings and facilities, safe housing
- evacuation plans and processes
- communication mechanisms
- mechanisms to protect the environment, management of natural resources
- transport within and connecting communities
- accessible range of services

In relation to young children, infrastructure variables of DRR entail ensuring that the physical structures in which young children congregate are hazard resistant. This includes preschools, ECD centres, health services, orphanages and homes.

Infrastructure variables can be addressed within these settings through attention to geographical location, construction standards, arrangement of furniture and materials, preparing evacuation plans, and storing first-aid kits and other equipment for search and rescue. Development and access to pre-determined emergency shelters are also part of a DRR plan for young children (UNICEF, 2010b).

Social variables of DRR refer to the less tangible attributes which will minimise risks and maximise recovery from disasters. Social variables include community and family support and are important in relation to DRR and recovery (Math et al., 2006; UNICEF, 2010d

Development and dissemination of disaster education is an example of a social variable at the *programme level.*

Availability of a diversity of skills is a social variable at the *community level.* Diversity of skills means that a community is more likely to have the internal resources needed to build new economies– and thus recover more quickly from disasters.

Thus, like infrastructure variables, social variables can be fortified in anticipation of potential emergencies.

At the community level, the concept of 'fortifying social variables of DRR' refers to the capacity of a community to sustain itself and to maintain a viable and supporting environment for its members in the face of threats and destruction.

An important aspect of social variables of DRR is the notion of inclusion: This refers to the need for all members of a community - including the most vulnerable – to have equitable access to assistance and services (Camilleri et al., 2007).

Young children and emergencies

In times of social disruption, the elderly, people with disabilities and very young children tend to be the most vulnerable community members. Within the cohort of very young children, children with special needs and children from families who are marginalised due to their cultural, ethnic or low economic status are especially at risk (Cologon & Hayden, 2010).

Children between the ages of 0-8 represent the highest percentage of affected populations in today's global emergencies (UNICEF, 2007). These early years comprise of the most important phase of physical, cognitive, emotional and social development in the human life cycle. Since lifelong health and wellbeing are correlated to appropriate stimulation and consistency of care, separations, exposure to scenes of violence and destruction and loss of significant others during this time of life can disrupt the building blocks for overall development and have life-long effects (Shonkoff, Boyce & McEwen, 2009). Poor health, neurological damage, antisocial behaviours, violence, and cognitive regression can result from acute stress and distress during the early years (Grantham-McGregor et al., 2007). For these reasons young children have been identified as one of the most vulnerable populations when contexts become disrupted or fragile (Joshi & Lewin, 2004; UNICEF, 2007). However, vulnerability can be reduced through concerted efforts to address the underlying causes (UNICEF, 2010a).

DRR incorporates this process. Box 1 considers some of the issues specific to young children and disasters.

> *"As in the case of adults, children's vulnerability can be reduced by measures to address the underlying causes. Those measures include early warning and preparedness, risk identification and mitigation in addition to the provision of quality basic social services. Children's vulnerability can be alleviated if there are uninterrupted opportunities for interaction with caregivers – who in turn receive the necessary support from other adults - and older children, for playing and learning during and after disaster. Their caregivers in turn need to be supported by the community and basic service providers."* (UNICEF, 2010a, p.7).

- Children 0-8 represent the highest percentage of affected populations in today's global emergencies. Families, caregivers and safe environments are critical for wellbeing. Loss of social fabric and destruction of support and protective systems are amongst the long term impacts of disaster and emergencies (Flores, 1999).
- Children in disasters often are the most overlooked (Plan, 2005).
- Global crises have displaced 16 million refugees, 26 million IDPs, of whom over 40% are children (UNHCR, 2008).
- 1.5 billion children - two-thirds of the world's child population - live in the 42 countries that have been affected by some crisis (2002-2006) (UNHCR, 2008).
- Children often form more than 1/3 of the death toll and even more the surviving population (Plan, 2005).
- Voices of children and young people are often not included in disaster response and rehabilitation (i.e. children are not consulted regarding how organisations and governments react to disasters) (Plan, 2005).
- During emergency situations the risk of abuse and violence towards children is increased (particularly for girls and children with disabilities). Pregnant and the youngest are the most vulnerable and women are often excluded from emergency decision making (UNHCR, 2008).
- Confinement, isolation and displacement interrupts development trajectory (UNHCR, 2008).
- The negative effects of emergency and disaster are most likely to impact on young children in the 0-8 age group because of their physical and psychological dependency and their unique vulnerabilities (UNICEF, 2010c).
- In disasters, the typical societal patterns/groupings that protect children may be challenged or broken. Children can be further harmed, abused and exploited by those who take advantage of dysfunctional law and order systems after disasters and by government and aid agencies negligence to address these potential damages (Plan, 2005).
- The coping mechanisms that exist in both affected and unaffected communities within the disaster-hit communities are often overlooked and underestimated by aid agencies, creating unnecessary dependency on foreign aid (Plan, 2005).

"The human rights-based approach to programming stresses participatory approaches that engage communities in planning, implementation and monitoring processes. This means that we should build on what people already know and that we recognize their social and cultural strengths. However, communities are not homogeneous. Keep in mind that vulnerabilities related to age, gender inequalities, ethnicity, caste, socio-economic status and disability, are factors that may affect people's ability to take part in decision-making processes. This needs to be addressed"
(UNICEF, 2006, p. 32).

Addressing DRR and young children: 3 levels

DRR is commonly associated with plans and programmes at the national and international levels, and is related to resource allocation and other national policies.

Beyond this DRR can focus on young children at two levels: the community level and the programme level.

At the programme level

DRR strategies at the programme level focus on young children in homes, health services, ECD centres, kindergartens, preschools and infant homes/orphanages.

A recent UNICEF report (2010a) suggests that beyond the usual ECD venues, parenting programmes, caregiver education, and home-based/community-based childcare activities can also offer excellent opportunities for introducing DRR concepts and concrete actions.

DRR activities at this level include:

- Orienting children to potential hazards and teaching risk aversion though stories and role playing, emergency drills and other safety related activities;
- Disseminating educational materials - such as information about risks and how to address them - for teachers, children and families;
- Storing DRR supplies such as first aid kits and safety-related instruments[1].

The UNCEF (2010a) report offers examples of successful DRR initiatives targeting children under the age of 8.

[1] See UNICEF, 2010a for detailed descriptions of these activities

Box 2: Examples of DRR for young children

Incorporating disaster risk reduction into the curriculum: American Red Cross, working with ISDR and UNESCO in the United States, developed a curriculum called "Masters of Disasters". It helps teachers integrate DRR education into core subjects for children from age 5 to 14 and their families with disaster preparedness effectively prepare for disasters.

Integrating DRR into existing early childhood programmes: Plan International has introduced DRR as part of its ECD programmes in The Philippines. Children under 8 years of age learn about natural hazards, mitigation and preparedness through drama and focus group discussions. They take part in risk assessment exercises based on their evolving capacities. In disaster-exposed areas, ECD centres participate in safe school campaigns and children under 6 years old engage in psycho-social coping exercises through games.

Including young children in the community sensitisation drive on risk awareness: In the flood and earthquake prone region of Bukhara (Uzbekistan), the regional Department of Emergencies, in its effort to increase disaster preparedness for the communities, has included preschool and school children.

The key activity is to train preschool children and teachers in the appropriate actions to take before, during and after emergency situations. Through participating in contests, young children have shown their keen interest in learning about risks in their area and improving their disaster preparedness. Although the DRR work is limited to information acquisition, it has succeeded in attracting the attention of children at schools and kindergartens to the need for preparedness at home and at school for emergency situations.

(UNICEF, 2010a)

[1]See UNICEF, 2010a for detailed descriptions of these activities

To protect the rights of young children in all circumstances, ECD programming must be an integral part of pre-emergency and post-disaster recovery planning both at the national level and in the communities. It needs to be part of regional overall strategy for DRR and a focus of the work of the national and international platforms on DRR (UNICEF, 2010a).

No single organisation can effectively address all the issues related to aligning DRR with young children.

To make DRR work for young children necessitates networking with national and international partners, with civil society organisations. At the regional and national levels, mainstreaming ECD will require ECD professionals to collaborate closely with the institutions in charge of disaster management and preparedness planning. Similar partnerships at the local level need to be strongly encouraged too (UNICEF, 2010a).

At the community level

Beyond the programme level, attention to DRR for young children needs to take place at the community level (Camilleri et al., 2007; Machel, 1996; Mitchell, et al., 2008; Morris et al., 2007) Ronan et al., 2008). Analysts are increasingly noting the importance of social variables of DRR and the role of the community in addressing these (See Box 3).

Box 3: Social variables of DRR: The role of the community

- Strong communities are a factor of emergency recovery. It has been shown that most communities find new strength during an emergency (King and Macgregor, 2000).
- Community strength is related to "ownerships of services"…Participation at community level is proven to promote healing and cohesion (Mercer, 2008).
- Activities that are conceptualized and implemented by the community itself contribute to a sense of community efficacy (one of the goals for Emergency Recovery Stage) (Hobfoll et al., 2007).
- A competent community provides safety, is more likely to access resources for rebuilding and restoring order, and shares hope for the future (Iscoe, 1974; McKnight, 1997).
- Supporting social connections is critical to individual, family, and community well-being (Landau & Saul, 2004).
- A sense of place and belonging is a very important aspect of community cohesion and thus resilience to natural hazards (King and Macgregor, 2000).

"There is now a greater understanding of the critical role of community-led DRR in strengthening community resilience. More community-based DRR activities are being implemented through ECD programmes … Doing so requires a low level of effort, yet can bring discernible changes in the mindset and behaviour of the community" (UNICEF, 2010a, p. 19).

The following indicators are associated with community level social variables of DRR for young children:

1. Awareness of the demographics regarding young children within the community;
2. Awareness of the hazards, needs and services – including specific needs of young children in disaster situations;
3. Liaisons, coordination and partnerships within the community;
4. Levels of social inclusion: ownership and feelings of belonging by members of the community;
5. Accountable governance;
6. The provision and quality of services for young children[2].

The association between these indicators and social variables of DRR provides valuable insight into aspects of community functioning that need to be addressed in order to bring about DRR for young children. The processes and tools presented below are offered as a guide for assessing these six indicators associated with DRR and ECD.

> *"In the past, many emergency responses in South Asia tended to focus on providing supplies and setting up services. Little attention was paid to addressing risky practices, poor habits and communication needs based on the existing knowledge, beliefs, attitudes and practices of the affected individuals and families"*
> (UNICEF, 2006, p. 30).

[2]These indicators were developed from Mercer, 2008; Hobfoll et al., 2007; Landau & Saul, 2004; King & Macgregor, 2000; McKnight, 1997; Iscoe, 1974

SECTION TWO: ASSESSING THE SOCIAL VARIABLES OF DRR FOR YOUNG CHILDREN AT THE COMMUNITY LEVEL

The processes and tools herein were developed to assess the level of social variables of DRR for young children at the community level. By following the process and using the tools, the reader will be able to illuminate the strengths and gaps within a community. This can assist with the development of DRR plans at several levels, as well as with identifying concrete guidance for local intervention. Building on local and indigenous knowledge in regards to DRR is essential for building effective and sustainable processes. Undertaking the assessment process is a critical opportunity to recognise and document this contextual knowledge and strengthen existing community practices.

Please note that all processes and tools need to be adapted to suit the specific context and situation.

The processes and tools are based on pilot studies conducted in several nations across the Asia Pacific. Findings from the pilot studies suggest that there are **five distinct but overlapping processes for assessing needs, raising awareness and enhancing services for young children in terms of social variables of DRR at the community level.**

The processes are:

1. Identifying the parameters of the project;
2. Assembling of team of informants and an advisory committee (See Tool #1);
3. Collating data on the current status of legislation and support for young children (See Tool #2);
4. Investigating and validating the social variables of DRR at the community level (See Tool #3);*
5. Analysing the data for information and advocacy purposes.

The processes and tools are summarised in Box 4.

[3]This tool especially can be enhanced to reflect specific information needs of diverse contexts and situations.

Box 4: Overview of the processes and tools for assessing social variables of DRR for young children at the community level

Purpose	Process	Tool	Recommended respondents
To identify the parameters of the project	Selecting respondents and target communities		
To ensure inclusion/ representation of all groups within a community	Assemble working team and advisory committee	Tool #1: ***Developing a working team and advisory committee***	Project leader
To measure the existing issues and supports, and the information flow regarding the status of ECD and DRR	Collating data on the current status of legislation and support for young children	Tool #2: ***Current status of legislation and support for young children in community: Information flows***	Key government officials, agency representatives, community leaders, other knowledgeable informants
To identify the strengths and weaknesses of social variables of DRR in relation to young children at the community level	Investigating social variables of DRR in relation to young children, at the community level	Tool #3: ***Checklist of Indicators for Assessing Disaster Risk Reduction Readiness for Young Children***	Agency representatives, community leaders, teachers, families

1. Identifying the parameters

Identify a particular area or areas for the assessment project.

At the outset of the project, it is essential for a broad situational analysis to be undertaken. In preparing for the project at this preliminary stage, it is critical to develop a clear picture of the beliefs and attitudes, networks, resources, materials and practices in the community. Included within this needs to be careful consideration of current dynamics that may serve to facilitate or act as barriers, and community understandings of DRR. In doing so, the strengths and vulnerabilities of the community can be identified. Furthermore, developing this situational analysis allows for the recognition of current early warning systems that may already exist within a community, which may be enhanced or further developed.

2. Assembling a team and advisory committee

The next step for assessing DRR at the community level is to assemble a team of agents who represent the diverse stakeholders with an interest in young children (see Tool #1). It is important that team members represent all groups within the community, including marginalised and vulnerable groups.

Inter-sectoral collaboration is essential to successful community functioning and relates broadly to ECD. In considering DRR and ECD, it is fundamental to consider the inter-sectoral collaborations that do exist within the community and how these can be strengthened. Tool #1 can be used to identify strengths and needs in regards to inter-sectoral collaboration in order to assemble a team and advisory committee who can effectively undertake a needs assessment and advocate for positive change regarding DRR and ECD.

One key role for the team is to ensure that a feedback loop is established between appropriate parties. For this reason it is highly recommended that the team work with government representatives and representatives from non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) who are able to impact or inform decision making and resource allocation for young children.

These representatives can serve on an advisory committee which can meet virtually or face to face. Members of the advisory committee can be involved in all aspects of planning, communication, reporting and dissemination of information. Involving key decision makers as advisors increases the likelihood of appropriate information flows and commitment to the project outcomes.

Some considerations for choosing team and committee members are listed in Box 5.

Box 5: Considerations for choosing members of working teams

- Are they motivated and excited by the task?
- Do they have relevant background and experience – including skills and knowledge base relevant to the task?
- Can they overcome logistical constraints (workload considerations, travel restrictions, educational and/or language limitations)?
- Are they likely to be team players? Will they be sensitive to cultural and linguistic and racial differences within the team?
- Do they have some competency or understanding of research techniques, including ethical considerations of research?
- Do they have interpersonal communication and group facilitation skills?
- Are they able to communicate with different stakeholders, such as members of government and/or grassroots community respondents?

* Adapted from UNICEF (2006, p.17)

TOOL #1:

Developing a working team and advisory committee

Preparation

- ☐ **Have you developed terms of reference for the two groups which addresses:**
  - ☐ **background or rationale for the issue which is being addressed,**
  - ☐ **objectives, type of expertise which is being sought,**
  - ☐ **timeframe and schedule of meetings, anticipated outputs and outcomes,**
  - ☐ **allocation of duties/roles to specific team members,**
  - ☐ **clarification of institutional rules and regulations.**

Membership: Working team

- ☐ **Does the team include individuals that specialise in a number of areas that fall under the umbrella of ECD (e.g. health, education, psychological development)?**
- ☐ **Do all team members have a vested interest in DRR and young children?**
- ☐ **Does the team represent the diversity of the population – including representation from special needs and minority groups?**
- ☐ **Does the team have existing contacts with government departments and relief agencies? If not, how will this be established to ensure inclusion and collaboration with key stakeholders?**
- ☐ **Does the team include individuals who will be trusted and able to gain access to the community?**
- ☐ **Does the team include individuals who have institutional (government) and organisational access to the community?**

Membership: Advisory committee

- ☐ **Does the advisory committee include representatives from all government departments who have an interest in young children in this community?**
- ☐ **Does the advisory committee include representatives from all organisations who have an interest in young children in this community?**
- ☐ **Does the advisory committee include representatives from government departments who have an interest in disaster risk reduction?**
- ☐ **Have representatives of training institutes been included on the team or advisory committee?**
- ☐ **Does the committee include, or have links with, high-level decision makers (in terms of resource allocation)?**

Communication flow

- ☐ **Is there some overlap between the working team and the advisory committee to ensure consistency of information flow?**
- ☐ **Are there other parties who can benefit and/or contribute to the feedback loop?**
- ☐ **Does the makeup of the working team and advisory committee ensure information can be disseminated back to the community and for advocacy purposes?**

3. Collating data on the current status of legislation and support for young children

Background
Tool #2 can be used to assess the existing guidelines, plans, knowledge flow and programmes relating to DRR, ECD, young children and communities.

The goal is to collate information about the current status of issues and, equally important, the current flow of information in terms of young children.

This tool will assist in answering questions such as: What needs to be known? What is not known? Who needs to have information? What are the most effective means of dissemination information to key players?

This background assessment can be done through a desk review of relevant documents, including research and reports from the nation, interviews with advisory committee members and other key players, focus group discussions and/or surveys of relevant informants.

Focus
To measure the existing issues and supports, and the information flow regarding the status of ECD and DRR.

Directed at
Key government officials, agency representatives, community leaders, other knowledgeable informants.

Use
We recommend that the information from this tool be used to develop a background document which could be for information and advocacy purposes. Further, information generated by this tool can highlight the strengths and gaps in current ECD sector, and be used to guide the development of additional questions in tool #3 if required and relevant.

TOOL #2:

Current status of legislation and support for young children in community: Information flows

QUESTIONS

1. **Is there a national Emergency/ DRR plan including an action plan?**
   a. **Does the plan allude to young children? If so, describe the relevant aspects of the plan.**

2. **Is there is a national plan for ECD including an action plan?**
   a. **Does the plan allude to DRR or emergency issues? Describe the relevant aspects of the plan.**

3. **What other government policies exist which do (or could) address ECD and DRR for young children?**

4. **Which agencies have a history of ECD in this community/province/country?**
   a. **Do their terms of reference include plans for DRR or emergencies?**
   b. **Are these agencies working together or separately?**
   c. **Are there obvious gaps in geographical or other service targets (are some populations better served than other populations)?**
   d. **Do these agencies have guidelines for coordinating with other agencies?**

5. **Is there an information flow about local ECD issues including ECD and DRR?**
   a. **Who generates this information?**
   b. **How is information about young children and DRR disseminated?**
   c. **How does it get to government officials and/or agencies?**
   d. **How does it reach practitioners?**
   e. **How does it reach families?**

6. **Is there a knowledge base about child development by those whose decisions impact early childhood programmes and DRR systems?**
   a. **Where does information about child development come from?**
   b. **How is it disseminated to relevant parties?**

7. **What are the generally accepted care practices for young children in this community?**

8. **What types of ECD programmes or services are available within this community?**
   a. **Where does the funding and support for these come from?**
   b. **Are these programmes or services prepared for emergencies? In what way?**
   c. **Does a curriculum/module exist in ECD/DRR and if so, how is it implemented?**

Tool #2 continues…

Tool #2 continues…

9. **Are there obvious gaps in:**
    a. **ECD provision and training?**
    b. **Emergency/DRR understanding and training?**
    c. **Integrated approach/structure?**
    d. **Focus on implementation of programmes?**
    e. **Improvements of practices?**
    f. **The budget/funding for ECD and DRR?**
    g. **Do these gaps differ across age groups (e.g. 0-3 years, 5-8 years)?**

10. **What training programmes are available to enhance ECD and DRR knowledge?**
    a. **From what sources?**
    b. **How is the body of ECD and DRR knowledge kept current?**

11. **Are there different levels of trust for different agencies involved with ECD? (Are some more trusted than others, if so why?)**

12. **What could improve the current situation for young children in the case of an emergency in this community?**

4. Investigating social variables of DRR in relation to young children

Background
The status of social variables of DRR in relation to young children can be assessed through the use of Tool #3. This tool will identify areas which can be targeted for improvement (low scoring indicators reveal weaknesses).

Focus
This tool complements Tool #2, which provided information about strengths and weaknesses on a policy level and in terms of information flow.

Directed at
Agency representatives, community leaders, teachers, families.

Use
The tool can be sent as a survey or used in interview or in focus group type discussions. Focus group discussions may be particularly helpful in gaining understanding of local and indigenous knowledge and current practices within the community which can be built upon.

NOTE: Prior to use, validate the tool by asking members of the team and advisory committee to recommend any additional questions or changes which will ensure relevance of the questions for the target community.

TOOL #3:

Checklist of Indicators for Assessing Disaster Risk Reduction Readiness for Young Children

Instructions: Rate each indicator on a scale as follows

0_____1_____2_____3_____4_____5_____

0 = does not exist
1 = mostly not true and/or little awareness or interest in the community regarding this item
2 = not quite true and/or some interest in this but limited action or capacity
3 = is sometimes true and/or interest and capacity, action has been taken on this item
4 = more true than untrue and/or ongoing interest and growth or development in this item
5 = always true and/or considered a priority in this community, embedded in practice and policy
If you cannot rate an indicator because you do not know the answer, please leave this blank.

Demographic indicators

- ☐ **The population density of this community is not too high or too low (there are sufficient community members to support each other, but not so many people living in a small space to put strain on resources).**
- ☐ **There is a relatively flat distribution of wealth and status (most community members have similar status and economic situation).**
- ☐ **There are high levels of employment and diversified employment opportunities.**
- ☐ **The overall mental and physical health of the population is high (there are not large numbers of people who are sick and unable to seek treatment).**
  Extended families are a norm in this community.

Capacity indicators

- ☐ **Adaptability/ rapid response: The community has experience in leveraging external support and/or the presence of formal organisations and effective local government that can mediate interventions and structure services.**
- ☐ **Literacy/educational level of the community is high.**
- ☐ **Most families have insurance.**
- ☐ **There exists within the community trained specialists specific to emergency situations and/or there is access to training on this topic.**
  Ability to access warnings and advice.
- ☐ **Transportation issues - it is not difficult to move in and out of the community.**
- ☐ **Ease of movement within the community is good.**
- ☐ **Communication is good within the community and outside of the community.**
- ☐ **The community is able to access goods and services.**

Tool #3 continues…

Tool #3 continues…

Attitudes and behaviour indicators

- ☐ **There are trusted institutions in this community (Church, NGOs, donor agencies).**
- ☐ **The community reflects tolerance. There are no obvious divisions or conflicts between groups within the community.**
- ☐ **The community has a high level of volunteerism (participation).**
- ☐ **There is a community feeling of responsibility for children.**
- ☐ **There is a sense of belonging in the community.**
- ☐ **There is a sense of calmness (as opposed to constant alert or fear of disaster).**
- ☐ **There is a sense of safety within the community.**

Liaison/coordination/partnership indicators

- ☐ **There is a good mix of organisations and services within the community.**
- ☐ **Organisations and services are well known to ALL groups within the community.**
- ☐ **Organisations and services are coordinated in this community.**
- ☐ **There is a good pattern of communication: there are effective vehicles for dissemination of information.**

Inclusion indicators

- ☐ **Decision making is inclusive: Marginalised groups/affected populations have a voice in the development and implementation of policies and processes that relate to their lives.**
- ☐ **All members and groups within the community have equal feelings of safety.**
- ☐ **There are no outstanding prejudices or stigmatised populations in this community.**
- ☐ **Organisations and services are equally accessible to all community members.**
- ☐ **People in this community accept pluralism (multi-culturalism).**
- ☐ **All people have a sense of belonging to the community.**

  There is a sense of community solidarity: people tend to look after one another.
- ☐ **Printed or media messages in the dominant language of the country would be understood by all in this community.**

Ownership indictors

- ☐ **Most programmes and services to young children at community level are community owned.**
- ☐ **Financial and other resources/supports for young children emanate from the community (as opposed to from external, private, international sources).**

Tool #3 continues…

Tool #3 continues…

Government indicators

- ☐ **Authority and institutions are considered to be legitimate (that is they are representative of the community, have been sanctioned from the community).**
- ☐ **Institutions are of high quality.**
- ☐ **Lines of responsibility are known: That is, members of the community are aware of which government department, and which position within the department, has responsibility for issues regarding young children.**
- ☐ **There is an authority that has responsibility for emergency situations.**
- ☐ **There is a system (structures) for ongoing discussion and liaison with government departments.**

General indicators regarding young children

- ☐ **The community is aware of the needs of young children.**
- ☐ **The community is aware of potential hazards for young children during disasters and emergencies.**
- ☐ **There is awareness about where decision making which affects services and experiences of young children takes place.**
- ☐ **There is potential for influencing change in the community.**
- ☐ **There is expertise regarding the needs of young children and/or there is ready access to expertise within the community.**
- ☐ **Family participation is a common feature of this community.**
- ☐ **There are identifiable advocates for young children.**
- ☐ **There is a high percentage of population who take an active interest in services for young children.**
- ☐ **There is a high percentage of population who have influence on decision making around young children.**
- ☐ **The system for influencing decision making is clear: There is a clear understanding of to whom advocacy efforts should be targeted in respect of young children or similar population needs.**

General indicators in relation to ECD programmes and services

- ☐ **There is ECD leadership in this community (people know where to turn for ECD support and advice).**
- ☐ **There are adequate health services for young children in this community.**
- ☐ **There are adequate nutrition services for young children.**

Tool #3 continues…

Tool #3 continues…

- ☐ **There are adequate education services for all young children (including those from marginalised/vulnerable groups, such as children with disabilities and/or other special needs).**
- ☐ **There are adequate social services for young children and their families.**
- ☐ **Programmes for young children are integrated and/or are linked to each other.**
- ☐ **Programmes are monitored or regulated for quality.**
- ☐ **Quality programmes are seen to be those that incorporate inclusion/participation principles.**
- ☐ **There are trained specialists in ECD or people who are known in the community to be working with young children.**
- ☐ **Specialists in ECD have high status in the community.**
- ☐ **There are resources for ECD – and/or an understanding of how to access resources for ECD.**
- ☐ **ECD is considered to be a priority for this community.**
- ☐ **There is a system for perpetuating a trained workforce in ECD (training, professional development, apprenticeship).**
- ☐ **The places where young children congregate are physically sound and of high quality.**
- ☐ **Information about what to do in emergencies is disseminated through ECD programmes or services.**
- ☐ **People in the community are likely to be able to easily find out about programmes for young children after a disaster or emergency.**

Information flow indicators

- ☐ **There is a good pattern of communication: there are effective vehicles for dissemination of information.**
- ☐ **There is information available about emergency resources and processes in this community.**
- ☐ **Information about emergency resources and processes is well disseminated (available to appropriate parties).**

Historical indicators

- ☐ **The community has recovered from a disaster or emergency situation in the past decade.**
- ☐ **The community has shown the ability to come together and gain support from each other in the face of adversity.**
- ☐ **The community has effectively advocated for change in the past.**

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Reminder: Tool needs to be adapted

It is essential to consider local practices and customs when attempting to gather information. It is equally important to take into account past experiences of disaster situations, strengths and needs of the community and local understanding of concepts and terminology in the design and use of tools.

Visual aids may facilitate greater understanding of the information being sought. In some cases telling or asking for stories which illuminate the questions can be useful. Meanwhile, it is likely that some of the questions in this guidebook will not be appropriate for the local context and will need to be explained, eliminated, replaced or reworded. (See Box 6.)

Tools #1 and #2 can be useful for contextualising Tool #3.

Box 6: Case study example of adapting and explaining the tool

The questions which ask about ''sense of belonging", "sense of safety", and "ownership" were not understood by some recipients. We noted, for example that the term 'belonging' could not translate into the local language. Thus to address this one indicator properly, we had to break this down and ask several additional questions.

Similarly, when we asked "Do you feel that this community is yours?" the respondents were confused and answered that they had been living there for five years. So we tried another question: "Do you feel that this school is yours?" The respondents did not understand this either. A typical answer was,
"No, because I have not given any money to pay for it."

After this we gave more examples such as "Are you actively participating in the school?" or "Are you involved in the school?" Then they answered that they were involved - they had given the land for the school, helped with the school construction and maintenance and sometimes contributed in a minimal way to the teacher's salary. After this they understood what we meant and answered that their children were studying there - and that - yes, it was their school.

SECTION THREE: USING THE INFORMATION GATHERED THROUGH THESE PROCESSES

Collating and displaying the findings

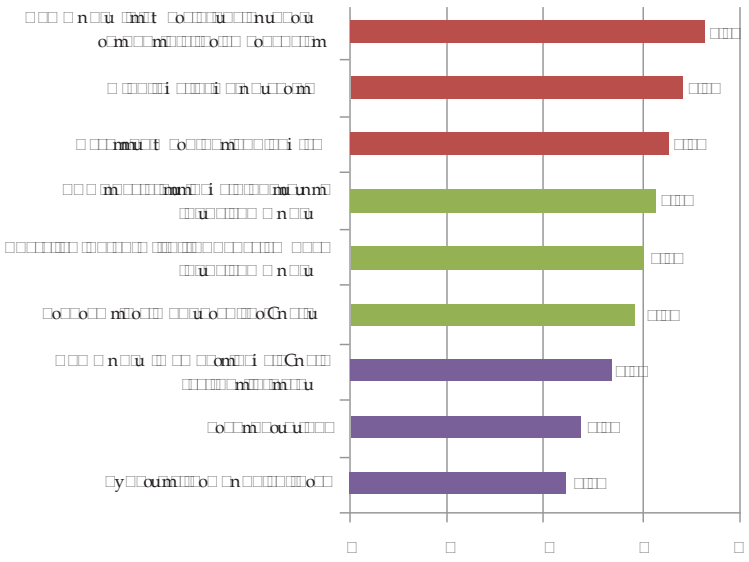
Scores can be collated manually, or a systematic way to review the findings from this tool is to place the scores on an Excel spread sheet from which a graph can be created. (See Box 7).

Graph 1 in Box 7 shows the average (mean) scores of each indicator from all respondents, arranged according to high scoring and low scoring items.

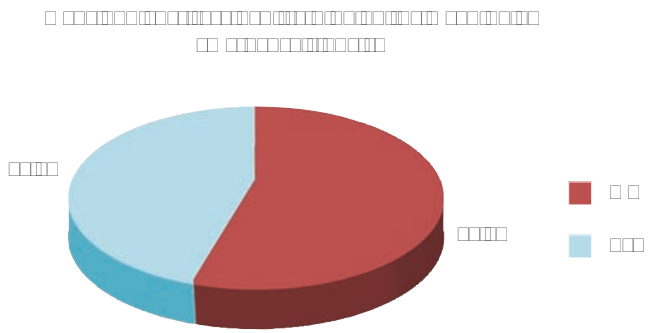
Graph 2 in Box 7 shows the percentage breakdown for questions with yes/no responses.

Box 7: Example of graphs for presentation of findings

Example 1: Graph of average scores for each indicator



Example 2: Pie chart to show percentage breakdown of yes/no responses for one indicator



Using the data to raise awareness

There are myriad ways to use the data collected through this process. Some ideas include:

- Key players at governmental or organisational levels can be asked to complete community indicators the tool themselves. Their responses can be compared with those of the community respondents to identify differences in perceptions and awareness of DRR and ECD issues.
- Group meetings or focus groups can be conducted whereby the findings are presented, comments recruited and action plans discussed.
- A report which describes the study and findings, highlighting strengths and weaknesses of community support and DRR needs for young children can be prepared.
- A policy bulletin which highlights one message can be prepared. This can be an effective means for raising awareness of policy makers. See example in Box 8.
- The data collected through the assessment process can be used to inform policy development regarding DRR and ECD.
- Considering the strengths and gaps within the community, identified through this process, can provide concrete guidelines for where interventions are needed to strengthen or develop sustainable development.
- The data collected through this process can inform more equitable service provision and areas where greater inter-sectoral collaboration is required.
- Awareness raising through and following this process can inform disaster management processes and lead to the building or enhancing a culture of prevention and resilience.
- The data collected can be used to advocate for community education and community based programmes to strengthen resilience to disasters.

These processes can result in reduced vulnerability, increased resilience and strengthened well being of communities – especially for young children and families.

Box 8: Example of presenting findings in a policy bulletin

POLICY INFORMATION BULLETIN

- In a recent study about ECD conducted in 3 communities, all communities reported good knowledge about emergency risk reduction and identified that ECD programs/services were a good source of information on this topic.

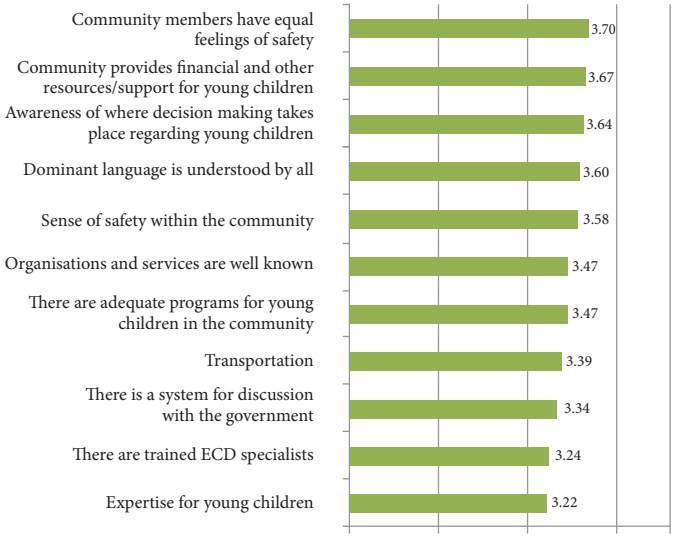
- Communities also scored high on tolerance and pluralism, volunteerism, and a sense of belonging - or community spirit.

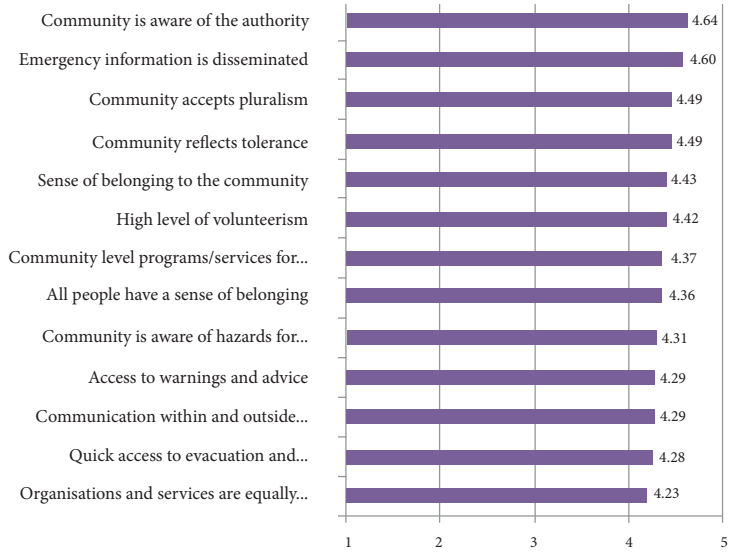
- The research indicates that the communities have commitment and capacity to implement a DRR initiative that targets young children at the community level.

- However the study showed that communities could not identify where they would seek generic information about young children.

- Other needs which impact on young children include poor transportation, lack of community safety, and limited understanding of the dominant language.

For the full report and more information about the study, please contact.....





RECOMMENDED RESOURCES TO COMPLEMENT THIS GUIDEBOOK

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The importance of a focus on young children is becoming increasingly recognised by governments and aid agencies. This monograph presents a synopsis of over 250 studies and reports about young children and emergencies. Available at: http://www.iec.mq.edu.au/public/download.jsp?id=7022

UNICEF. (2010a). Disaster Risk Reduction & Early Childhood Development: A special focus on the countries of Central Asia and the South Caucasus

This monograph provides a comprehensive overview of DRR and early childhood development at the programme level.

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NOTES