

## ***A JOURNEY TOWARDS RESILIENCE: BRUP ANNUAL PROGRESS REPORT (YEAR ONE)***



*Project Title*

**Building Resilience of the Urban Poor**

*Grant reference number*

**2403**

*Organization*

**CARE Bangladesh**

*Total Grant Value*

**EURO 1,381,748**

*Co-financing expected and realized*

**Not Applicable**

*Grant award date and end date*

**October 20, 2014 to October 31, 2017**

*Number of expected beneficiaries*

**8,000 individuals (direct 2,000 and indirect 6,000)**

*Reporting Period*

**November 2014 to October 2015**

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## LIST OF ACRONYMS

BRUP	Building Resilience of the Urban Poor
CCDMC	City Corporation Disaster Management Committee
CDC	Community Development Committee
CDMP	Comprehensive Disaster Management Program
CEO	Chief Executive Officer
DRR	Disaster Risk Reduction
DVG	Disaster Volunteer Group
EKATA	Empowerment Knowledge and Transformative Action
FSCD	Fire Service and Civil Defense
GCC	Gazipur City Corporation
GoB	Government of Bangladesh
MoU	Memorandum Of Understanding
NGO	Non-Governmental Organization
PRA	Participatory Rapid Appraisal
RRAP	Risk Reduction Action Plan
RRM	Risk and Resource Map
SG	Strategic Goals
STAAR	Socially Transformative Action through Analysis & Research
TFD	Theater For Development
UCV	Urban Community Volunteer
VERC	Village Education Resource Centre
WBA	Well-being Analysis
WDMC	Ward Disaster Management Committee

## INTRODUCTION

Generously funded by the C&A Foundation, the BRUP (Building Resilience of the Urban Poor) initiative is a three-year urban resilience project led by CARE and its local partner VERC. The program – which began in November 2014 – enhances resilience<sup>1</sup> within six targeted urban communities<sup>2</sup> and three targeted institutions<sup>3</sup> in Gazipur City Corporation (GCC)<sup>4</sup>. Over the course of three years, BRUP will reach a total of 8,000 individuals (directly and indirectly) who can prepare for, mitigate, respond to, and recover from shocks<sup>5</sup> and stresses.

This objective will be achieved via three Strategic Goals (SG):

- **SG 1:** 8,000 urban individuals (direct 2,000 and indirect 6,000) in six communities have enhanced resilience strategies to prepare for, mitigate, respond to and recover from shocks and stresses.
- **SG 2:** 300<sup>6</sup> poor and extremely poor women in the six targeted communities are empowered to become better risk managers at the household and community levels, influencing decision-making related to Disaster Risk Reduction (DRR).
- **SG 3:** Three targeted institutions have enhanced their capacity and responsiveness to provide services to targeted communities so that they may prepare for, mitigate, respond to, and recover from shocks and stresses.

The project is an integrated initiative that builds the resilience of targeted communities to more effectively cope with seasonal and unanticipated disasters. In conjunction, CARE is also strengthening the capacity of targeted institutions in the newly formed GCC to plan for and provide services that mitigate the impact of man-made and natural disasters on poor and extremely poor households.

### KEY HIGHLIGHTS OF YEAR 1

During the first year of BRUP, CARE focused on establishing a presence in Gazipur and the targeted communities – recruiting staff, setting up systems, and managing logistics to ensure effective implementation. After CARE signed a partnership agreement with its implementing partner NGO, VERC, to implement activities at the field level, CARE organized an inception workshop with the GCC to engage other stakeholders (government officials and NGOs).

By the end of Year One, CARE had successfully formed 6 Community Development Committees (CDCs), 12 EKATA groups, and 12 Children’s Forums within the six targeted communities. Furthermore, CARE had formed two Ward Disaster Management Committees (WDMCs) in Tongi and Konabari, and had engaged the Fire Service and Civil Defense (FSCD) department to select 200 Urban Community Volunteers (UCVs). Multiple assessments (baseline surveys, household profiles, risk and resource mapping and well-being analyses) had been completed on schedule. CDCs had received training on disaster management.

Of note: CARE observed that community mobilization activities increased cohesion and connectedness amongst community members, an indirect benefit of project activities. *During this period, the project reached a total 3,048 beneficiaries (1,014 directly and 2,034 indirectly).*

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<sup>1</sup> Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. (<http://www.unisdr.org/we/inform/terminology>)

<sup>2</sup> Considering the sensitivity, “community” is used instead of “slum”

<sup>3</sup> Institutions: Gazipur City Corporation and x2 stations of Fire Service and Civil Defence

<sup>4</sup> Gazipur City Corporation was formed in 2013 and is the biggest City Corporation in Bangladesh which is adjacent to the Dhaka City Corporation.

<sup>5</sup> Shocks: A shock is defined as a ‘sudden event that impacts on the vulnerability of a system and its components’. In case of slow onset hazards is ‘when the event passes its tipping point and becomes an extreme event.’ ([www.preventionweb.net](http://www.preventionweb.net))

<sup>6</sup> These 300 women are already considered part of the Objective 1 beneficiaries.

## **GROUNDWORK TO SUCCESS: KEY PROGRESS**

### **Setting up Offices in Gazipur and Completion of Necessary Procurement**

CARE and VERC established offices in Gazipur to strengthen communication channels with the GCC and FSCD Offices. Necessary office furniture and equipment was also procured in the initial months.

### **Staff Recruitment, Orientation and Training**

In Year One, CARE recruited nine full-time staff and one part-time position. VERC also recruited all relevant staff– a team of 13. Both CARE and VERC staff received relevant organizational training/orientation; further, a three-day Foundation Workshop was organized for staff to better understand BRUP’s main goals, objectives, activities and expected final outcomes.

### **Mobilization of Community, and Understanding Community Resources & Gaps**

Since inception, BRUP staff have conducted regular community engagement activities, raising awareness of BRUP’s purpose and objectives with residents of the selected communities. Initially, the BRUP team found mobilization difficult in several communities; it was challenging to build investment in the importance of BRUP, as well as mobilize community members to take part. However, this has been overcome through routine and continued visits to individual houses. As a result, community members have been mobilized, and are aware of and motivated to build the resilience of their communities. Beyond the CARE and VERC teams, stakeholders have included Ward Councilors, representatives from the FSCD, local Government of Bangladesh (GoB) officials, and GCC and District Office representatives. Together, these stakeholders have assisted in helping people understand BRUP and their roles to help ensure its effective implementation.

The BRUP team – with technical support from CARE’s STAAR team – has successfully developed a Risk and Resource Map (RRM) and facilitated a Well-Being Analysis (WBA), utilizing PRA tools. According to the RRM and WBA, 29.65% of households were found to be extremely poor, 41.03% poor, 19.11% lower middle class, 7.05% middle class, and 3.14% the “wealthiest” class.

In Year One, CARE completed a baseline survey – engaging the external consultancy NIRAPAD – and completed household surveys and data analysis. The BRUP team now has detailed information about individual households within its targeted communities.

### **Project Inception Workshop Organized to Mobilize Broader Stakeholders**

To kick off the project, CARE organized an Inception Workshop at the City Corporation, engaging relevant GoB and other stakeholders. The half-day program featured the Mayor of GCC as Chief Guest, while the newly appointed GCC Chief Executive Officer chaired the workshop.

Dr. A.S.M. Maksud Kamal – Dean, Faculty of Earth and Environmental Science and Chairman of the Department of Disaster Science and Management at Dhaka University – served as keynote, presenting a paper titled “Comprehensive Effort to Reducing Urban Risk for Sustainable Development: Major Issues to Consider.” (Dr. Kamal is a renowned urban risk expert in Bangladesh, and had previously worked in Gazipur. His work is well-known and respected among local government officials.) In his presentation, Dr. Kamal focused on major hazards and associated risks in GCC, and articulated a vision to create a sustainable, resilient city. The former mayor of GCC – Mr. Ajmatullah – also spoke, describing how BRUP would contribute to building the resilience of the GCC.



*Figure 1: Key speaker and advocate Azmatullah Knan is talking about the BRUP project and the role of the City Corporation to build resilience in Gazipur. Event: BRUP Inception Workshop at the auditorium of GCC. Photo by: Nushrat Rahman Chowdhury*

Approximately 200 people from the GoB, NGOs, civil society, and others participated in the event and committed to provide support for the effective implementation of BRUP. The workshop played a critical role in attaining buy-in from high officials of the GCC and District Administration.

### **ACHIEVING PROGRAM GOALS: KEY PROGRESS**

The BRUP team has provided technical support and utilized a participatory approach to ensure sustainability of the program's initiatives— holding meetings and seeking the views of community members to elicit their support and ownership. Since inception, BRUP has been successful in building community awareness, promoting women's empowerment, ensuring child development, building linkages with public facilities and other stakeholders, and fostering participation in various programs and workshops. CARE has developed a strong monitoring and evaluation framework and has regularly advocated with a range of government bodies and community representatives to ensure effective implementation. The activities of BRUP are as follows:

#### ***Strategic Goal 1: Urban individuals in six communities have enhanced resilience strategies to prepare for, mitigate, respond to and recover from shocks and stresses***

In alignment with the BRUP implementation strategy, activities in Year One focused on forming different groups to carry out activities. CARE facilitated community workshops, resulting in the formation of six CDCs, each with 13 members. Additionally, a total of 166 UCVs were selected through engagement of the FSCD.

#### **Functional Community Development Committees Created**

The CDC is considered the prime vehicle in BRUP, each one formed based on guidelines developed in consultation with the community. (Of note: Each 13-member group maintains a minimum 60% female representation.) The primary role of the CDC is to identify each community's problems, and subsequently plan for and respond to natural and man-made disasters. In addition, the CDC is expected to mobilize the community to form a functioning garbage management system, and coordinate with other community groups and stakeholders (such as the WDMC, GCC, FSCD, service providers, etc).

To ensure greater CDC participation and common understanding of BRUP, two meetings were held in each of the six communities (12 in total). The first meeting involved community representatives; attendees were oriented about the importance of the CDC, its mandate, and the responsibilities of CDC members. The second community meeting finalized each CDC. As aforementioned, BRUP formed six CDCs in six targeted communities, meeting Year One goals. The six CDCs comprised a total 78 members, 44 (or 57%) of whom are women. Community members were chosen via a democratic process. Guidelines, including criteria set by the communities, were developed to select CDC members.<sup>7</sup>

Since formation, CDC members have convened monthly, holding regular meetings. In Year One, 26 of a planned 33 meetings (79%) were held, with an attendance rate of 81.4%. CARE did not meet the target due to a delay in the CDC selection process. A lack of clarity about the purpose of the CDCs, suboptimal timing in initial formation activities, political challenges, and a conflict in one of the chosen communities (Hajir Colony<sup>8</sup>) impacted CARE's completion of this activity.

Remarkably, CDC members almost immediately took advantage of the committees' formation and its coordinated approach. First, many CDCs identified that garbage constituted a major concern for their communities. Two CDCs – representing two of the six communities – quickly established a functioning garbage management system. (The other four CDCs will form a garbage management system in the remaining four communities in Year Two.) Second, strong ties between the CDCs and WDMCs have arisen, as CDC members have participated in WDMC quarterly meetings and – conversely – the Chair

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<sup>7</sup> The criteria set by the community entailed: \*Minimum of 3 years residing in this community (without a break) with the possibility of staying for two more years; \*Well accepted in the community due to leadership qualities; \*Willing to volunteer time to serve the community; \*Aged between 18 to 55; \*As a minimum can read and write.

<sup>8</sup> BRUP shifted to another community due to conflict.

of WDMC has attended several CDC-organized events, including a community awareness rally on garbage management.

It is critical to note that prior to BRUP, community members would not have felt empowered nor had the access to instill these kinds of fundamental improvements. The CDC and WDMC groups did not exist prior to this project; BRUP has helped community members feel empowered to participate in local government activities.

### **Community Led Garbage Management System Formed**

As noted, communities have identified managing garbage as a critical issue to maintain a cleaner environment. In Year One, two CDCs – Dakshin Tetultola in Tongi, and Baimail Pukurpar in Konabari – started collection and deposition of garbage within their respective communities.



*Figure 2: Community Organize a rally to aware community about the garbage management before starting the collection at Dakshin Tetultala, Tongi, Gazipur; Photo: Kamrul Ahsan*

Daskin Tetultola’s CDC organized an event, followed by a rally and discussion to further expedite the process of forming a functioning garbage management system (see Annex 6). The CDC worked to build awareness in the community of the importance of garbage management activities. CARE provided support to CDC members to obtain permission for a primary dumping corner from the Ward Councilor. Further, CARE provided a van for collection of garbage from homes, drums to deposit garbage at the household level, and relevant clothing, hand gloves, gumboots, etc. for collectors. (A note: As garbage management systems are developed in the remaining target communities, CARE will provide the same level of tangible support – a van, supplies, etc. The government should provide these items, but it does not.)

For sustainability and effective management beyond the life of BRUP, the CDC in Daskin Tetulatala mobilized the community to pay 20 Taka per household/month (or Euro 0.25) as a tariff for garbage management. CARE provided support to the CDC to open a bank account, and assistance to manage the income from the community. The CDC has agreed to monitor collection on a regular basis, maintain and repair the van as needed, and manage the supplies/materials provided by BRUP.

### **CDC Members Trained on Basic Disaster Management**

In Year One, the leadership development process began for CDCs, consisting of orientation and training. CARE organized a 2.5-day residential training for CDC members at the CCDB HOPE Centre. Members from all six CDCs attended, representing Konabari and Tongi. CARE is proud to note that among the 78 CDC members, 75 (96.1%) took part in the training, in three batches (34 men and 41 women).



*Figure 3: Interactive training session to CDC members on leadership to manage urban risk at CCDB Hope Centre, Dhaka photo by: Kamrul Hasan*

The overall objective of the training was to facilitate CDC member understanding of their roles and involvement in developing and implementing Risk Reduction Action Plans (RRAPs). To ensure all voices were heard, CARE created an enabling environment that allowed women to feel safe and to speak up during the training. For example, CARE held sessions in familiar settings, rather than in foreign/intimidating locations. Consequently, CARE found that women participants were extremely active and made equal – if not greater – contributions, especially regarding garbage and the role of women in managing disaster situations.

Beyond roles and responsibilities, the training covered hazard identification, leadership arrangements within CDCs, and the role of CDCs in a potential humanitarian crisis. As an immediate output, the CDCs have gained knowledge and skills to participate and identify issues of concern, ways to reduce risk, and strategies to build resilience.

### **Urban Community Volunteers Established**

The FSCD is responsible for urban search and rescue, firefighting and other activities. However, experience demonstrates that the first shocks from any disaster must be tackled by communities themselves, prior to FSCD arrival. Evidence shows that FSCD staff and necessary logistics are not adequate to combat any large-scale event<sup>9</sup>. Therefore, the GoB has set targets to select and train up to 62,000 UCVs to work as an extended hand of FSCD. To date, the GoB has developed 32,000 volunteers; unfortunately, very few UCVs have been selected from BRUP project areas.

To contribute to the GoB UCV initiative, CARE has committed to develop 200 UCVs in the project areas. In Year One – with the involvement of the FSCD – 166 volunteers (45 women and 121 men) were selected to be trained, equipped and linked with the two FSCD local stations, following standard criteria<sup>10</sup>. (Remaining UCVs will be selected in Year Two.)

Representing a range of professions, the volunteers have expressed commitment to improve resilience within their communities. FSCD training – provided via the FSCD headquarters in Dhaka through the two FSCD stations in the target areas – will build UCV capacity to assist in emergencies. CARE expects the UCV groups will enhance the capacity of FSCD stations. CARE's role is to assist with resources to ensure that the FSCD stations as well as the UCVs are well equipped to prepare, mitigate and respond to shocks.

### **Children's Forums Created**

Children are powerless victims in disasters, due to multiple vulnerabilities and lack of access to information, training and orientation. Because of socio-cultural norms, children's participation in any decision making process, particularly regarding their own well-being, is not encouraged at the community and family level. CARE has included children in BRUP to ensure that planning and mapping reflect child-specific risk reduction efforts.

In Year One, twelve Children's Forums (reflecting 100% of goal) have been formed within the six targeted communities, comprising 30 children in each group, or 360 total children (168 boys and 192 girls). Participants range between 10-16 years of age.

As women and girls are particularly vulnerable during a disaster, including girls in the Children's Forums is critical. Further, given the complex nature of slum environments, it is important to include girls as well as boys to create a broader culture and awareness of safety. Generally girls would not be allowed to join groups like the Children's Forum; CARE, through discussions with parents via CDC and EKATA groups, have helped parents to understand the importance of girls participating.

CARE extended technical support to establish Children's Forums in all the communities. CDCs played the leading role in mobilizing, selecting and finalizing these forums. Children are meeting bimonthly.



*Figure 4: Children are raising their willingness to be a member of children forum during formation children forum at Medical Slum; Photo by: Nushrat Rahman Chowdhury*

<sup>9</sup> During Rana Plaza it was almost all the FSCD from Dhaka and many from outside of Dhaka who joined to rescue people from one collapse and it took months to clean debris.

<sup>10</sup> Major criteria are: (i) permanent residence of this ward; (ii) Can read and write; (iii) age between 18-45

In Year One, 31 meetings were held in six communities, and 77.5% of forum members participated on average. Facilitators from VERC discussed topics pertaining to basic child rights, understanding hazards, water and sanitation, and early marriage. In Year Two, the Children’s Forums will engage more directly in BRUP outcomes – identifying specific risks, for example.

### **Forum Theater Created, and Session for Community Awareness Held**

CARE has long found that theater is an effective means to facilitate information-sharing and touch people’s emotions regarding a range of social problems. BRUP is organizing awareness activities using an approach developed by CARE Bangladesh called Theater for Development (TFD), which engages community members to perform/act to raise awareness on disaster risk reduction themes. Though a Forum Theater was established in Year One, most activities associated with this goal were delayed as VERC faced challenges in finding and selecting suitable consultants. (One consultant was selected and then pulled out, forcing VERC to find another option.) That said, the consultants have been selected and are on board. In Year Two, training and stage shows will commence.

### ***Strategic Goal 2: Poor and extremely poor women in the six targeted communities are empowered to become better risk managers at the household and community levels influencing decision-making related to Disaster Risk Reduction (DRR)***

Women’s empowerment activities have been designed to reinforce the resilience of vulnerable communities in the six targeted communities. In Year One, BRUP mobilized women’s groups in six communities, forming twelve Empowerment, Knowledge and Transformative Action (EKATA) groups. Additionally, six Knowledge Management and Information Centers were created in six communities.



*Figure 5: An EKATA facilitator responds to a participant’s questions, using the information hanging on the wall at the information center in Baimail Nodirpar; Photo by: Nazrul Islam*

### **Women-led EKATA Groups Formed**

To ensure meaningful participation in BRUP activities around women’s empowerment and inclusive RRAP development, twelve EKATA groups – two from each of the six communities – have been formed, comprising 30 members each (360 members total). A rigorous consultative process was followed to form the EKATA groups. Meetings clarified the responsibilities of group members, and a democratic process was followed to select the members.

EKATA members have met every two weeks; during Year One, 81 meetings (75% of goal) were held, with 79.1% member attendance. Meetings focused on the issue of violence against women, building stronger linkages with other groups, existing socio-economic problems of women, etc. Two EKATA members – each representing their respective EKATA group in each community – have become members to CDC groups to further ensure gender is discussed in CDC meetings.

EKATA represents a proactive group for women who are poor and extremely poor. The women have taken initiative to ensure their voices are heard in the household and at the community level regarding their needs, opinions, rights, safety, security and livelihoods – all of which contribute to building long-term resilience. As the EKATA groups mature, women will have greater bargaining power with service providers and related groups.

### **Knowledge and Information Centers Established**

Within the BRUP communities, a substantial knowledge gap exists on available services and mitigation strategies to reduce the impact of natural and man-made disasters. To rectify this, CARE has established six information hubs in six communities (100% of the total target), which have provided residents with information on service provisions, and strategies to cope with risks and vulnerabilities. CARE has

collected information from different sources (e.g. government agencies and NGOs) to equip the centers. These hubs have also served as meeting venues for varied BRUP groups.

### **Day Observances Held, and Relationships with Government Strengthened**

Day observance events present an opportunity to build awareness on the themes and significance of each international day. During the reporting period, CARE – in association with the district administration of Gazipur – observed International Women’s Day on 8 March 2014. CARE organized discussions, rallies, and performances; 450 people attended events at the Deputy Commissioner’s Office and within communities.

CARE also participated in World Autism Awareness Day, at the invitation of the GoB. Though the connection was relatively tangential, CARE saw participation in Autism Awareness Day as an opportunity to further awareness of BRUP work, notably its focus on disaster risk reduction.

The joint observations of these days has strengthened the relationship between BRUP and the District administration of Gazipur. Additionally, noting these observances is important as it raises the profile of CARE’s existing work, increasing CARE’s visibility within the community and building support from both targeted participants and the GoB.

*Strategic Goal 3: Enhanced capacity and responsiveness of targeted institutions to provide service to the communities to prepare for, mitigate, respond to, and recover from shocks and stresses.*

### **Raising Awareness on Disaster through National & International Day Observance**

In Year One, BRUP – in collaboration with the Gazipur District Disaster Management Committee (DDMC) – observed National Disaster Preparedness Day (NDPD) and International Day for Disaster Reduction (IDDR). Other NGOs working in Gazipur also participated in the events. The DDMC organized rallies, while the FSCD facilitated an interactive mock drill on earthquakes. An estimated 650 people participated in the events, increasing their knowledge on preparedness measures.

### **GCC Sensitized to Form a Disaster Management Committee**

The GCC is a new entity, established in 2013. Many of its operations are still under the lead of the local government department of the GoB. For nearly two years, the Acting Mayor led the office without a Chief Executive Officer (CEO), which delayed processing and CARE’s ability to engage meaningfully with the local government. (The CEO joined the GCC shortly after CARE hosted the BRUP inception workshop.)

CARE has been lobbying the GCC to form and include the City Corporation Disaster Management Committee (CCDMC) into BRUP as early as possible. Following the inception workshop, the GCC drafted the CCDMC list; however, it has yet to be endorsed at a formal meeting.

### **Ward Disaster Management Committees Established**

With support from VERC, two WDMCs have been formed in the targeted wards of Tongi and Konabari. The WDMCs have been organized into 25-member groups, comprised of people from different professions/service-providing agencies such as elected female members; representatives from the FSCD, water authority, and utilities; local elites; religious leaders; business associations; teachers; etc. The elected Ward Councilor from each ward serves as chairman of each WDMC, and is responsible for both coordinating with and reporting to the CCDMC on activities undertaken by the CDC at the community level.

In Year One, the WDMCs organized three quarterly meetings (out of four) where 61 members (81.3%) were present. Of the three meetings, two were held in Konabari and one in Tongi. (One WDMC meeting in Tongi did not take place because the WDMC chair was unavailable.)

### **Training Modules to Build Key Community Stakeholder Capacity Developed**

In advance of capacity-building activities for WDMCs and communities in Year Two, training and awareness-raising materials were developed in Year one. CARE developed a consultancy scope of work for the creation of a training module and awareness materials (e.g. leaflets, posters, etc.) for different groups. A consultant was selected, and the training has been developed through a Training Needs Assessment (TNA) with the targeted groups.

### **Partnership with the FSCD Established to strengthen the Government system for effective response to shocks**

CARE conducted several meetings with FSCD high officials (i.e. Director General, the Head of FSCD in Bangladesh; the Director of Training and Planning) to develop a MoU outlining the ways of working jointly through BRUP. FSCD involvement is critical to building community resilience to shocks and stresses. To that end, in Year One the FSCD participated in key BRUP activities: selecting UCVs and devising UCV training modules and a schedule.

## **MONITORING AND EVALUATION, COMMUNICATIONS, AND OTHER AREAS**

### **Baseline Survey and Monitoring and Evaluation (M&E) Framework**

CARE Bangladesh conducted a baseline study at the project outset, and also developed an M&E Framework, through collaboration with an external consultant. The objectives of the baseline study were to collect and analyze primary data connected to the project logframe indicators, and to develop the baseline benchmark for the six targeted communities and three institutions. CARE sought to understand the existing vulnerabilities, capacities and opportunities of community members, especially women at the household, community and institutional levels to build their resilience. During Year One, an M&E workshop with the project team took place, where the team was oriented largely on monitoring and evaluation tools and techniques to be used throughout the project period.



*Figure 6: CARE leaders visiting BRUP communities.  
Photo: Sohel Bhuyan/VERC*

### **Communications and Press coverage**

During Year One, a project brochure, folder, festoon and notepad were developed. The project brochure provided a brief overview of BRUP. These materials are being used at different events with stakeholders, such as inception workshops, District government and NGO meetings, urban international NGO Forums, trainings etc.

To share project updates with wider audiences, event updates have been shared through the CBTW<sup>11</sup> teams. The inception meeting and other events were covered by different external electronic and print media (see Annex 5). Moreover, CARE Bangladesh has been participating in an Urban INGO Forum meeting, sharing BRUP updates. And most notably, CARE Bangladesh BRUP staff participated in a human interest story contest for CARE International; “Creating Rays of Hope in Urban Slums” was chosen as among the best stories from a total of 269 entries from 37 countries (see Annex 7).

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<sup>11</sup> CARE Bangladesh’s weekly update shared through our Communications Unit

## **CHALLENGES FACED**

- The opposition party of the government called for three months of continued strikes on roads, right at BRUP's inception stage. This severely restricted staff mobility and threatened public safety. In anticipation of insecurity during the strike, the team adjusted/delayed planned activities.
- CARE had difficulties reaching community members because people were engaged in various work scattered throughout urban areas.
- Due to a scarcity of open space, it is not easy to organize community gatherings and meetings for big groups. BRUP, with support from the communities, found spaces adjacent to slums where large gatherings could take place.
- There are challenges working with households on privately owned land, due to privacy and conflict of interest with the landlords. CARE faced numerous constraints working with landlords who did not want to expose information to outside agencies/individuals, and who consequently felt threatened by the project activities. Despite hosting discussions and community consultations with the relevant parties, CARE ultimately decided to not work in this community, given the sensitivities. Project activities shifted to another community that was more amenable to the BRUP objectives and activities.

## **LESSONS LEARNED**

- Though people living in slum areas are engaged with different and demanding livelihood options, they are nevertheless eager to change their conditions willingly if they get the support to do so.
- It is possible to initiate positive change in distressed communities if there is a strong collaboration with government service providers, NGOs and community members themselves.
- It is difficult to work in slums largely owned by individuals, as the interventions depend on these individuals in most cases. That said, if the owner is convinced in the merits of the project, then it is easier to mobilize the community and interventions can be implemented smoothly.
- People in slums feel more comfortable talking in groups rather than through individual contact with outside agencies.

## **PRIORITIES FOR YEAR TWO**

- Facilitate Participatory Risk Assessments at Community and Ward levels, and development of Risk Reduction Action Plans (RRAP)
- Support the implementation of RRAPs (both software interventions and limited hardwires)
- Support (but don't drive) the organization of regular meetings for CDCs, EKATAs and Children's Forums, and facilitate awareness and learning sessions for these groups
- Organize Forum Theater shows, and facilitate sessions within the communities for greater awareness
- Establish community-based garbage management systems in the four remaining communities, and support all communities for the effective/smooth operation of the systems
- Facilitate a gender vulnerability analysis, and provide input to the most vulnerable women for livelihood options
- Provide support to CCDMC and WDMC to organize regular meetings, and provide WDMC members with training on disaster risk management
- Facilitate training (search and rescue, first aid, firefighting, etc.) to FSCD staff and UCVs, following the FSCD module
- Mobilize the FSCD to facilitate mock drills/simulations at the community levels
- Procure and provide necessary equipment to FSCD and UCV for effective responses
- Training with contractors, masons and bar binders to maintain building codes
- Facilitate a study on different issues to identify advocacy agenda(s) to build urban resilience

## **CONCLUSION**

Year One activities were focused on completing the inception of the project within the communities. Key preparatory activities have been accomplished – such as the formation of committees and groups such as the CDCs, EKATAs and Children’s Forums. Information Centers have been established where CDC monthly meetings and EKATA fortnightly meetings take place. Robust relationships have been built with the FSCD, Police Station, District and GCC Administration and Ward commissioners, resulting in the formation of two WDMCs in Konabari and Tongi.

The project is well on track for further success in Year Two.

## **ANNEXURE:**

Annex-1: Quantitative Progress Report of Year One

Annex-2: Progress against Logframe

Annex-3: Beneficiaries reached in Year One

Annex-4: Project Implementation Plan for Year Two

Annex-5: Publications and Press Coverage

Annex-6: Case Study on ‘Putting Community’s Organization in the Driver’s Seat at BRUP’

Annex-7: Case Study on Creating Ray of Hope in Urban Slums

Annex-8: Case Study on Together We Create Change

Annex-9: Financial Report of Year One