

# TURNING DREAMS INTO REALITY...



## Transforming “DHIRIKUTI BASTI” into a Socially SMART Neighbourhood

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Women’s Group Youth Group (Male & Female)



HUMARA BACHPAN

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# CONTENT

<b>1. ABOUT THE COMMUNITY .....</b>	<b>1</b>
Demographic Information.....	2
Vulnerable Population .....	2
Caste & Religion Basis Segregation.....	2
<b>2. SITUATIONAL ANALYSIS .....</b>	<b>2</b>
Livelihood of the House Holds.....	2
Community Infrastructure Analysis.....	3
Safety & Security Analysis.....	4
Mapping of Social Issues Related to Youth & Adolescents.....	5
<b>3. LEVERAGING GOVERNMENT RESOURCES.....</b>	<b>7</b>
Access to Social Services (Health and other social security services).....	7
Health Issues & Challenges Among Youth & Adolescents .....	9
<b>4. USE OF CONTRACEPTIVES .....</b>	<b>10</b>
<b>5. PRIORITIZATION OF ISSUES .....</b>	<b>11</b>
<b>6. RECOMMENDATIONS &amp; SOLUTION PLAN .....</b>	<b>13</b>
<b>7. SOLUTION TREE .....</b>	<b>15</b>
<b>8. ABOUT THE PROCESS.....</b>	<b>16</b>
<b>9. COMMUNITY RESOLUTION .....</b>	<b>17</b>

# 1. ABOUT THE COMMUNITY

Our community Dhirikuti is one among the oldest community of Bhubaneswar city and is established in year 1960. 20 Santali families from Mayurbhanj & Keonjhar districts came to Bhubaneswar to work as labourer in the Mancheswar Industrial Development project and railway line construction work. Due to low and variable agricultural income in the villages, the tribal households migrated in search of livelihood and got engaged in the Mancheswar Industry Development work and started staying in the area. That patch of land was spread with big stones and the surface was uneven (crooked). In Santali language 'Dhir' means rocks and 'Kutti' means uneven land. Hence the residing families started naming the area 'Dhirikutti' which means stony uneven surface.

Gradually people from other parts of Nayagarh, Berhampur, Kendrapara and Keonjhar districts started staying in the area those who were working as labourers in the Mancheswar Industrial Development and railway line construction work and thus total number of households now staying is Two hundred forty-nine.

The community is spread over an area of 65,813 Sq.metres, started from Mancheswar Hanuman Temple to the Mancheswar OMFED square. It is also touching Mancheswar Railway Workshop in South end and Hanuman Temple in the North end.



[Dhirikuti Basti - Satellite Image](#)



## Demographic Information

Children (0-6 Years)		7-10 (Years)		Adolescent (10-19 Years)		Youth (20-35 Years)		Elderly (Above 60 years)		Total Population		Total HHs
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	249
50	45	75	58	150	113	167	178	60	53	502	447	

## Vulnerable Population

+Vulnerable Population Category	Numbers of People
Persons with Disabilities	3
Widows	15
Destitute	2
Single Elderly People	0

## Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
247	2	Nil	Nil	58	89	102	Nil	Nil

## 2. SITUATIONAL ANALYSIS

### Livelihood of the House Holds

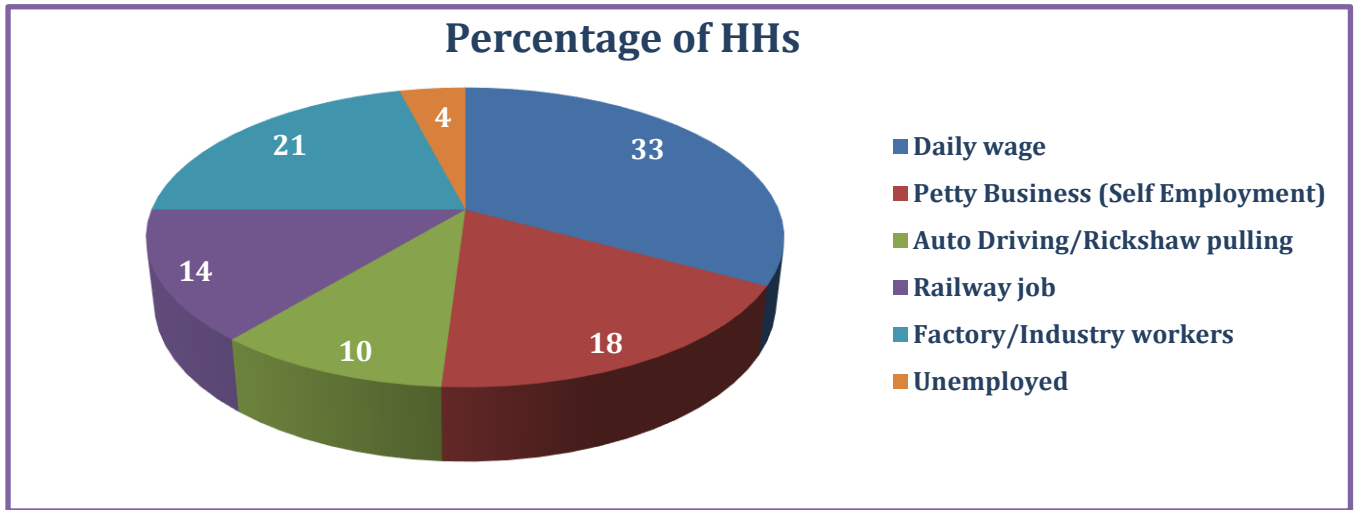
This section analyses the employment status of the working age population (18 to 65 years) of our community. In particular, analysis has been carried out on employment status of the working age members living in the community involved in various livelihood options.

#### # Primary Occupation of the Working Age

There are 249 numbers of households with 959 populations residing in Dhirikuti community, out of which more than 60% of the population is of working age group. (18 to 65 years).

Majority of the working group are engaged in unorganized sector as factory labourers in the different small and medium scale industries situated in Mancheswar. There are also a significant number of families who work in Railway Dept. 20% of working groups are self-employed and into petty business such as vegetable vendors, ice-cream sellers, cobblers, rickshaw pullers, etc.

Also, households into informal sector livelihoods depend on non-motorised transport and small vehicles including cycle rickshaws and auto-rickshaws etc. The following graph demonstrates the livelihood segregation of the working age group of our 'Dhirikuti' community.



SI No	Occupation Category with Colour Code	(18 to 65 Years)
1	Daily Wage (Blue)	33%
2	Petty Business _ Self Employment (Red)	18%
3	Auto Driving/Rickshaw Pulling (Olive Green)	10%
4	Railway Job (Purple)	14%
5	Factory/Industry Workers (Aqua)	21%
6	Unemployed (Orange)	04%

## Community Infrastructure Analysis

The population growth in our community is significant in last two decades and the housing and living conditions are appallingly poor.

To define and address the issues related to the physical infrastructure of our community, we the peer leaders along with our community members conducted an infrastructure mapping exercise of our community Dhirikuti.

We used different tools to understand the problems and portrayed them on the paper through social map and resource map. The process also helped us to find out issues related to the infrastructures and we did list those issues based their priority to get solved.

### Infrastructure related problem identification

**Housing:** There are 249 houses in our community, out of which 231 are Asbestos houses and 10, 8 straw houses tin houses are there. Since our community is under Kharavela Nagar AwasYojana slum rehabilitation scheme, we are always in a state of insecurity.

**Water:** There are 2 tube wells, 1 dug well, 2 water tanks and all houses are linked with pipeline connections our community. But the water supply is irregular, and the situation becomes precarious in every summer season when there is high dependency and the water tanks cannot store water.

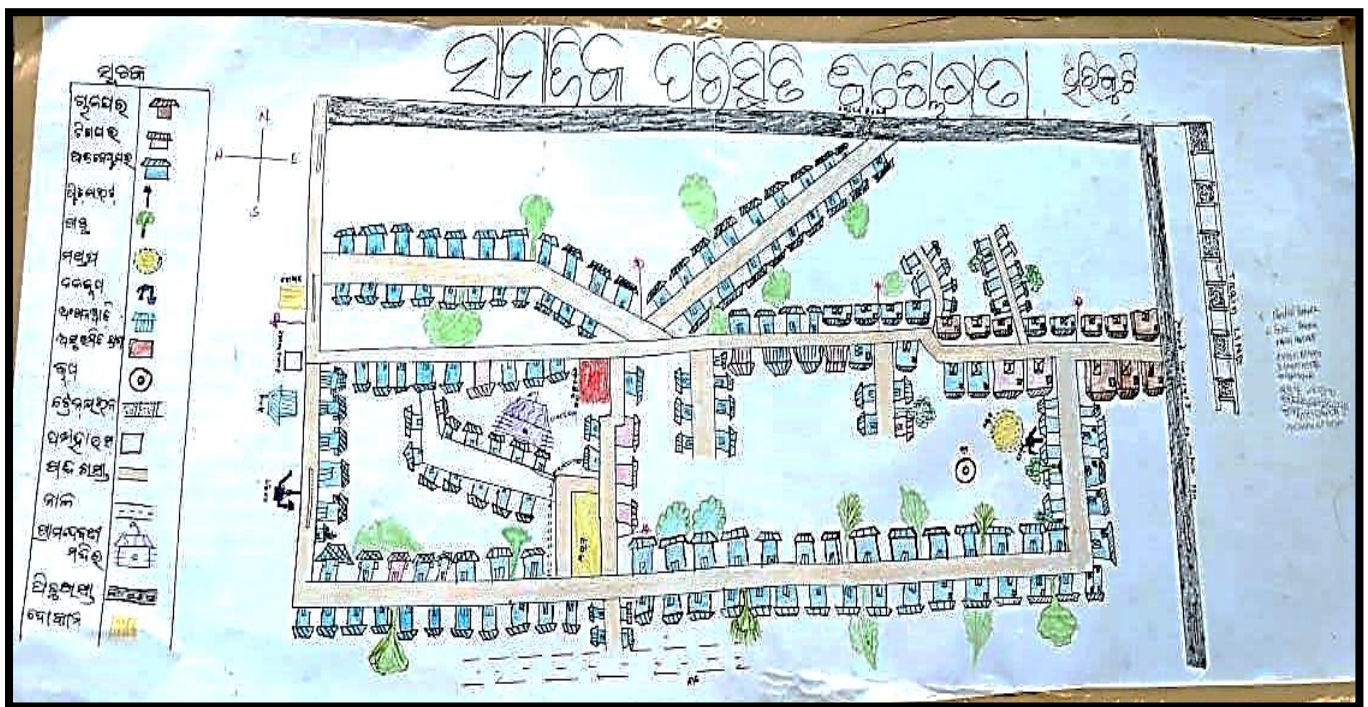
**Toilet:** 239 households of our community have individual household latrines and there is no community toilet available to cater the sanitation need of remaining households.

**Drain:** There is one canal type drain in the community and all household's drains are connected to this. The drain is wider and is danger prone for children. Since the drain is open, people throw garbage to it and thus sometime water logging happens.

**Anganwadi:** There are 95 children in their early childhood in Dhirikuti community and only 36 children are coming to the Anganwadi centre. The centre is running in a rented house in the community. There is no separate kitchen or storeroom in the Anganwadi as per the ICDS norms. The centre is not equipped with play materials or open space facility for young children to play.

**Dustbin:** Our community has four dustbins in the community catering well to the households. However, the dustbins are not getting emptied on regular basis for which the garbage sometime blows and get scattered with wind blow.

**Electric Connection:** The electric wires in some places are inclining; the junction boxes are found open due to broken condition. The electric wires originating from the electric poles and connecting households also are found naked and exposed to water and the water molecules which allow continuity of electricity current during rainy season causing life risk for the inhabitants.



*Infrastructure related problem identification*

## Safety & Security Analysis

We the adolescent girl's group leaders conducted an exercise safety audit in order to identify the localities and factors that make us feel unsafe within our community. We demarcated the unsafe places in the social map with RED colour indicator and the safe places with GREEN indicators.

**Unsafe Point-1-The Alcohol Godown:** We find the place unsafe as the as occupied by anti-social entities.

## Mapping of Social Issues Related to Youth & Adolescents

We youth and adolescents living in urban poverty face sizable obstacles along our journey to adulthood. Without a sense of direction or purpose, and lacking opportunities for positive engagement, many of us experience low self-esteem and alienation. As a result of these and other challenges, we find ourselves detached from the systems and a feeling of belonging.

We the youth group members did an amazing exercise to spell out these issues and to identify solutions to address the acknowledged issues.

Our work began with defining the social challenges, the gaps in services that we are entitled to and demonstrated through a Problem Tree. What could be done to improve the situation was discussed among us and a set of recommendations were made and displayed through a 'Solution Tree'.

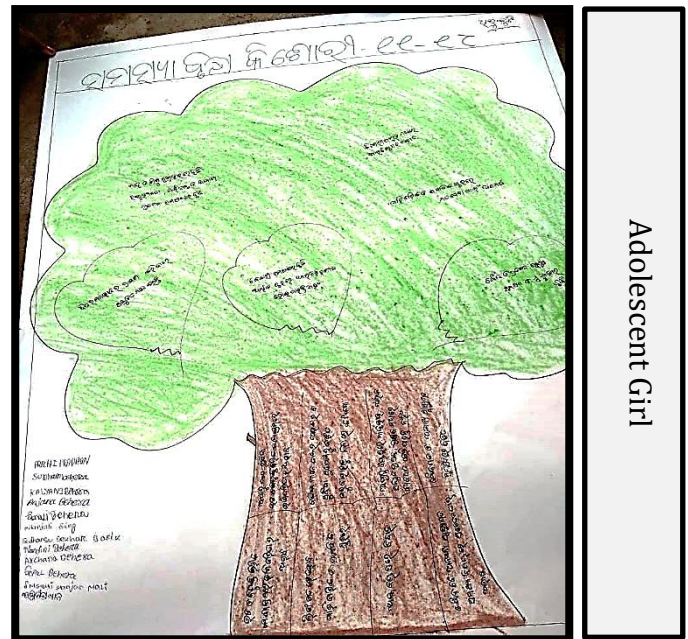
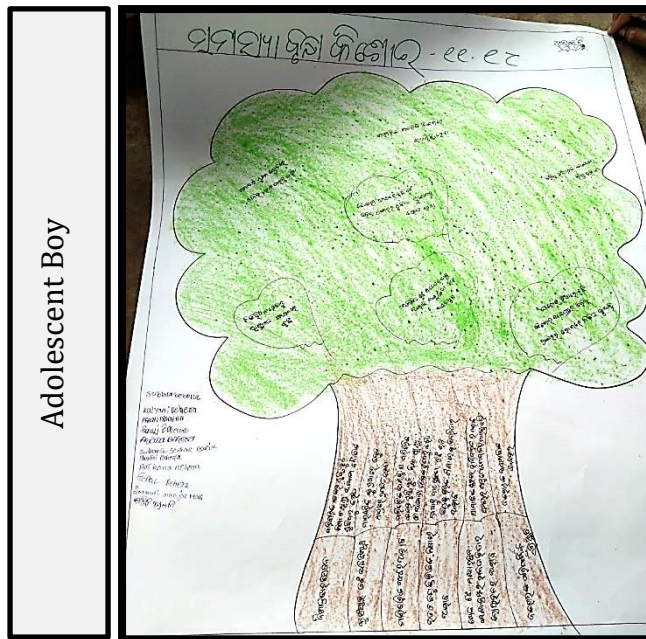
The major social obstacles and their impact on wellbeing were listed out by the adolescent and youth groups are given below.

### # Social Issues faced by Adolescent

Target Group	Root Causes	Issues	Impact
Adolescent (Male)	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Superstition & blind belief	Prevalence of ill practices such as black magic Patriarchal mindset among the youth	Male and boys are controlling their female counterparts in day to day life
	Poor Family condition	Family disturbances, no access to education, health & other basic services	Uneducated, poor health & well being
	Limited opportunity to enrol in higher education or job driven training program	Increased rate of college dropout, poor enrolment status in college, technical institutes	Unemployment Limited income generation opportunity
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime, Lack of positive attitude
	Limited access to play and recreation	Not socializing, inefficient use of time, Play on roads	Being idle, not being social, no proper development of physical and cognitive health
Adolescent (Female)	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Limited income generation opportunity
	Gender based discrimination at family & community level	Girls be deprived of their rights and entitlements Restricted mobility	Lack of confidence, lack of participation in decision making process No freedom to express themselves
	Early Marriage	Early Pregnancy, dropout from education	Anaemia, frequent abortion, sexual & reproductive health, Lack of participation in income generation
	Limited knowledge & access to information related to sexual reproductive health	Onset of diseases, not able to maintain health precautions & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls



## # Problem Tree (Adolescent Social Issues)

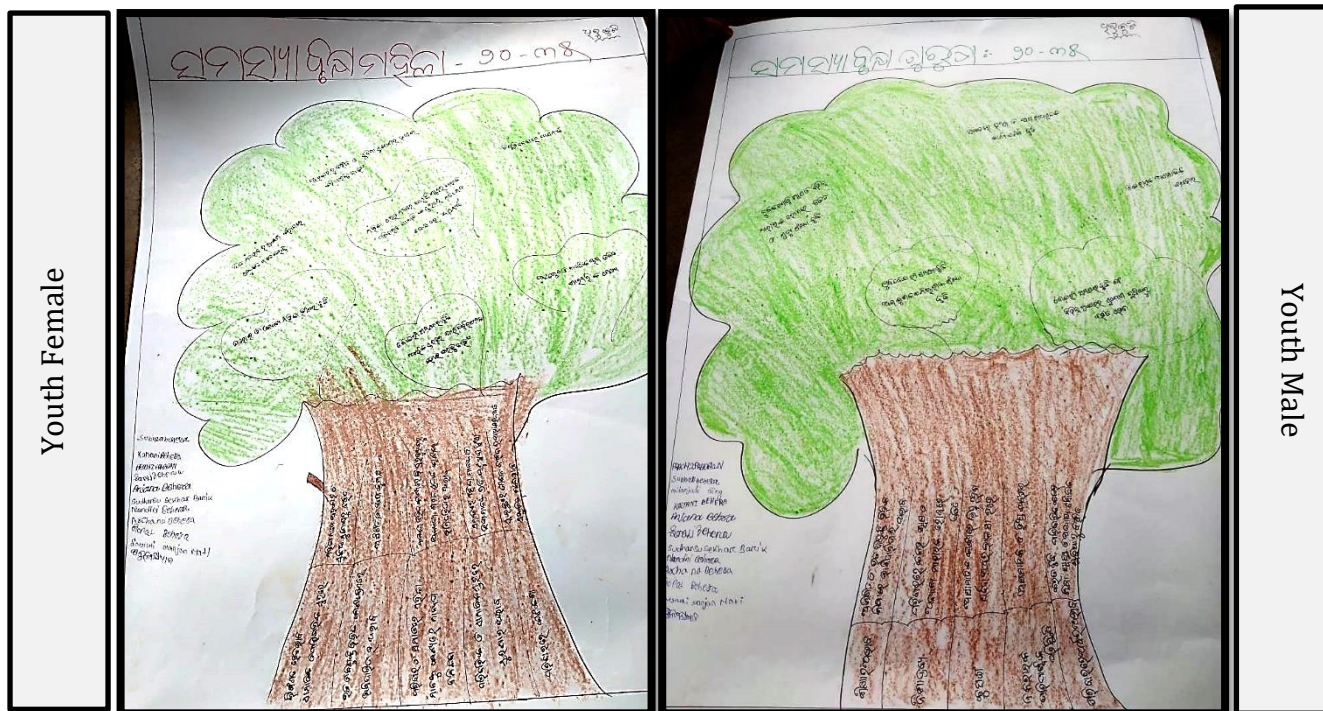


## # Social Issues faced by Youth

Target Group	Root Causes	Issues	Impact
Youth (Male)	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Increase in unorganized workforce
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Bad Company	Unsocial behaviour Money seeking	Crime & anti-social activities in society increased
	Poor Family condition	Family disturbances, no access to education, health & other basic services Indebtedness	Uneducated, poor health & well being
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime, Lack of positive attitude
Youth (Female)	Poor Family condition	Family disturbances, no access to education, health & other basic services Indebtedness	Uneducated, poor health & well being
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Increase in unorganized workforce
	Unpaid & unrecognized work burden	Work pressure restricts women & girls from leading a life of their choice	Dissatisfaction, Mental stress health issues
	Domestic Violence	Financial constraints; gender discrimination	Limited income opportunity; Male waste money in alcohol consumption & drugs.
	Safety & Security issues within & outside family	Prevalence of violence on women & girls	Domestic & other forms of violence limit women exercising their rights
	Repeated pregnancies/Less interpregnancy duration		



## # Problem Tree (Youth Social Issues)



### 3. LEVERAGING GOVERNMENT RESOURCES

Through our mapping process, we also analysed the various government schemes and programmes accessed by our community members. There are a number of schemes and services available to meet the healthcare needs of poor households, but ignorance and lack of knowledge about the schemes among the poor population is the constraint regarding their access to these services.

To assess the awareness about the social security schemes among the residents of our community, we did a group discussion where 20 people of different age groups including both men and women were present. From our discussion we came to know that the following shows the services accessed:

#### Access to Social Services (Health and other social security services)

Certain healthcare services like free emergency medical transport services (102 & 108), Janani Surakhya Yojana, MAMATA schemes, Madhu Babu Pension Yojana, National Pension Scheme/Atal Pension Yojana, family planning services and Aahar centre are very much popular.

The interviewed participants found to be completely unaware about the schemes like Free Cancer treatment & Chemotherapy, treatment of Mental patients, Banishree Yojana, Sunetra scheme 'Ama Clinic', National Vector borne disease control program, National Iron Pus initiatives for school going boys and girls (5-10 years) and out of school girls (5-10 years) to manage the Iron requirements.

From the above discussion, we observed that a large majority of our community residents are not aware about the health and other social security measures meant for the urban poor people and so are not able to avail the benefits.

**Questionnaire to understand Knowledge about & Access to Social Security Schemes & Services**  
**Humara Bachpan Trust-Bhubaneswar**  
**Name of the Project-Socially Smart Initiative**  
**Name of the Community: Dhirikutti**  
**Number of the Respondents:20**

SI No	Name of the Scheme	Do you know about		Did you avail the benefits ever		Didn't need yet	Too much of formalities	Couldn't reach the proper authority	Reasons for not availing services	
		Yes	No	Yes	No				Services are not good	Tried, but didn't get
1	Nidan scheme for free diagnosis	15	5	3	12	10	0	1	1	0
2	Free Dialysis	5	15	2	3	1	1	0	1	0
3	Ambulance service (102 & 108)	20	0	7	13	11	0	0	2	0
4	Khusi' - Free Sanitary Napkin provision for Women and adolescents	3	17	1	2	1	0	1	0	0
5	Free Cancer treatment & Chemotherapy	0	20	0	0	0	0	0	0	0
6	Treatment of Mental patients	0	20	0	0	0	0	0	0	0
7	Sunetra scheme (Free Cataract surgery & treatment)	1	19	0	1	1	0	0	0	0
8	Ama Clinic Service'	17	3	16	1	0	0	0	1	0
9	Jana Ausadhi Yojana (Niramaya Medicines)	20	0	0	20	1	0	0	0	1
10	Help from Chief Minister Relief Fund	20	0	0	20	12	1	1	1	0
11	Janani Surakhya Yojana	20	0	15	5	2	1	1	1	0
12	Mamata Scheme	19	1	15	4	2	0	0	2	0
13	Free Immunization to prevent child from 12 preventable diseases	20	0	12	8	4	0	0	4	0
14	National Iron Plus Initiatives	7	13	3	4	2	0	2	0	0
15	National Adolescent Health program	15	5	11	4	3	0	0	1	0
16	Free Family Planning (Contraceptive) services	20	0	15	5	0	0	0	0	0
17	National Vector borne disease control program (Malaria, Dengue, Chikungunya etc)	5	15	5	0	0	0	0	0	0
18	About Mamata Diwas, UHND, AWC	20	0	18	2	2	0	0	0	0
19	Harischandra Yojana	20	0	10	10	2	5	1	0	0
20	Biju Swasthya Kalyan Yojana	20	0	10	10	10	0	0	0	0
21	National Pension Scheme/Atal Pension Yojana	11	9	3	8	2	5	1	2	0
22	Madhu Babu Pension Yojana	10	10	2	8	1	2	2	4	1
23	Aahar Centre (Subsidized food)	20	0	18	2	2	0	0	0	0
24	Banishree Yojana	0	20	0	0	0	0	0	0	0

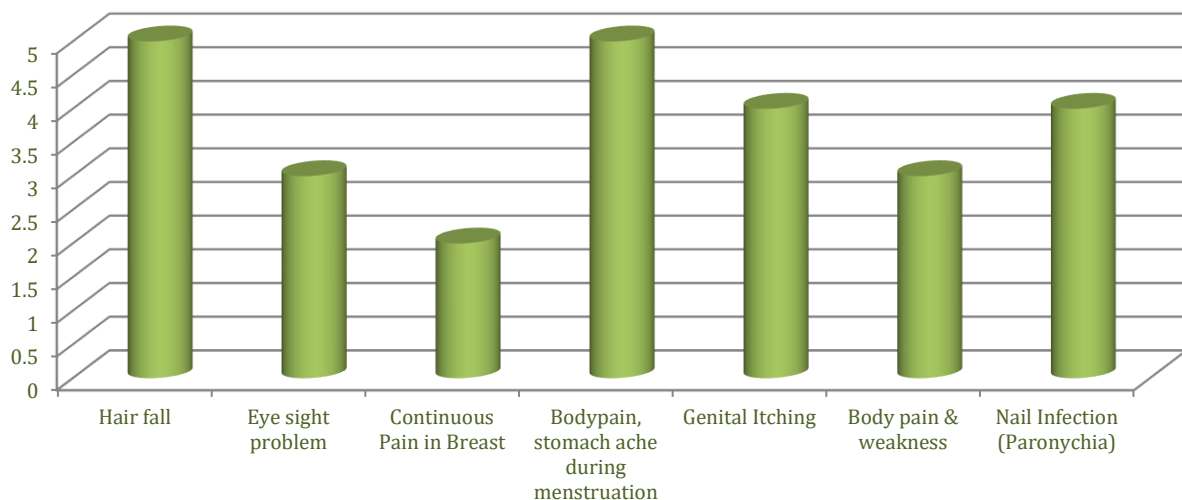
## Health Issues & Challenges Among Youth & Adolescents

It is commonly believed that young people lead a healthy and active life and fall sick only when old age approaches. However young people are now days prone to a number of health issues dueto unhygienic living conditions, unhealthy food habits, lack of physical activities and lifestyle changes which include both communicable and non-communicable diseases.

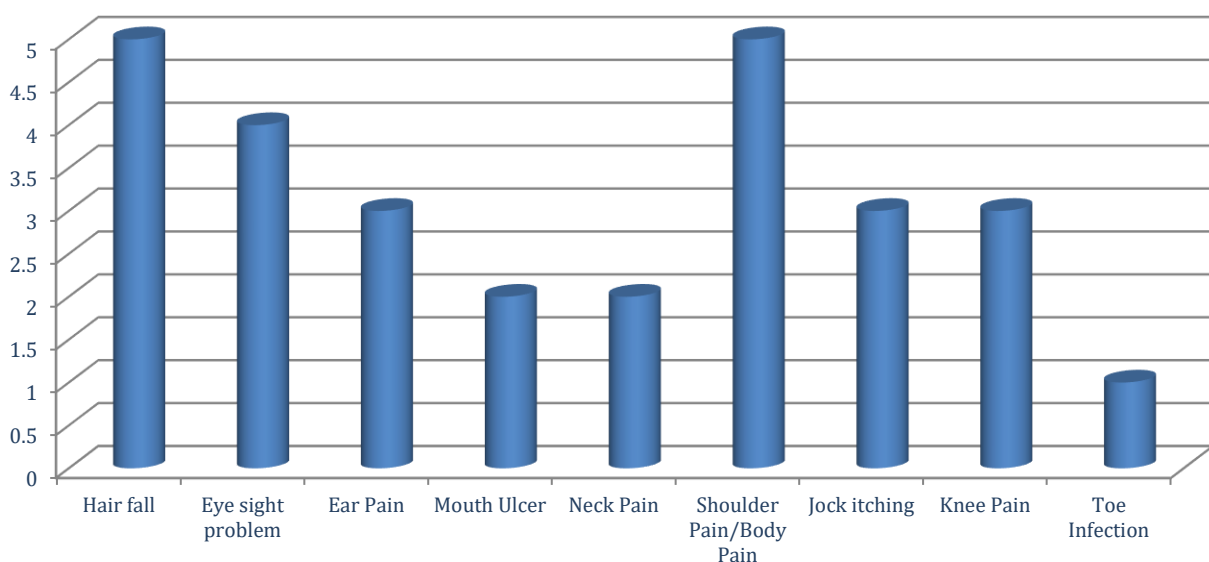
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

We made life-size drawing of human body and then started discussing about the health issues we experience in our various body parts; started from the head/hair to the toe of the feet. We identified and listed out the health problems mostly we suffer from and thus some health issues that we hesitate to disclose also got reflected in this participatory exercise. This body mapping exercise was done by both male and female peer groups separately and the findings are presented below through the graphical presentation.

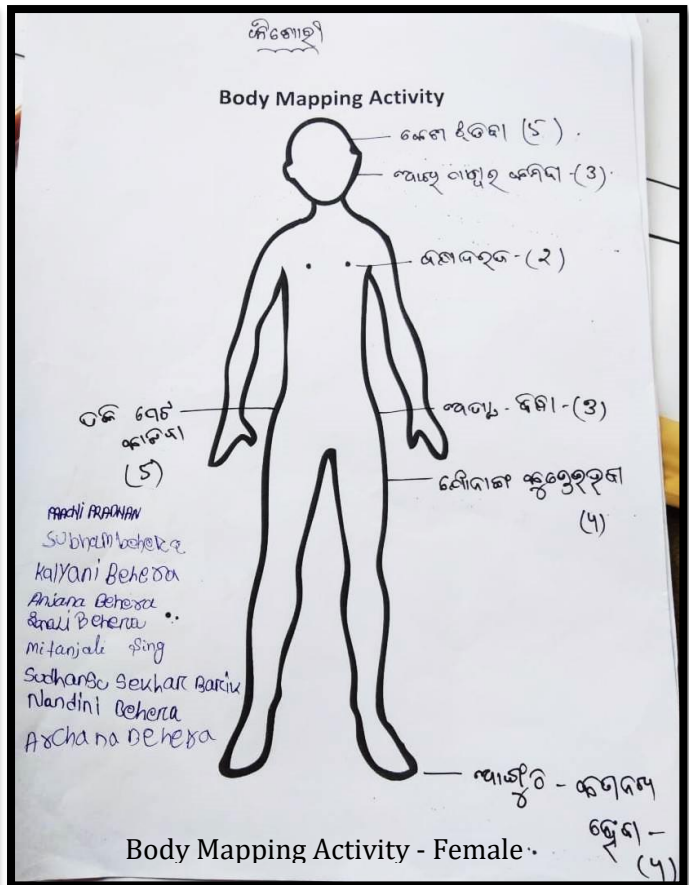
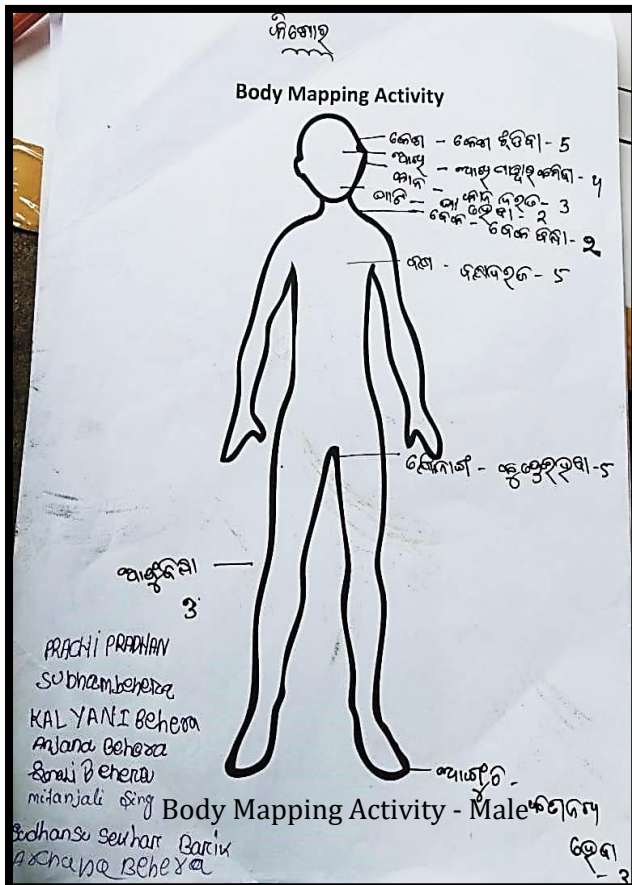
### Health Issues Youth (Female)



### Health Issues Youth (Male)







## 4. USE OF CONTRACEPTIVES

Our government is promoting contraceptive as a priority among youth to control unintended pregnancy, to maintain gap between children and also to lessen the incidence of sexually transmitted diseases among young generation through different campaign mode.

We the youth leaders decided to assess the knowledge, attitude and practice of the young population of our community and towards the use of contraceptives through a survey method. We did the survey among both married and unmarried groups and male and female population of reproductive age (15-35 years) of our community.

- ❖ Knowledge of safe sex and contraceptives is close to 60% among the study population. Only among 54 % of the respondents, positive attitude was found for contraceptive use and 60% are aware about the benefits of contraceptives.
- ❖ Condom is the preferable method of contraception among male whereas oral pills is the easy way of birth control as responded by female respondents.
- ❖ 45% of the respondents are aware about the contraceptive methods and have the practise of using contraceptives during sex.
- ❖ One-third of the survey participants, who responded of not preferring birth control methods, mentioned the reason that contraceptive methods reduce the pleasure of sex for which their partners do not favour.
- ❖ A few unmarried respondents stated that availing contraceptives in the major hurdle for them.

- ❖ The married women mentioned that contraceptive use and any decision regarding family planning is taken by their husbands and they hardly have any say in the matter.
- ❖ The married women mentioned that contraceptive use and any decision regarding family planning is taken by their husbands and they hardly have any say in the matter.

Among others, factors that limited modern contraceptive uptake included myths, rumours and misinformation about modern contraceptives, low availability and poor access to services.

Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age.

## 5. PRIORITIZATION OF ISSUES

After identifying different issues and problems of our community, the process was to find out the way of solutions or mitigations of the issues, for which we had to prioritize the issues based on their gravity.

We did the problem tree analysis of the infrastructural and social issues of our community separately and ranked the issues in the descending order based on their criticality. The issue ranked 'One' needs to be addressed first and then the next one and so on. The following matrix labels and represents the issues based on their priority of redressal.

<b>Prioritization of Social Issues</b>			
<b>Male</b>		<b>Female</b>	
Priority 1	Limited access & knowledge to higher/technical education	Priority 1	Unpaid & unrecognized work burden
Priority 2	Peer Pressure & Bad Company	Priority 2	Caste & Gender based discrimination
Priority 3	Alcohol Consumption	Priority 3	Early Marriage & Complication related to Pregnancy
Priority 4	Lack of Education Opportunities	Priority 4	Limited access & knowledge to higher/technical education
Priority 5	Superstition & Blind Belief	Priority 5	Poverty
<b>Adolescent -Boys</b>		<b>Adolescent -Girls</b>	
Priority 1	Lack of Education Opportunities	Priority 1	Gender based discrimination at family & community level
Priority 2	Alcohol Consumption & Substance abuse	Priority 2	Lack of Higher Education Opportunities
Priority 3	Superstition & Blind Belief	Priority 3	Limited knowledge & access to healthcare information
Priority 4	Lack of participation in decision making at household level	Priority 4	Early Marriage
Priority 5	Involvement in Crimes & Antisocial Activities	Priority 5	Poor Family condition

# # Prioritization of Social Issues

**ସମସ୍ୟା ପ୍ରାଥମିକତ୍ୱ:- ପୁରୁଷ** ସୂଚକ

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Ancharna Behera  
Anshu Behera  
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Male

**ସମସ୍ୟା ପ୍ରାଥମିକତ୍ୱ:- ମହିଳା** ସୂଚକ

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Female

**ସମସ୍ୟା ପ୍ରାଥମିକତ୍ୱ:- କିଶୋର** ସୂଚକ

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Adolescent-Boys

**ସମସ୍ୟା ପ୍ରାଥମିକତ୍ୱ:- କିଶୋରି** ସୂଚକ

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Sujata Sarda  
Suman Behera  
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Adolescent-Girls

# # Prioritization of Infrastructural Issues

**ସମସ୍ୟା ପ୍ରାଥମିକତ୍ୱ:- ପାଣି** ସୂଚକ

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Suman Behera  
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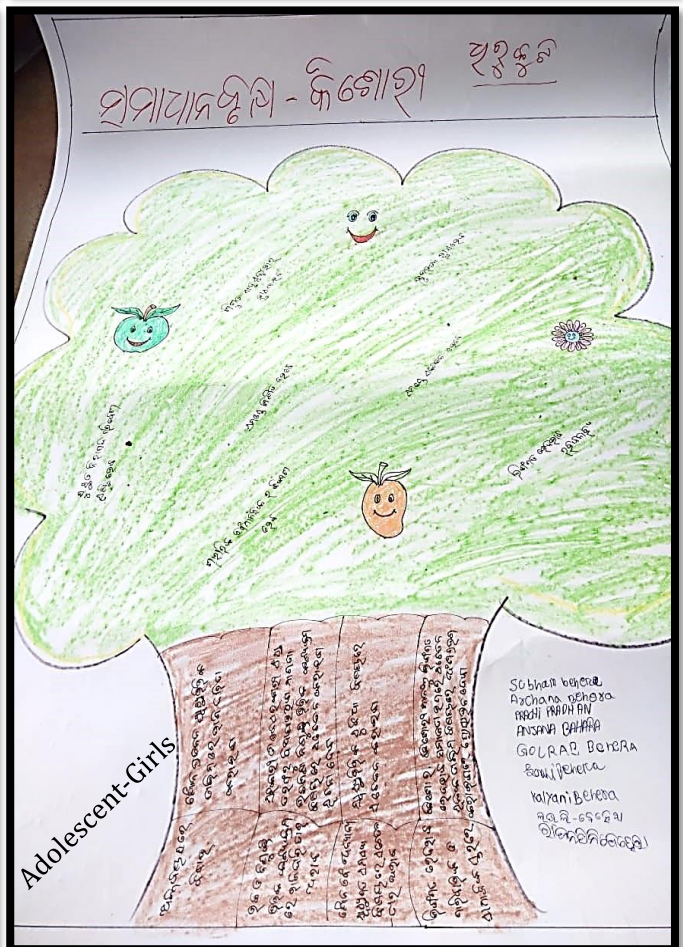
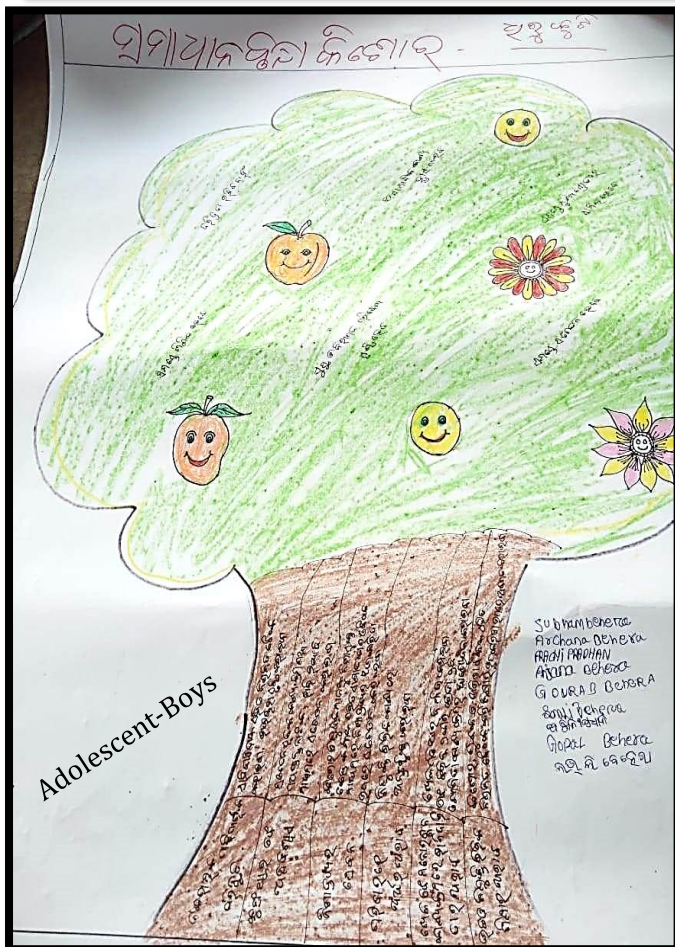
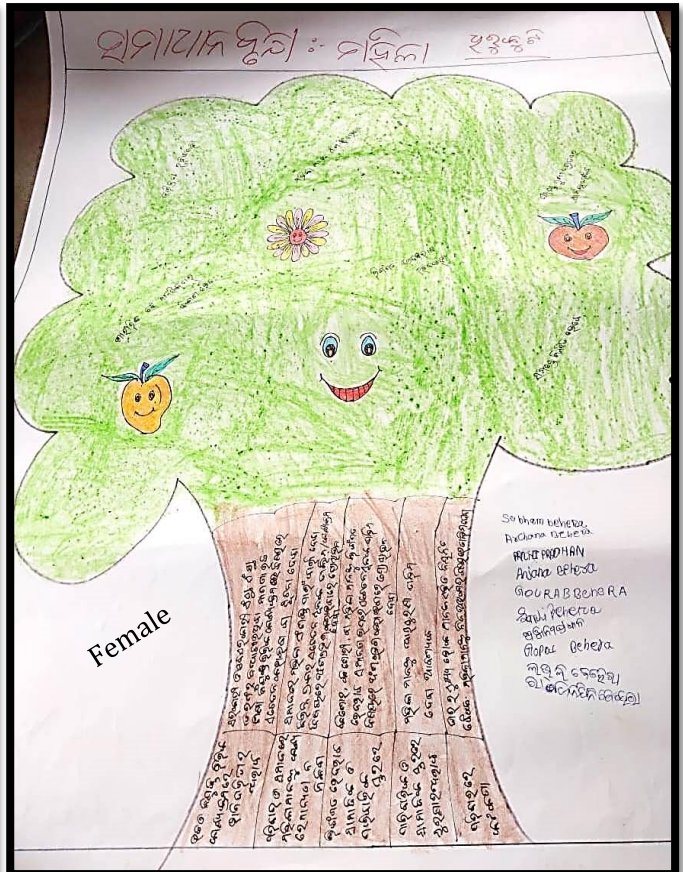
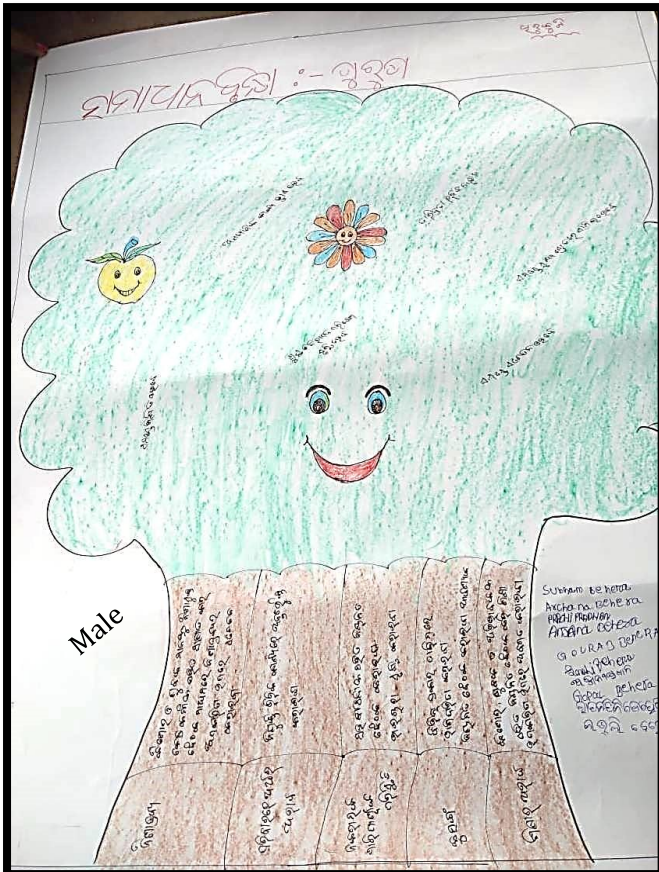
## 6. RECOMMENDATIONS & SOLUTION PLAN

Sl No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Lack of Education Opportunities	<ol style="list-style-type: none"> <li>1. Making the adolescents aware about role of education in career building</li> <li>2. Making the parents aware and conscious about the importance of education of their children</li> <li>3. Regularizing the school dropout through 'School ChaloAbhiyan' campaign</li> <li>4. Linking college drop out with technical education institutions (Govt ITI)</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescents will be serious about continuing their basic education.</li> <li>2. Parents are more concern about the education of children.</li> <li>3. Drop out youth &amp; adolescents are enrolled into technical &amp; vocational education.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth club members</li> <li>2. SAMBHAVI group members</li> <li>3. Govt ITI &amp; vocational training centre</li> </ol>	<p>HBT support for conducting training and linkages building.</p>
2	Alcohol Consumption & substance abuse	<ol style="list-style-type: none"> <li>1. Awareness meeting among adolescent &amp; youth groups making them aware about the negative impact of alcohol consumption</li> <li>2. Community meeting and planning to remove illegal liquor shops</li> <li>3. Motivational program among the addicted people and enrol them into 'NishaNibarun Kendra'</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of domestic violence</li> <li>2. Reduced incidence of crimes</li> <li>3. Reduced death from liver and kidney damage</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> <li>3. Police</li> <li>4. NishaMukti Kendra</li> </ol>	
3	Poverty & Unemployment	<ol style="list-style-type: none"> <li>1. Enrolling unemployed youth in different skill building program &amp; providing handholding support</li> <li>2. The family income to be enhanced through engaging both male &amp; female members into different income generating activities (IGA)</li> <li>3. The households should be aware of different financial management processes</li> </ol>	<ol style="list-style-type: none"> <li>1. Youth will be employed &amp; engaged in IGA</li> <li>2. Increased family income</li> <li>3. Habit of savings &amp; balance of income &amp; expenditure is maintained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Skill development institutes, banks for financial linkages &amp; placement agencies</li> <li>2. HBT youth leaders conduct module meeting of financial management</li> </ol>	<ol style="list-style-type: none"> <li>1. HBT support for skill training and linkages building</li> </ol>
4	Caste based discriminations	<ol style="list-style-type: none"> <li>1. Community meeting and planning including people from upper caste people to reduce discriminatory practices</li> <li>2. Awareness program in schools &amp; colleges and seek their support to make their neighbourhood discrimination free</li> <li>3. Discussion in women's group meeting to stop the practice</li> <li>4. Legal awareness program on Articles 14 to 18 of the Indian Constitution. SC/ST (Prevention of Atrocities) Act etc</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of discriminatory activities</li> <li>2. Reduced incidences of discriminatory cases in schools, colleges &amp; educational institutions</li> <li>3. Community is informed about the legal process against the discrimination</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> <li>3. District Legal Authority Cell</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders will conduct street plays</li> <li>2. Resource person will DLSA will share information about the legal provision against the caste based discrimination</li> </ol>
5.	Gender based Discrimination	<ol style="list-style-type: none"> <li>1. Community meeting and planning including both male and female members of the community to reduce discriminatory practices</li> <li>2. Orientation of male youth members to act as change agent and stop discriminatory practices in their community</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of discriminatory activities</li> <li>2. Reduced incidence of gender based violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> </ol>	
6	Superstition & Blind Belief	<ol style="list-style-type: none"> <li>1. Awareness programs &amp; community meetings among youth &amp; adolescents about the ill impact of the practice.</li> <li>2. Community awareness through street play and open mic program</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced superstitious practice</li> <li>2. Increased access to healthcare services instead of going to 'ojha' &amp; 'Guniyas'.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth club members</li> <li>3. SAMBHAVI group members</li> </ol>	
7	Domestic Violence	<ol style="list-style-type: none"> <li>1. Awareness program among women groups</li> <li>2. Self defence training for young and adolescent girls.</li> <li>3. Motivating women to be engaged in income generating activities</li> <li>4. Legal awareness program for women and girls about the acts and provisions to fight against any form of violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of domestic violence</li> <li>2. Girls &amp; women with self defence training feeling confident</li> <li>3. Increased freedom &amp; mobility among women &amp; girls</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> <li>3. Women &amp; Child Desk (Police)</li> <li>4. One stop centre 'SAKHI'</li> <li>5. State Women Commission</li> </ol>	<ul style="list-style-type: none"> <li>• HumaraBachpan Trust</li> <li>• State Women Commission</li> <li>• District Legal Services Authority</li> </ul>

SI No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Water Issue	<ol style="list-style-type: none"> <li>1. Water tanks should be in the higher place, preferably terrace.</li> <li>2. Water taps should be in ratio with the houses.</li> <li>3. Tube wells should be away from drains.</li> </ol>	<ol style="list-style-type: none"> <li>1. Availability of 24hrs water supply.</li> <li>2. Children and elders will be away from water borne diseases.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Executive Engineer, Public Health Engineering Dept.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
2.	Community Toilet	<ol style="list-style-type: none"> <li>1. Should be hygiene.</li> <li>2. Should have electricity facility to make it safe at night.</li> <li>3. Regular cleanliness during rainy season.</li> </ol>	<ol style="list-style-type: none"> <li>1. Avoid open defecation.</li> <li>2. Avoid falling ill.</li> <li>3. Make a healthy community.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator.</li> <li>4. Bhubaneswar Municipal Corporation.</li> <li>5. Additional Commissioner, Sanitation.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
3.	Electricity	<ol style="list-style-type: none"> <li>1. Open wires should not be let to hang at a lower height.</li> <li>2. Multiple connection from a single electric pole should be avoided .</li> <li>3. Electric pole near the work place should be avoided for sudden accidents.</li> <li>4. Solar light facility.</li> </ol>	<ol style="list-style-type: none"> <li>1. Avoid short circuits and accidents.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Junior Engineer, Board of Electricity, Odisha</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
4.	Open Drain	<ol style="list-style-type: none"> <li>1. Drains should be covered.</li> <li>2. Dustbins should be placed as per population.</li> </ol>	<ol style="list-style-type: none"> <li>1. Garbage free community and healthy environment</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Bhubaneswar Municipal Corporation</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
5.	Housing	<ol style="list-style-type: none"> <li>1. Houses should be in the form of flats.</li> <li>2. Rectangular in shape.</li> <li>3. Separate rooms for cooking, sleeping and studying.</li> <li>4. Separate toilets.</li> <li>5. Steps of the building should be lower.</li> <li>6. Windows of the house should be frontal.</li> </ol>	<ol style="list-style-type: none"> <li>Each one of them gets a permanent place/house.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Housing &amp; Urban Development Dept, Govt of Odisha.</li> <li>5. Common Service Centre, Pradhan Mantri AwasYojana (Urban).</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved



# 7. SOLUTION TREE





## 8. ABOUT THE PROCESS

The Humara Bachpan Trust (HBT) peer leaders of Bhubaneswar Town Centre District (BTCD) slums conducted an exclusive social mapping process as a tool to assess the issues and challenges related to physical infrastructure of the community along with the social issues prevalent among youth and adolescent of the community.

The community mapping process includes socio-economic profile mapping of the residents, mapping of their knowledge and access to services & entitlements, assessment of their knowledge about while implementing the smart initiative for the slums, the short-term and long-term redressal methods would be properly planned, implemented and followed.

### **The Process followed**

The mapping process has included participatory tools like social mapping, resource and stakeholder mapping, livelihood analysis through Focus group discussion, mapping of social issues through problem tree, safety and security mapping, body mapping to understand common health issues among youth and adolescents and the Knowledge, Attitude and Practices (KAP) study to identify the knowledge and practice trend among youth of reproductive age.

### **Outcome of the Mapping Process**

Creating community maps had an empowering effect on the whole community and especially on those peer leaders who became actively involved, because they had the opportunity to think spatially about their environment and to literally put their issues on the map. The process of creating data and eventually a map triggered feelings of belonging to the community and a sense of ownership of the process.

The mapping process served as an effective process for community development to gain community momentum and get people talking about the issues those hinder their development. The process has introduced a range of participatory tools to map the issues and challenges

The community mapping process helped communities to accomplish a number of goals, including

- Building on and expanding existing community strengths;
- Enabling the community to explore their assets within the physical and social environment;
- Mapping out the level of awareness and understanding of different schemes and entitlements in the communities;
- Identifying health issues among youth and adolescents including sexual and reproductive health issues;
- Discovering whether community has access to the resources, healthcare and other social security services meant;
- Prioritizing the issues based on their urgency of solution
- Recommendation and plan of solution and mitigation

# 9. COMMUNITY RESOLUTION

ଆପଣେଇନ- ୨୦

ସମାପ- ୫.୪. ୨୦୧୮ ଦ୍ୱିତୀୟ ଆନୁଷ୍ଠାନିକ ମାନ୍ୟତା ପ୍ରଦାନ ପ୍ରକ୍ରିୟାରେ କିଲୋଡ଼ା, କିଲୋଡ଼ା, ଓଡ଼ିଶା ସରକାରୀ ମାନ୍ୟତା ଦେଇ ଓକିଲଙ୍କର ଆବେଦନ କରୁଥିଲୁ।

ଉକ୍ତ ବୈଦେଶିକ ଆବେଦନ ବିଷୟରେ କମ୍ୟୁନିଟି ସଦସ୍ୟମାନଙ୍କୁ ସମ୍ବନ୍ଧରେ ବିଶ୍ଳେଷଣ କରିବା ପାଇଁ ଉକ୍ତ ବୈଦେଶିକ ପ୍ରମାଣପତ୍ର ଡ୍ରାଣ୍ଟ୍ କର୍ମୀମାନଙ୍କୁ ଅନୁରୋଧ କରୁଛି।

ଆଜ୍ଞାପାତ୍ର କିମ୍ବା ଉପାଦାନ ଆମ ସାହିତ୍ୟ ଉଦ୍ଦିଷ୍ଟ ହେଉଥିବା ବ୍ୟକ୍ତିମାନଙ୍କୁ ଉକ୍ତ ବୈଦେଶିକ ଆବେଦନ କିମ୍ବା କିମ୍ପା ଓଡ଼ିଶାରେ କରାଯାଉ ନାହିଁ ତାହା ନିଶ୍ଚୟ ଆବେଦନ କରାଯାଉଥିଲା।

ଆମ ସାହିତ୍ୟ ଉଦ୍ଦିଷ୍ଟ ବ୍ୟକ୍ତିମାନଙ୍କୁ କମ୍ ଲାଭ ପାଇଁ ଉକ୍ତ ବୈଦେଶିକ ଆବେଦନ କିଲୋଡ଼ା, କିଲୋଡ଼ା ମାନ୍ୟତା ପ୍ରଦାନ, ପ୍ରମାଣପତ୍ର ପ୍ରଦାନ, ପ୍ରମାଣପତ୍ର ପ୍ରଦାନ ପ୍ରକ୍ରିୟାରେ କିଲୋଡ଼ା ଆମେ ଜାଣି ପାରିବା ଓଡ଼ିଶାରେ ଉକ୍ତ ବ୍ୟକ୍ତିମାନଙ୍କୁ ଉକ୍ତ ବୈଦେଶିକ ଆବେଦନ କରାଯାଉ ନାହିଁ।

କୋଷରେ ପ୍ରମାଣପତ୍ର ନିଶ୍ଚିତ ଭାବରେ କି ଆମ ସାହିତ୍ୟ ଉଦ୍ଦିଷ୍ଟ ବ୍ୟକ୍ତିମାନଙ୍କୁ ବିଶ୍ଳେଷଣ କରୁଛି।

କୋଷରେ ପ୍ରମାଣପତ୍ର ପ୍ରଦାନ ପାଇଁ ଉକ୍ତ ବ୍ୟକ୍ତିମାନଙ୍କୁ ସାଙ୍ଗରେ କରାଯାଉ।

SuarinaprasannaPattnaik

Subham Behera  
 Archana Behera  
 Banaji Behera  
 Arjana Behera  
 Prachi Pradhan  
 Kalyani Behera  
 ଅଭିନୀତା ପାଣି  
 Sasmita Hembram  
 ପ୍ରଦିପ୍ତି ୧୮୫୫  
 Gopal Behera  
 Anshu Anjan MATI  
 Babita Kadhan  
 Nandini Behera  
 SAsMI JA BEHERA  
 Pramila Hembram.  
 Pzrupa Dalai  
 Prashna Pradhan  
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 Sasanti Tudu

## ଧିରୀକୃତି-DHIRIKUTI



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