

# TURNING DREAMS INTO REALITY....



## Transforming “HATIA SUNI” into a Socially SMART Neighbourhood

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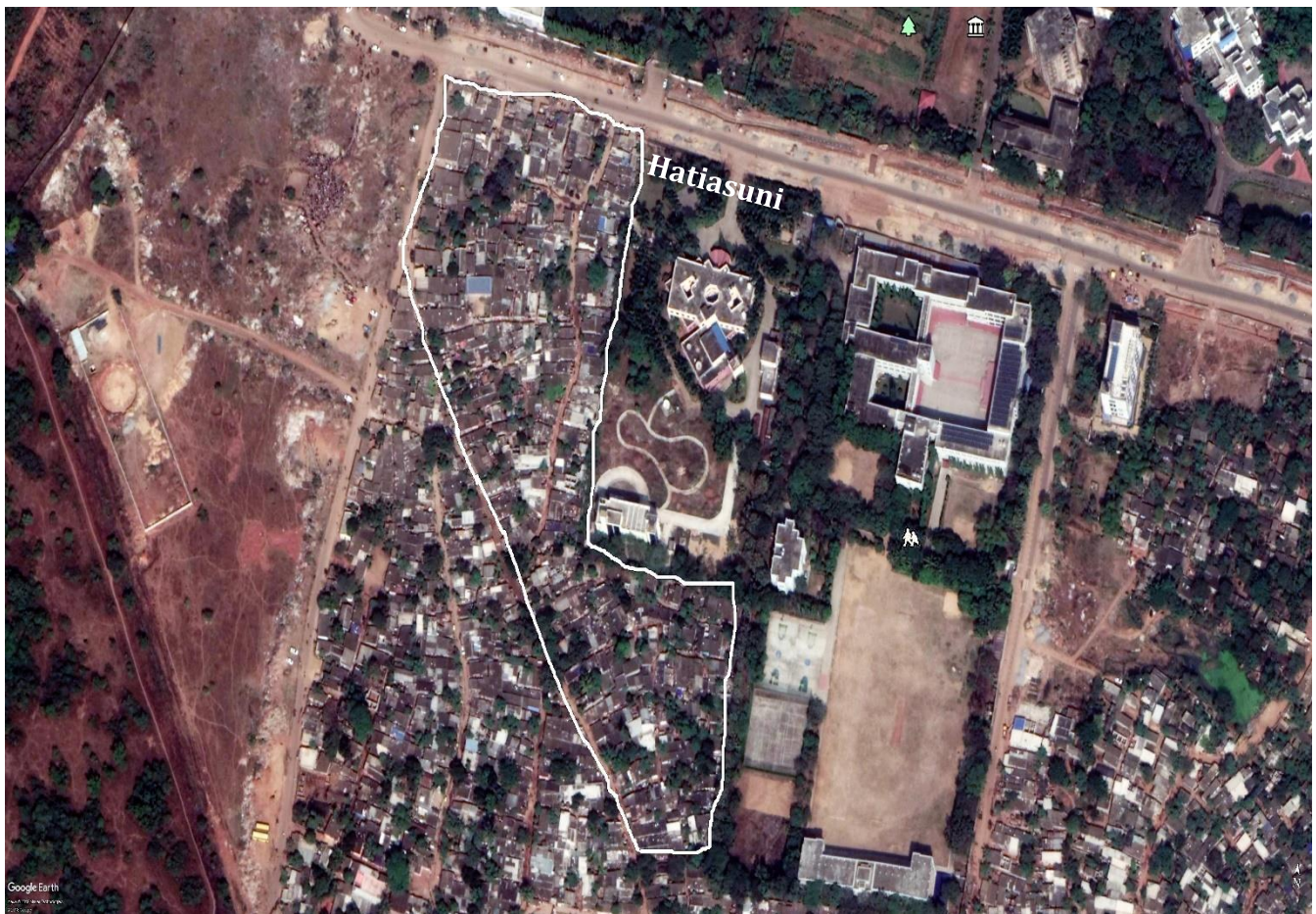
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# 1. ABOUT THE COMMUNITY

**Hatiasuni** is a 30-year-old community of Bhubaneswar. It is a part of the Salia Sahi community which is considered to be the largest and oldest community in Bhubaneswar. Initially the community area was full of trees and like a jungle. Due to this jungle environment elephants used to stray around to have leaves and branches. Initially 5 families used to dwell in that locality from various districts of Odisha migrated to the community. The reason of migration was for better livelihood and getting options for newer source of income. Our community was made into a neighbourhood in the year 1989. With time around 100 families settled in the community and today when we see it has increased to 276 families in total. There existed a temple in the name of Hatiasuni. The people of the community worship and thus named the community as *Hatiasuni*. People in our community belong to Nayagarh, Kendrapada, Khordha, Puri, Ganjam and Balasore.

The major reason of migration is higher wages, various working opportunities and jobs. People of our community have their major source of livelihood through petty businesses, Other Businesses like tent house, grocery shops, laundry etc, and as domestic helpers. People residing in the community are majorly Hindu.



[Hatiasuni Basti - Satellite Image](#)

## Demographic Information

Children (0-6 years)	Adolescent (10-19)		Youth (20-35)		Total Population		Total HHs
	Male	Female	Male	Female	Male	Female	
120	96	80	204	198	547	508	276

## Vulnerable Population

Vulnerable Population Category	Numbers of People
Persons with Disabilities	4
Widows	20
Destitute	10
Single Elderly People	4

## Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
247	1	24	0	93	102	10	60	6

## 2. SITUATIONAL ANALYSIS

### Livelihood of the House Holds

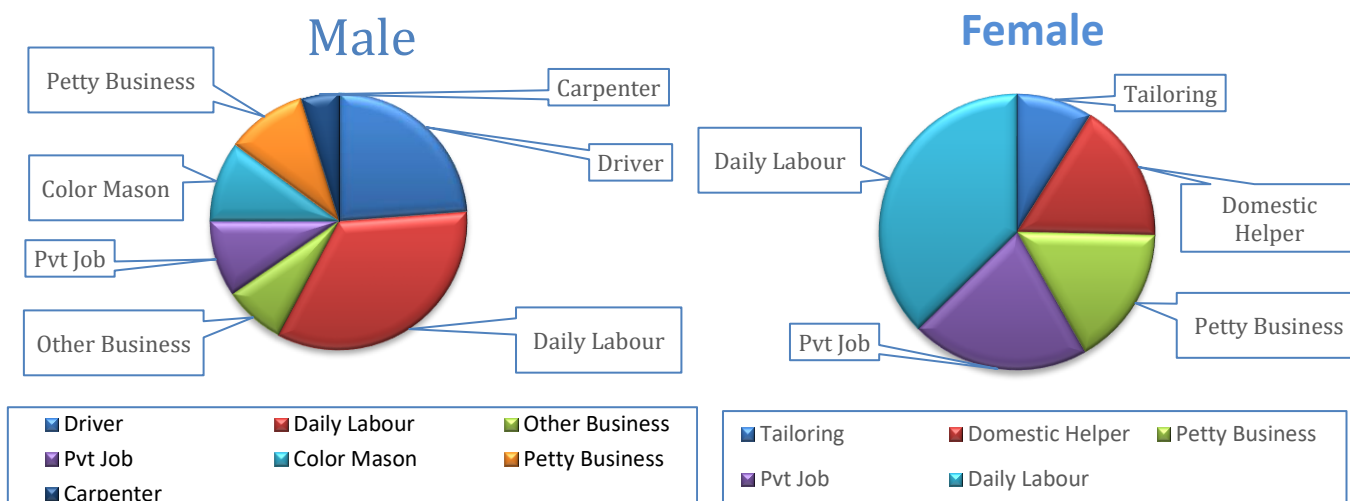
This section analyses the employment status of the working age population (18 to 65 years) of our community. In particular, analysis has been carried out on employment status of the working age members living in the community involved in various livelihood options.

#### # Primary Occupation of the Working Age

There are 276 numbers of households with 1055 population residing in Hatiasuni community, out of which only 21% (226) are of working age group (18 to 65 years).

Majority of working age group are daily labourers which includes 36% of the total working population. The male population earn their livelihood as drivers, mason, employee at private jobs and other businesses. The female working population earn their livelihood as domestic helpers , tailoring work, petty businesses as selling fish or vegetables and employed in private organisation..

Information on primary occupation of the working age male and female can be seen from the following table and the analysis is given in the attached colour coded map.



SI No	Occupation Category with Colour Code	Male (18 to 65 years)	Female (18 to 65 years)
1	Daily Labourer (Orange)	57	25
3	Non-Government Job (Yellow)	16	14
6	Petty Shop (Light Green)	17	11
7	Driver (Deep Deep Green)	40	--
8	Other business (Grey)	13	--
9	Tailoring (Pink)	--	6
10	Domestic Helpers (Red)	--	11
11	Color Mason	17	
12	Carpenter	8	

## Community Infrastructure Analysis

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

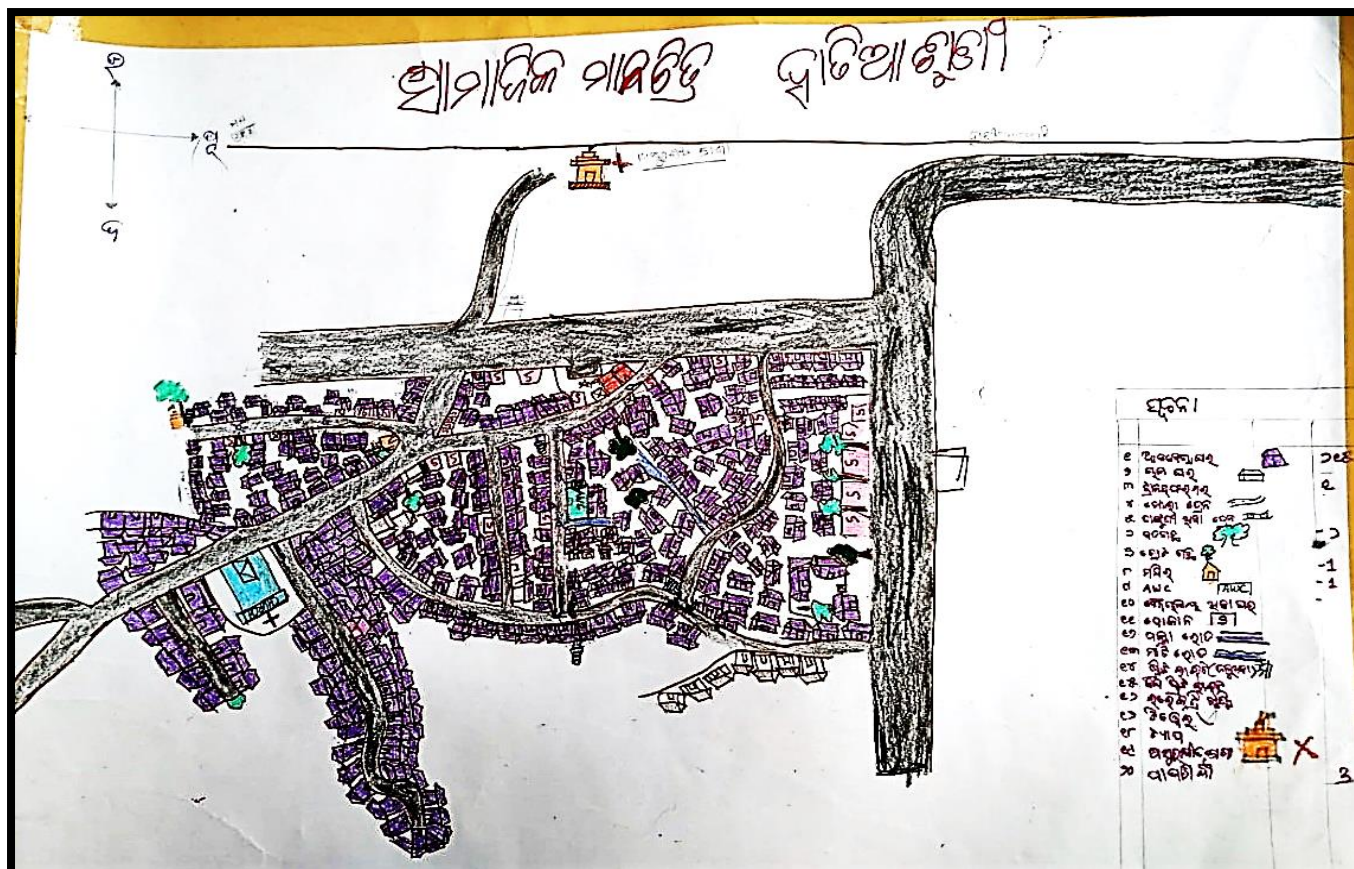
Since Hatiasuni has been lately considered as a planned community, the issues related to the physical infrastructure of our community, have been addressed. The major issues were related to the infrastructure have been solved on priority.

### Infrastructure related problem identification

**Drain:** There was an open drains in our community. The drain used to become over flooded because people throw garbage to the open drain. In the rainy season, the drain overflows and drain water enter to some houses. The drain has been covered and therefore no such issue persists.

**Dustbin:** Unavailability of dustbins for our 276 households forces the inhabitants to throw garbage in open space which polluted our community environment and made it diseases prone. The instalment of dustbins have resolved the issue and wastes are thrown in dustbins.





*Infrastructure related problem identification*

## Safety & Security Analysis

The adolescent girl leaders conducted an exercise on safety audit in order to identify the localities and factors that make girls and women feel unsafe within the community. We demarcated the unsafe places in the social map with red colour and the safe places with green.

**Unsafe Point-1-Behind Grama Devi Mandir:** We find the place unsafe as a group of young boys gather during the evening time spend long hours and have alcohol and pass lewd comments to the people and create nuisance till late evening. It becomes difficult for us to return from work or tuitions as they pass lewd comments at us.

## Mapping of Social Issues Related to Youth & Adolescents

Youths and adolescents face obstacles on 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 belongingness.

The group members of the community did an exercise to understand and accentuated these issues and to identify solutions to address them.

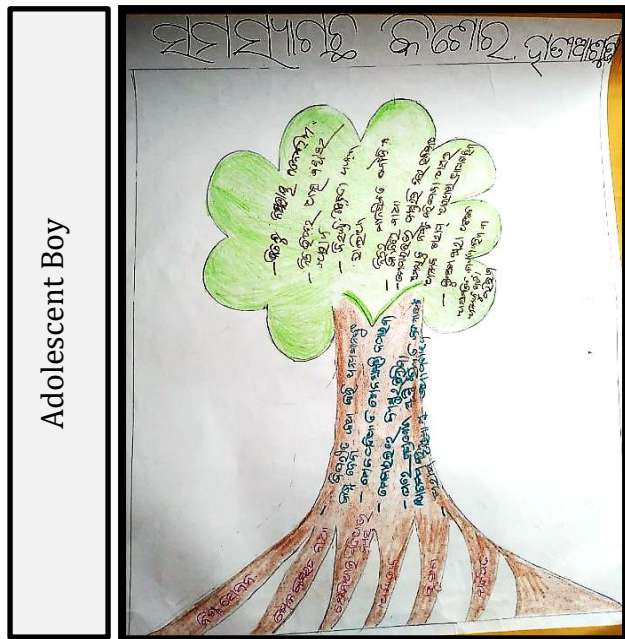
Our work began with defining the social challenges, the gaps in services that we are entitled to and demonstrated through a ***Problem Tree***. What could be done to improve the situation was discussed among us and a set of recommendations were made and displayed through a ***Solution Tree***.

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

**# Social Issues faced by Adolescent**

Target Group	Root Causes	Issues	Impact
Adolescent (Male)	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
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Poor Family condition	Family disturbances, no access to education, health & other basic services	Uneducated, poor health & well being
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime,
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Safety & Security	Male(youth)involved in alcohol consumption which results in abusive behaviour towards youth female	Unable to move freely during evening hours.
Adolescent (Female)	Early Marriage	Early Pregnancy	Anaemia, frequent abortion, sexual & reproductive health
	Superstition & blind belief	Prevalence of ill practices such as black magic	Causes female foeticide, death due to not availing healthcare facilities
	Gender based discrimination at family 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
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	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
	Poor Family condition	Family disturbances, no access to education, health & other basic services	Uneducated, poor health & well-being.

## # Problem Tree (Adolescent Social Issues)

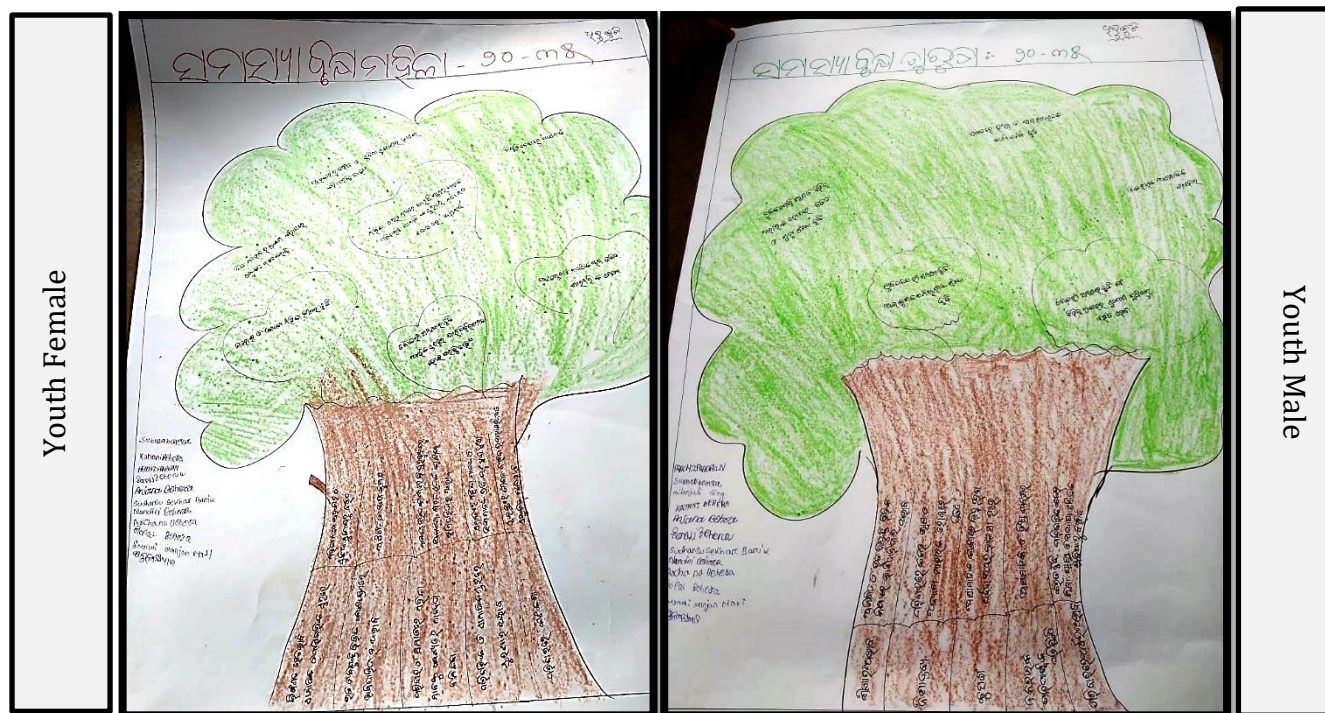


## # Social Issues faced by Youth

Target Group	Root Causes	Issues	Impact
Youth (Male)	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Poor Family condition	Family disturbances, no access to education, health & other services	Uneducated, poor health & well being
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime,
	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
Youth (Female)	Safety & Security	Male(youth)involved in alcohol consumption which results in abusive behaviour towards youth female	Unable to move freely during evening hours and during return from work.
	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls
	Early Marriage	Early Pregnancy	Anaemia, frequent abortion, sexual & reproductive health
	Domestic Violence	Financial constraints; gender discrimination	Limited income opportunity; Male waste money in alcohol consumption & drugs.
	Gender based discrimination at family 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
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity



## # 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), Jana Ausadhi Yojana (Niramaya Medicines), MAMATA schemes for safe motherhood intervention, Harishchandra Yojana, free immunization services and family planning services, 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, Sunetra scheme 'Ama Clinic', National Vector borne disease control program, Banishree Yojana, 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:Hatiasuni**  
**Number of the Respondents:20**

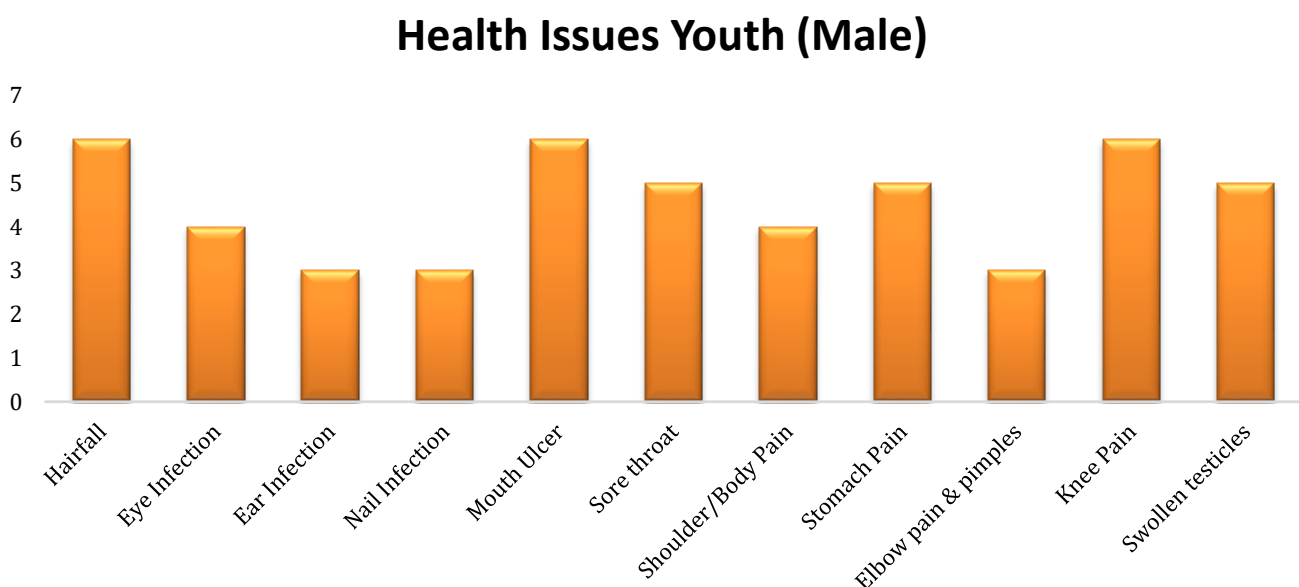
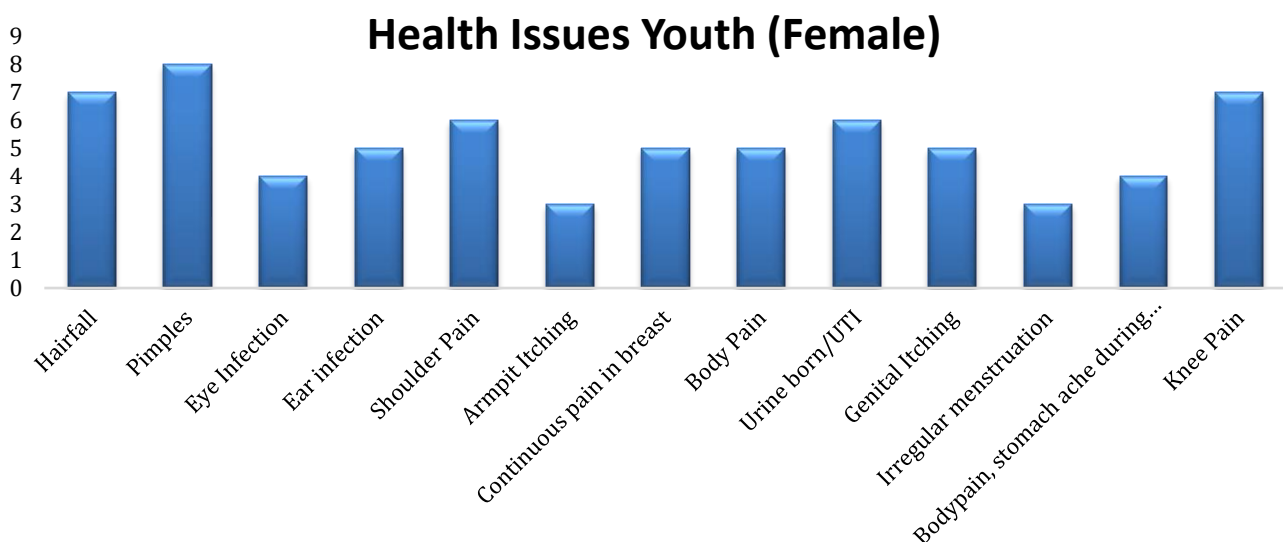
SI No	Name of the Scheme	Do you know about		Did you avail the benefits ever		Reasons for not availing services				Tried, but didn't get
		Yes	No	Yes	No	Didn't need yet	Too much of formalities	Couldn't reach the proper authority	Services are not good	
1	Nidan scheme for free diagnosis	5	15	1	4	1	2	1	1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

## Health Issues & Challenges Among Youth & Adolescents

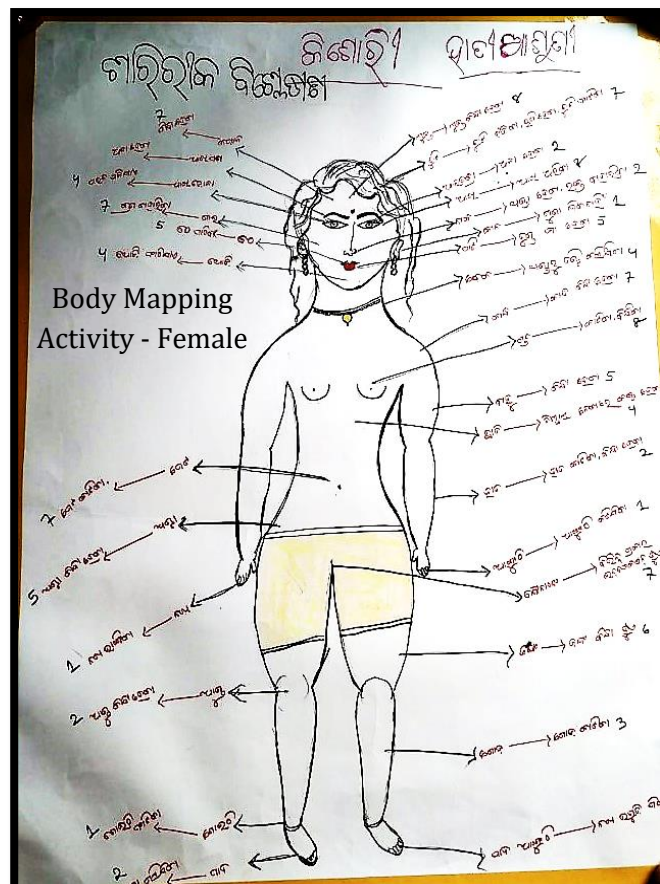
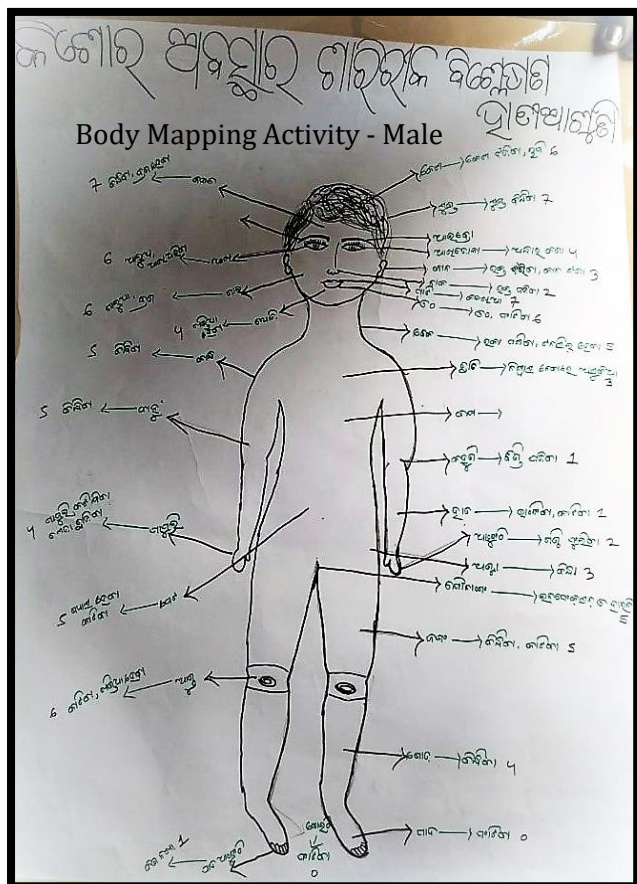
It is commonly believed that young people lead a healthy and active life and fall sick only when old age approaches. However young people are now days prone to a number of health issues due to unhygienic living conditions, unhealthy food habits, lack of physical activities and lifestyle changes which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







## 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 40% among the study population. Only among 30% of the respondents, positive attitude was found for contraceptive use but 75% are aware about the benefits of contraceptives.
- ❖ Condom is the preferable method of contraception among male where as oral pills is the easy way of birth control as responded by female respondents.
- ❖ 30% 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 respondent 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.

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.

Prioritization of Social Issues			
Male		Female	
Priority 1	Alcohol Consumption	Priority 1	Domestic Violence
Priority 2	Unemployment &Poverty	Priority 2	Unemployment &Poverty
Priority 3	Lack of Positive Environment.	Priority 3	Caste Discrimination
Priority 4	Bad Company	Priority 4	Superstition & Blind Belief
Priority 5	Superstition & Blind Belief		
Adolescent-Boys		Adolescent-Girls	
Priority 1	Drop-outs	Priority 1	Gender Discrimination
Priority 2	Alcohol Consumption	Priority 2	Domestic Violence
Priority 3	Unemployment & Poverty	Priority 3	Lack of Awareness & Education
Priority 4	Bad Company	Priority 4	Drop Outs
Priority 5	Lack of Positive Environment.		



## # Prioritization of Social Issues

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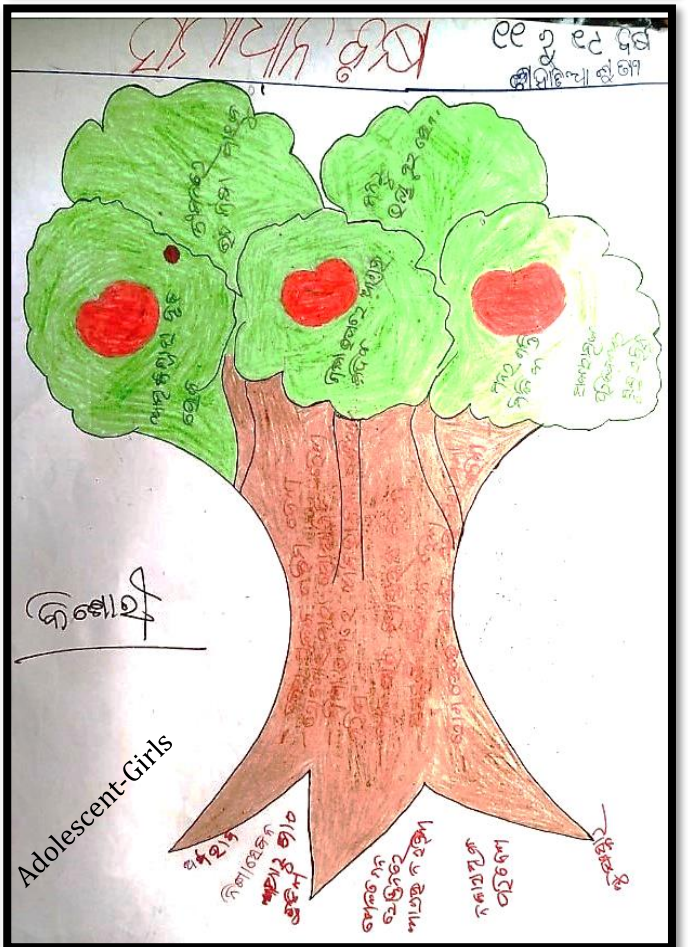
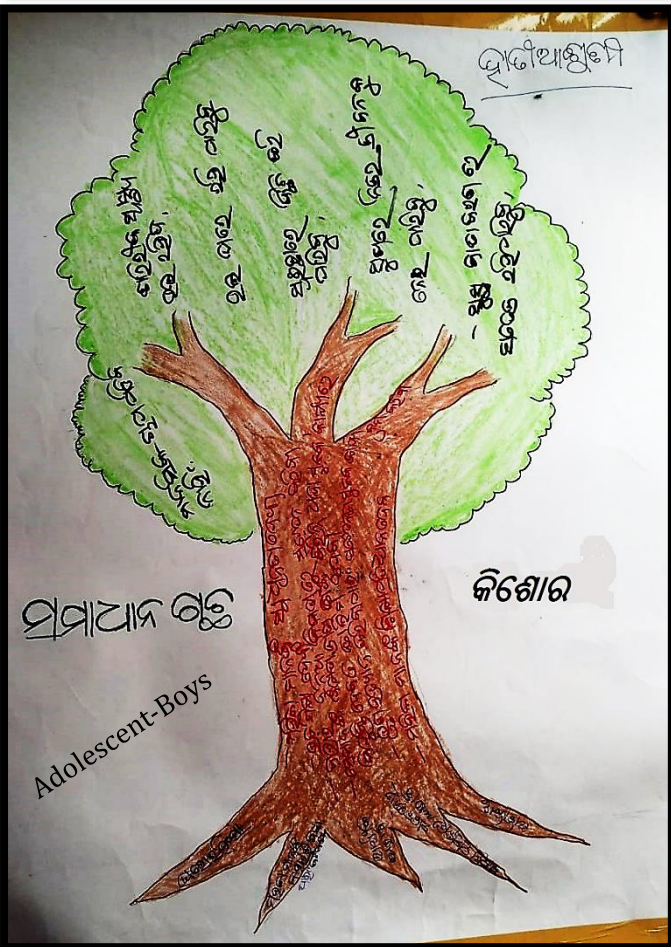
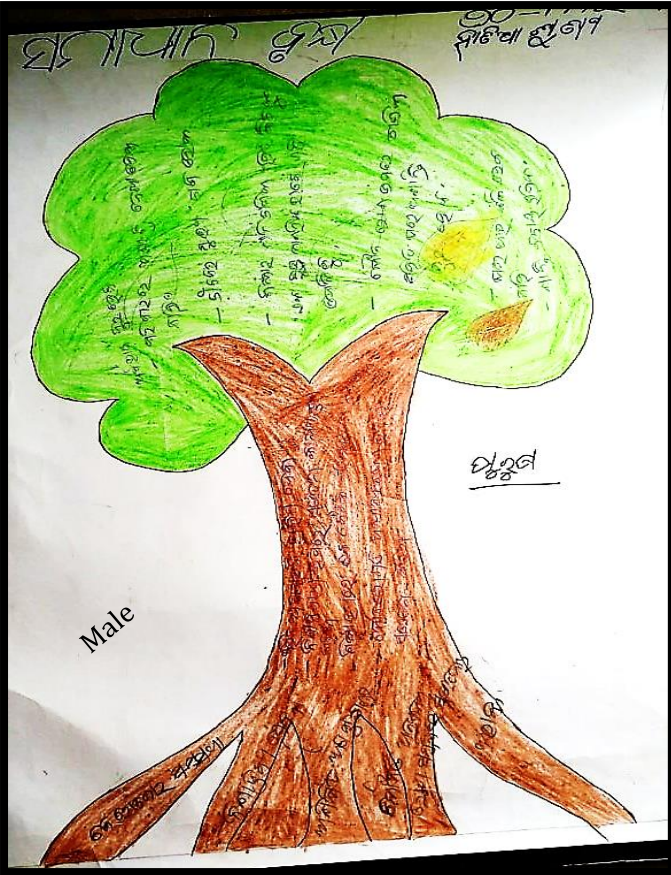


# RECOMMENDATIONS & SOLUTION PLAN

SI No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1.	Alcohol Consumption	<ol style="list-style-type: none"> <li>Awareness meeting among adolescent &amp; youth groups making them aware about the negative impact of alcohol consumption</li> <li>Community meeting and planning to remove illegal liquor shops</li> <li>Motivational program among the addicted people and enrol them into 'Nisha Nibaran Kendra'</li> </ol>	<ol style="list-style-type: none"> <li>Reduced incidence of domestic violence</li> <li>Reduced incidence of crimes</li> <li>Reduced death from liver and kidney damage</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> <li>SAMBHAVI women's group</li> <li>Police</li> <li>Nisha Mukti Kendra</li> </ol>	HBT to support in preparing the charter of demand to remove local alcohol shops and follow up till the solution is achieved
2.	Lack of Education & awareness.	<ol style="list-style-type: none"> <li>Making the adolescent and youth about the importance of education in career building.</li> <li>Making the parents aware and conscious about the importance of education of their children.</li> <li>Exposure to awareness programs and educational programs like technical education institutions.</li> </ol>	<ol style="list-style-type: none"> <li>Youth and adolescent will be motivated to continue and complete their basic education. Parents are more concern about the education of children.</li> <li>Drop out youth &amp; adolescents are enrolled into technical &amp; vocational education.</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth club members</li> <li>SAMBHAVI group members.</li> <li>Govt ITI &amp; vocational training centre</li> </ol>	HBT support for conducting training and linkages building
3.	Domestic Violence	<ol style="list-style-type: none"> <li>Awareness program among women groups</li> <li>Self defence training for young and adolescent girls.</li> <li>Motivating women to be engaged in income generating activities</li> <li>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>Reduced incidence of domestic violence</li> <li>Girls &amp; women with self defence training feeling confident</li> <li>Increased freedom &amp; mobility among women &amp; girls</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> <li>SAMBHAVI women's group</li> <li>Women &amp; Child Desk (Police)</li> <li>One stop centre 'SAKHI'</li> <li>State Women Commission</li> </ol>	<ol style="list-style-type: none"> <li>Humara Bachpan Trust</li> <li>State Women Commission</li> <li>District Legal Services Authority</li> </ol>
4.	Caste based discriminations	<ol style="list-style-type: none"> <li>Community meeting and planning including people from upper caste people to reduce discriminatory practices</li> <li>Awareness program in schools &amp; colleges and seek their support to make their neighbourhood discrimination free</li> <li>Discussion in women's group meeting to stop the practice</li> <li>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>Reduced incidence of discriminatory activities</li> <li>Reduced incidences of discriminatory cases in schools, colleges &amp; educational institutions</li> <li>Community is Informed about the legal process against the discrimination</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> <li>SAMBHAVI women's group</li> <li>District Legal Authority Cell</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders will conduct street plays</li> <li>Resource person will DLSA will share information about the legal provision against the caste based discrimination</li> </ol>
5.	Poverty & Unemployment	<ol style="list-style-type: none"> <li>Enrolling unemployed youth in different skill building program &amp; providing handholding support</li> <li>The family income to be enhanced through engaging both male &amp; female members into different income generating activities (IGA)</li> <li>The households should be aware of different financial management processes</li> </ol>	<ol style="list-style-type: none"> <li>Youth will be employed &amp; engaged in IGA</li> <li>Increased family income</li> <li>Habit of savings &amp; balance of income &amp; expenditure is maintained.</li> </ol>	<ol style="list-style-type: none"> <li>Skill development institutes, banks for financial linkages &amp; placement agencies</li> <li>HBT youth leaders conduct module meeting of financial management</li> </ol>	HBT support for skill training and linkages building



## 6. SOLUTION TREE



## 7. 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.

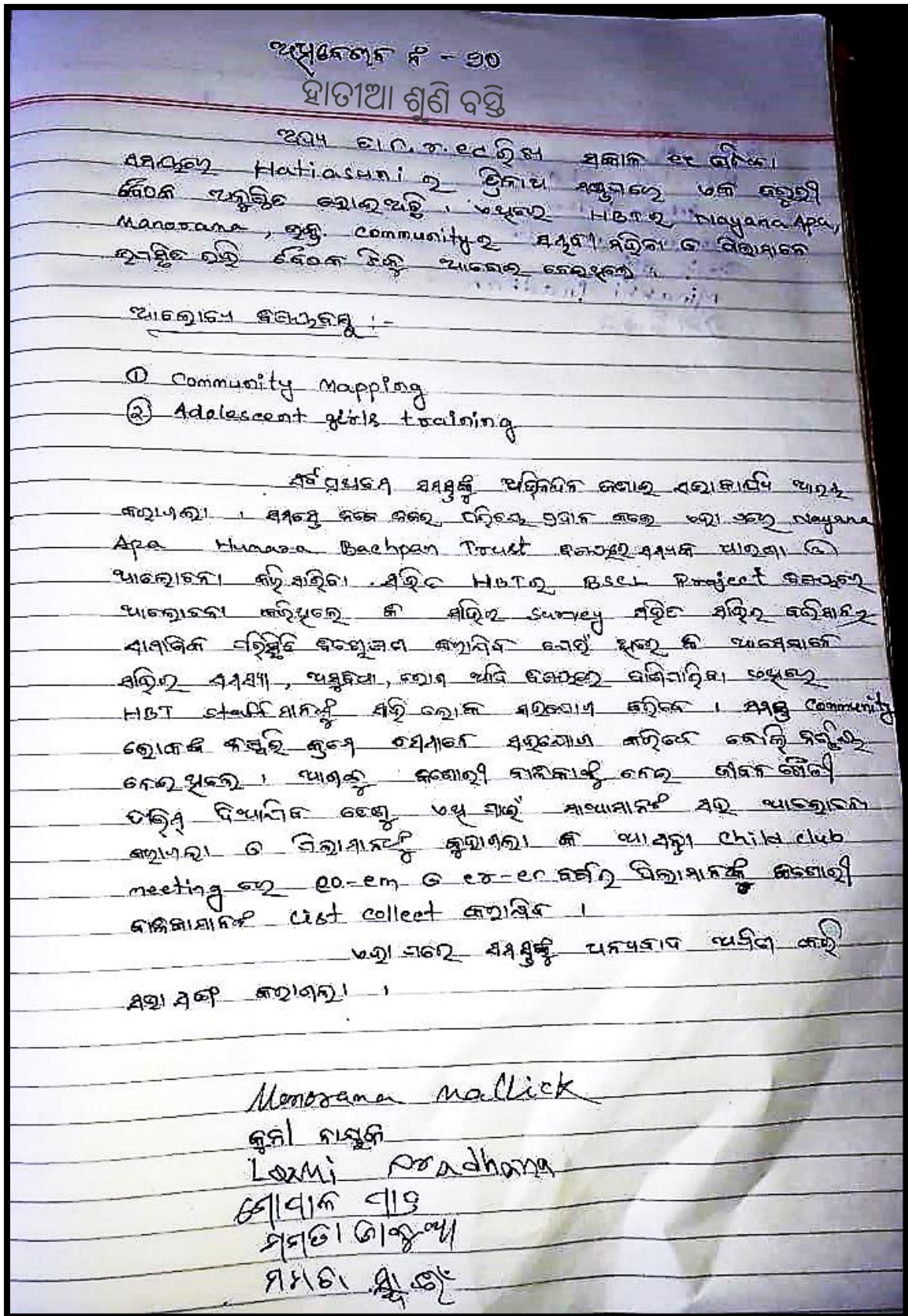
The mapping process served as an effective process for community development to gain community momentum and get people talking about the issues those hinder their development. The process has introduced a range of participatory tools to map the issues and challenges

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



## 8. COMMUNITY RESOLUTION



ହାତୀଆ ଶୁଣି ବସ୍ତି - HATIA SUNI BASTI







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