TURNING DREAMS INTO REALITY....

Transforming "JHARANA SAHI" into a Socially SMART Neighbourhood

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HUMARA BACHPAN

BHUBANESWAR Smart   UNFPA   BMC

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CONTENT

1. ABOUT THE COMMUNITY

Jharana Sahi is a 75year old community of Bhubaneswar. Initially 100 families resided in the community who migrated from different places for better livelihood options. People from different districts like Ganjam, Khordha, Nayagarh and from nearby state like Andhra Pradesh have migrated to Bhubaneswar city for better livelihood and have gradually settled here. In the early days this community was considered to be a part of the PHD sahi and people gave different names to this community. A group of people then formed a Welfare Society which they had named it as Fakir Mohan Welfare Society where they decided with the people consensus to name the community as Jharana Sahi as there was a small stream adjacent to the community. Today there are about 478 households in total in the community. The community is located half a kilometre from Sishu Bhawan square and is near the Tarini mandir.

The major reason of migration is higher wages, various working opportunities and jobs. People of our community have their major source of livelihood from fish business, Grocery shop and many of them are washer men, cobblers, safai karmachari and daily labourers. People residing in the community are of varied caste and religion like Harijans, Hindus, Muslims and few are also South Indians.

Jharana Sahi - 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	
115	150	170	112	224	150	560	263	54	75	1123	750	478

Vulnerable Population

Vulnerable Population Category	Numbers of People
Widows	20
Destitute	10
Single Elderly People	1

Caste & Religion Basis Segregation

| Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
405	1	2	0	136	200	2	78	16

2. SITUATIONAL ANALYSIS

Livelihood

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 478 numbers of households with 1783 population residing in Jharana Sahi, out of which only 53%% (952) are of working age group (18 to 65 years).

Majority of working age group are daily labourers which includes 70% of the total.25% of the working population earn their livelihood as domestic helpers and 10% in government jobs.

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.
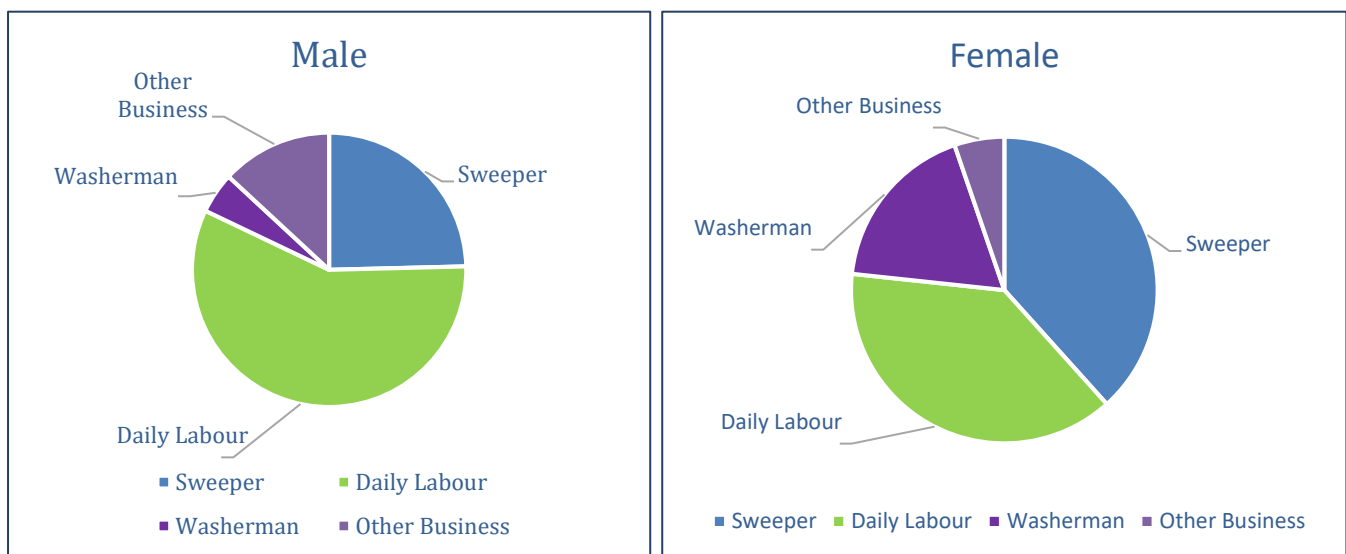
SI No	Occupation Category with Colour Code	Male (18 to 65 Years)	Female (18 to 65 Years)
1	Sweeper (Blue)	92	51
2	Daily Labour (Red)	215	51
3	Washerman (Green)	18	24
4	Other business (Purple)	49	7

Community Infrastructure

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 Jharana Sahi.

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.

Housing: There are 478 houses in our community, out of which 403 are Asbestos houses, 10 are thatched houses, 50 are tin houses and 15are plastic sheet houses. The houses are next to each other and without proper ventilation. Since there are no separate space for kitchen families adjust in a single space which becomes hazardous to health.

Water: There are 6 boring water supply 1 well and 1 tube well in our community. People have not been facilitated with individual water connection Every summer season when there is high dependency on water, the single well and tube well becomes limited source for storage of water for 478 houses.

Dustbin: Unavailability of sufficient dustbins for our 478 households forces the inhabitants to throw garbage in open space which pollutes our community environment and makes it diseases prone. When wind blows, it also blows away the wastes which get accumulated in our houses.

Community Toilet: The community toilets are not available. There is no appropriate space to even built a community toilet. People use railway track or open space for defecation.

Open Space/Playground: Unavailability of space confines the children to place in front of the house or in the roads which leads to accidents. Also, it restricts the children from proper physical activities and development. There is a small open space adjacent to the temple which the children use to play whenever the space is empty.

Electric Connection: There are 7 street lights in our community. The electric wires in some places are hanging open causing the risk of short circuit during rainy season. Multiple electric connection (more than 10) are connected from a single electric pole and the wires are placed very near to the places where people do their work which results in mishaps at times.

Anganwadi: An old club house has been converted to Anganwadi Centre. There is no separate kitchen or store room in the Anganwadi as per the I.C.D.S norms. The Anganwadis are not equipped with play materials or open space facility for young children to play.

Infrastructure related problem identification
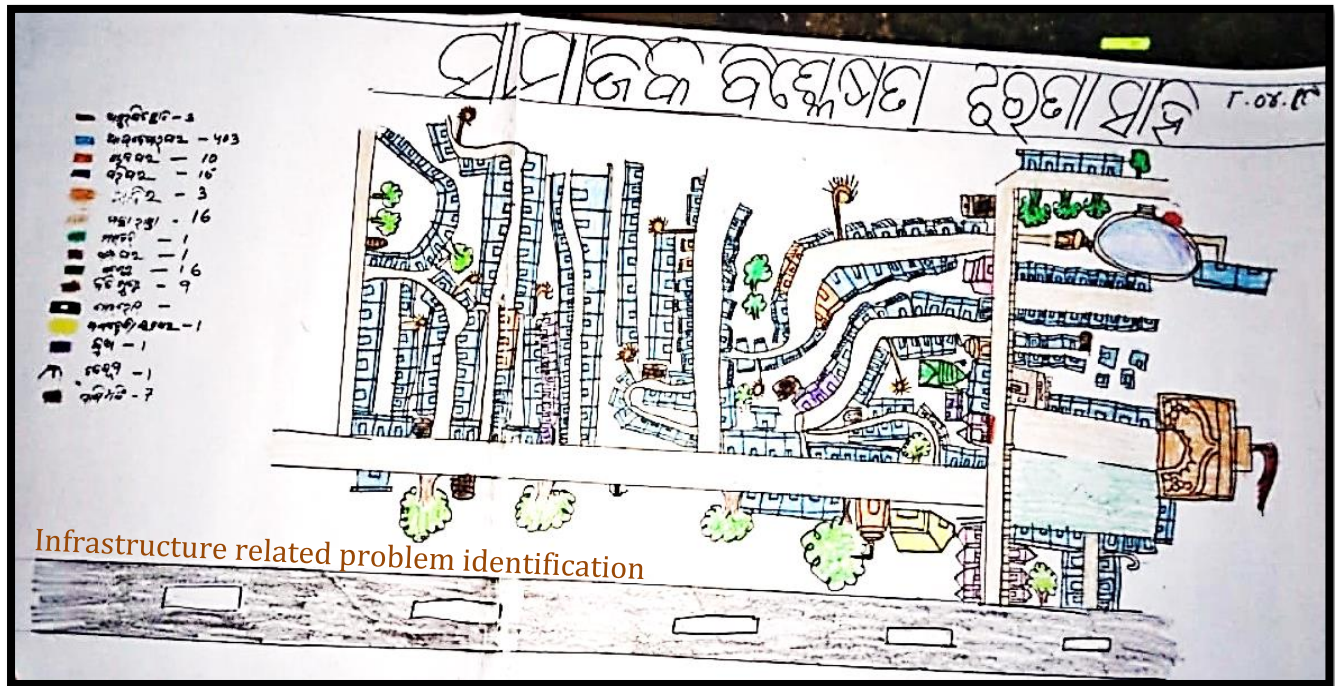
Safety

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-Tea Stall-1: We find the place unsafe as a group of young boys gather during the evening time spend long hours till late evening. It becomes difficult for us to return from work or tuitions as they pass lewd comments at us.

Unsafe Point 2-Dhobi Ghat: This place unsafe as has no electricity around the area and it is occupied by drug addicts and anti-social elements during the evening hours.

Unsafe Point 3- Tea Stall-2: We find this place unsafe as men of the community and young boys gather there in the evening till night and have alcohol and pass lewd comments to the people and create nuisance. The lack of sufficient electricity in the area makes the place dark and restricts movement of community people.

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 'Humara Bachpan Pragati Sathi' 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)	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime.
	Poor Family condition	Family disturbances, no access to education, health & other basic services	Uneducated, poor health & wellbeing.
	Bad Company	Unsocial behaviour Money seeking	Involvement in crime & anti- social activities
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	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)	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
	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls
	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
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Early Marriage	Early Pregnancy	Anaemia, frequent abortion, sexual & reproductive health

Problem Tree (Adolescent Social Issues)

Social Issues faced by Youth

Target Group	Root Causes	Issues	Impact
Youth (Male)	Alcohol consumption & substance abuse	Family conflicts, vulnerable to	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Superstition & blind belief	Prevalence of ill practices such as black magic	Causes female foeticide, death due to not availing healthcare facilities
	Poor Family condition	Family disturbances, no access to education, health & other services	Uneducated, poor health & well being
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Bad Company	Unsocial behaviour Money seeking	Involvement in crime & anti- social activities
	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.
Youth (Female)	Superstition & blind belief	Prevalence of ill practices such as black magic	Causes female foeticide, death due to not availing healthcare facilities
	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Poor Family condition	Family disturbances, no access to education, health & other services	Uneducated, poor health & well being
	Gender based discrimination at family and society 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

Problem Tree (Youth Social Issues)
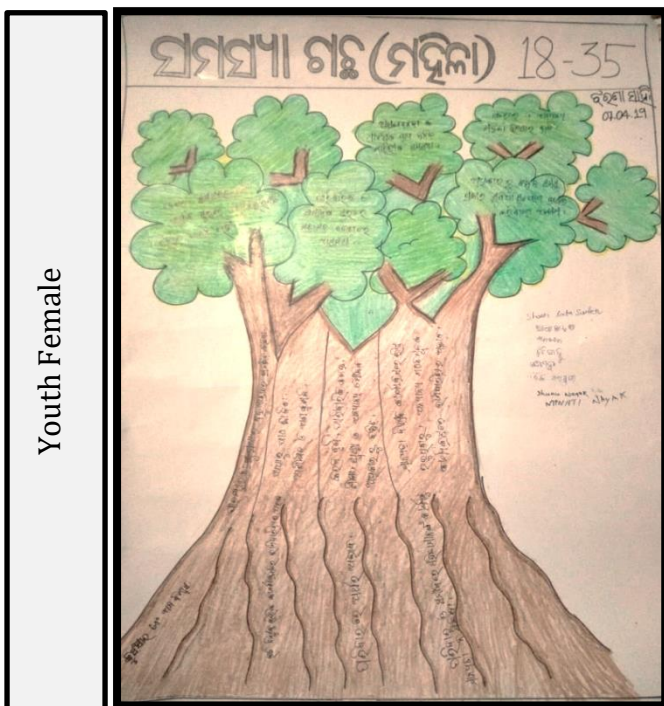
Youth Female
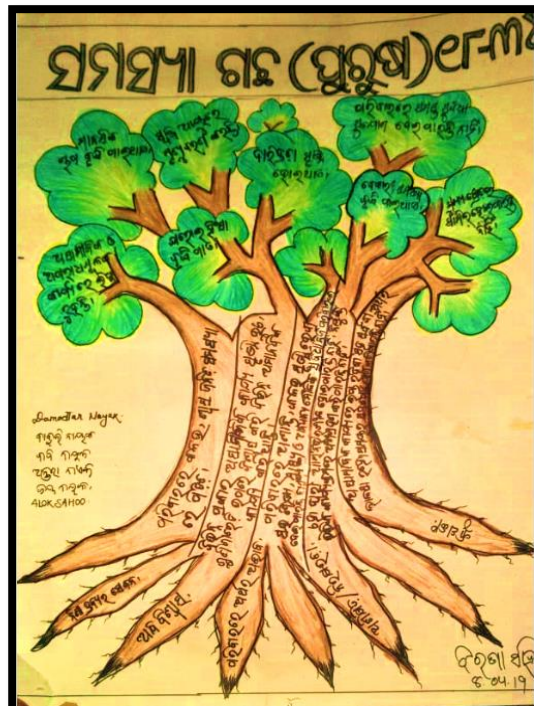
Youth Male

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.
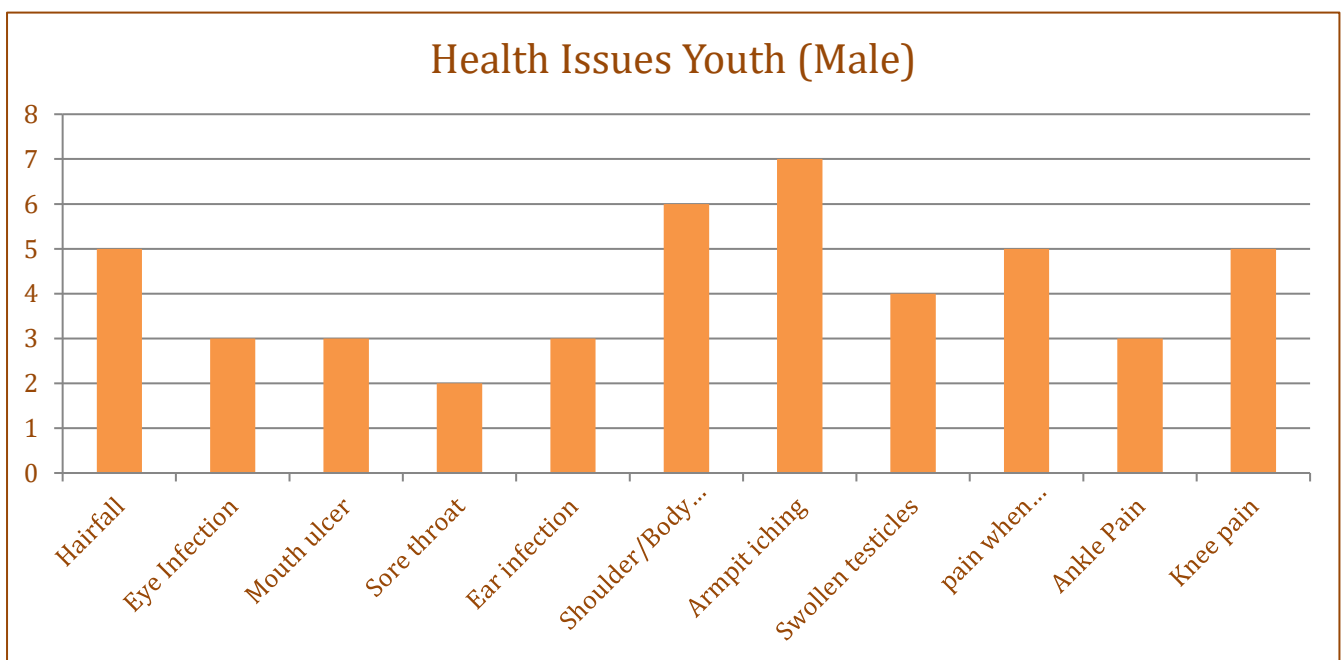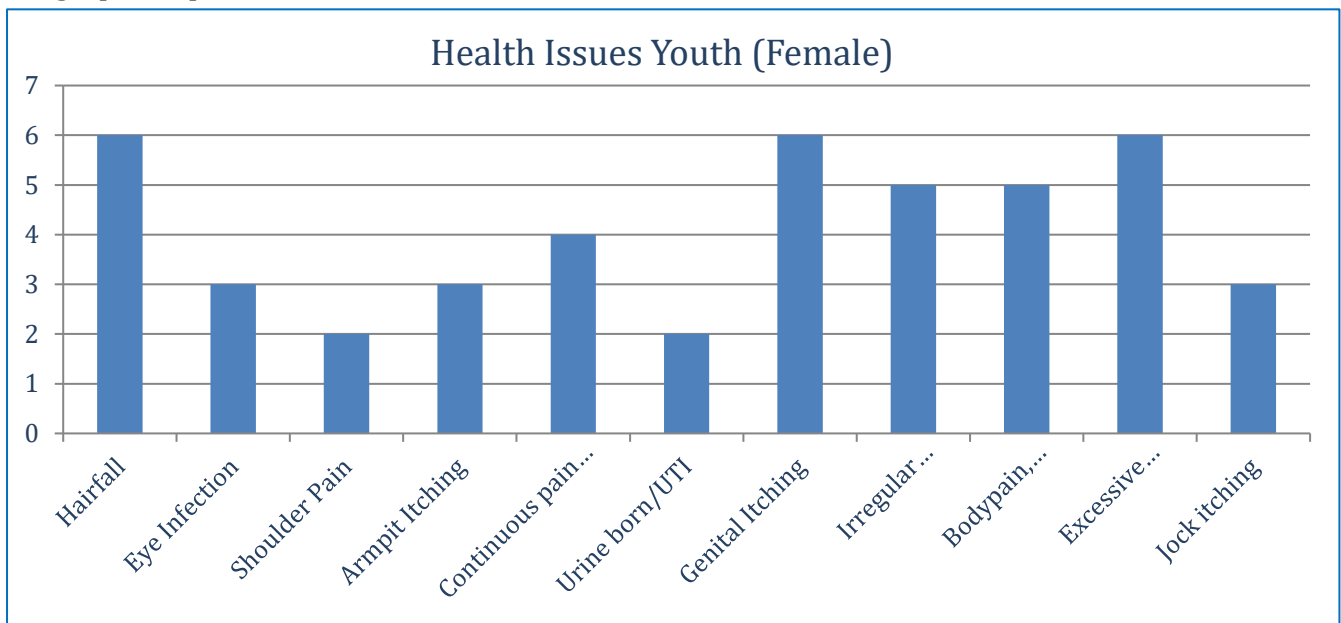
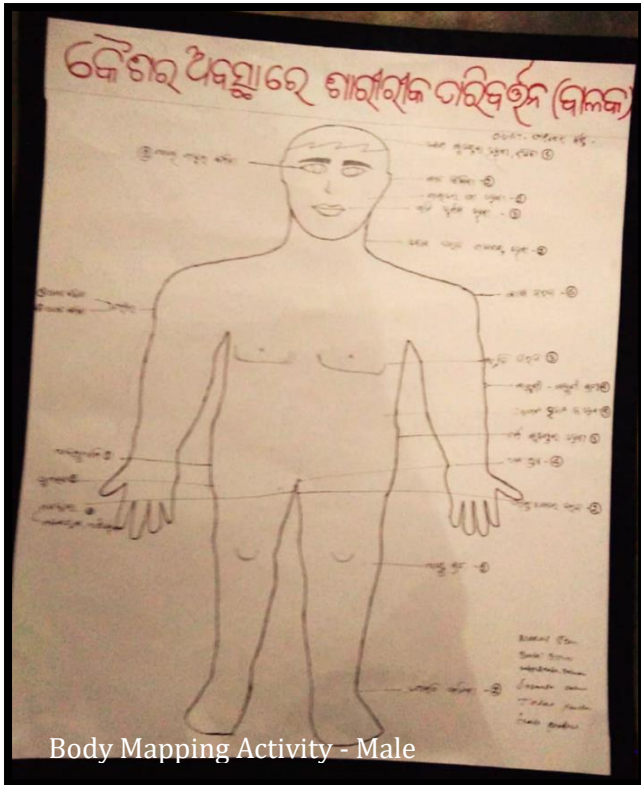|	Questionnaire to understand Knowledge about & Access to Social Security Schemes & Services Humara Bachpan Trust-Bhubaneswar Name of the Project-Socially Smart Initiative Name of the Community:Jharana Sahi Number of the Respondents:20									
		Do you know about		Did you avail the benefits ever		Reasons for not availing services				
Sl No	Name of the Scheme	Yes	No	Yes	No	Didn't need yet	Too much of formalities	Couldn't reach the proper authority	Services are not good	Tried, but didn't get
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 Surakhya 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 Initatives	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 (Maleria, 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 Schime/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 foor)	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.
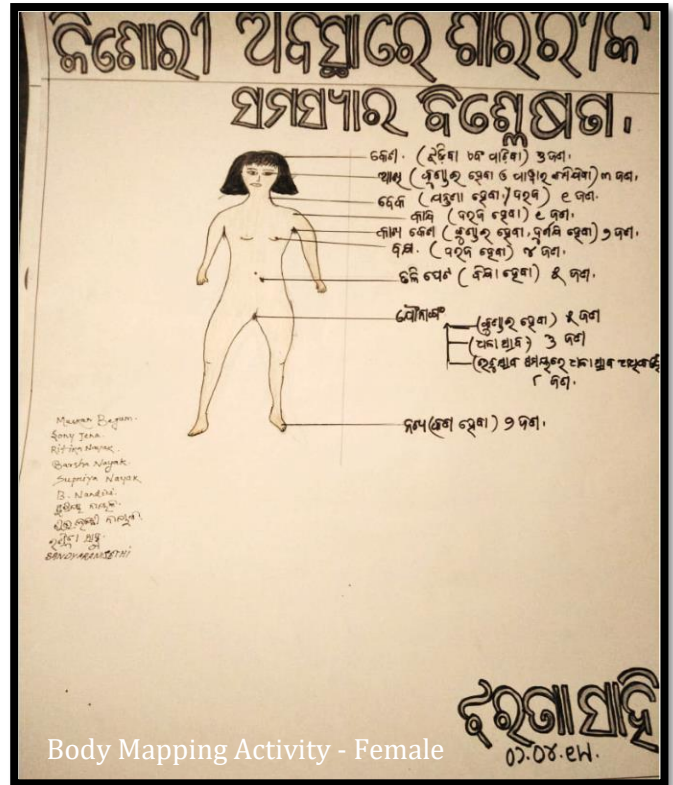
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

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.

Health Issues Youth (Female)

Category	Value
Hairfall	6
Eye Infection	3
Shoulder Pain	2
Armpit Itching	3
Continuous pain…	4
Urine born/UTI	2
Genital Itching	6
Irregular …	5
Bodypain,…	5
Excessive…	6
Jock itching	3

Health Issues Youth (Male)

Category	Value
Hairfall	5
Eye Infection	3
Mouth ulcer	3
Sore throat	2
Ear infection	3
Shoulder/Body…	6
Armpit iching	7
Swollen testicles	4
pain when…	5
Ankle Pain	3
Knee pain	5

Body Mapping Activity - Male

Body Mapping Activity - Female

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 whereas 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 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.

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	Early Marriage & Early Pregnancy
Priority 2	Unemployment &Poverty	Priority 2	Unemployment &Poverty
Priority 3	Bad Company	Priority 3	Gender Discrimination
Priority 4	Superstition & Blind Belief	Priority 4	Domestic Violence
Priority 5	Lack of Positive Environment.	Priority 5	Superstition & Blind Belief
Adolescent-Boys		Adolescent-Girls	
Priority 1	Alcohol Consumption	Priority 1	Gender Discrimination
Priority 2	Unemployment & Poverty	Priority 2	Early Marriage & Early Pregnancy
Priority 3	Bad Company	Priority 3	Lack of Awareness & Education
Priority 4	Lack of Positive Environment.	Priority 4	Safety & Security

Prioritization of Infrastructural Issues	
Priority 1	Open Space/ Playground
Priority 2	Electricity
Priority 2	Community Dustbin
Priority 3	Community Toilet
Priority 4	Housing
Priority 5	Water

Prioritization of Social Issues

Male

Female

Adolescent-Boys

Adolescent-Girls

Prioritization of Infrastructural Issues

6. RECOMMENDATIONS & PLAN

Sl No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1.	Poverty & Unemployment	1. Enrolling unemployed youth in different skill building program & providing handholding support 2. The family income to be enhanced through engaging both male & female members into different income generating activities (IGA) 3. The households should be aware of different financial management processes	1. Youth will be employed & engaged in IGA 2. Increased family income 3. Habit of savings & balance of income & expenditure is maintained.	1. Skill development institutes, banks for financial linkages & placement agencies 2. HBT youth leaders conduct module meeting of financial management	HBT support for skill training and linkages building
2.	Lack of Education & awareness.	1. Making the adolescent and youth about the importance of education in career building. 2. Making the parents aware and conscious about the importance of education of their children. 3. Exposure to awareness programs and educational programs like technical education institutions.	1. Youth and adolescent will be motivated to continue and complete their basic education. 2. Parents are more concern about the education of children. 3. Drop out youth & adolescents are enrolled into technical & vocational education.	1. Adolescent & youth club members 2. SAMBHAVI group members. 3. Govt ITI & vocational training centre	HBT support for conducting training and linkages building.
3.	Alcohol Consumption	1. Awareness meeting among adolescent & youth groups making them aware about the negative impact of alcohol consumption 2. Community meeting and planning to remove illegal liquor shops 3. Motivational program among the addicted people and enrol them into 'Nisha Nibaran Kendra'	1. Reduced incidence of domestic violence 2. Reduced incidence of crimes 3. Reduced death from liver and kidney damage	1. Adolescent & youth peer leaders & club members 2. SAMBHAVI women's group 3. Police 4. Nisha Mukti Kendra	HBT to support in preparing the charter of demand to remove local alcohol shops and follow up till the solution is achieved
4.	Early Marriage	1. Awareness meeting among adolescent girls groups making them aware about the negative impact of early marriage on body and lifestyle 2 Community meeting and planning including both male and female members of the community to reduce early marriage	1. Reduced/No incidence of early marriage among girls 2. Reduced incidence of still birth among young mothers	1. Adolescent & youth peer leaders & club members 2. SAMBHAVI women's group 3. Women & Child Desk (Police) 4. One stop centre 'SAKHI'	
5.	Superstition & Blind Belief	1. Awareness programs & community meetings among youth & adolescents about the ill impact of the practice. 2. Community awareness through street play and open mic program	1. Reduced superstitious practice 2. Increased access to healthcare services instead of going to 'ojha' & 'Gunias'.	1.Adolescent & youth club members 3. SAMBHAVI group members	Superstition & Blind Belief
6.	Gender based Discrimination	1. Community meeting and planning including both male and female members of the community to reduce discriminatory practices 2. Orientation of male youth members to act as change agent and stop discriminatory practices in their community	1. Reduced incidence of discriminatory activities 2. Reduced incidence of gender-based violence	1. Adolescent & youth peer leaders & club members 2. SAMBHAVI women's group	

Sl No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1.	Electricity	1. Open wires should not be let to hang at a lower height. 2. Multiple connection from a single electric pole should be avoided. 3. Electric pole near the work place should be avoided for sudden accidents. 4. Solar light facility.	1. Avoid short circuits and accidents.	1. Community Leaders. 2. HBT youth leaders. 3. Corporator 4. Junior Engineer, Board of Electricity, Odisha	HBT to support in preparing the charter of demand and follow up till the solution is achieved
	Community Dustbin	1. Dustbins should be installed as per the ratio of population in the community	1. Garbage free community and healthy environment	1. Community Leaders. 2. HBT youth leaders. 3. Corporator 4. Bhubaneswar Municipal Corporation. 5. Jagruti.	HBT to support in preparing the charter of demand and follow up till the solution is achieved
	Community Toilet	1. Should be build in an appropriate place. 2. Should be hygiene. 3. Should have electricity facility to make it safe at night. 4. Regular cleanliness during rainy season.	1. Avoid open defecation. 2. Avoid falling ill. 3. Make a healthy community.	1. Community Leaders. 2. HBT youth leaders. 3. Corporator. 4. Bhubaneswar Municipal Corporation. 5. Additional Commissioner, Sanitation.	HBT to support in preparing the charter of demand and follow up till the solution is achieved
2.	Housing	1. Houses should be in the form of flats. 2. Rectangular in shape. 3. Separate rooms for cooking, sleeping and studying. 4. Separate toilets. 5. Steps of the building should be lower. 6. Windows of the house should be frontal.	Each one of them gets a permanent place/house.	1. Community Leaders. 2. HBT youth leaders. 3. Corporator 4. Housing & Urban Development Dept, Govt of Odisha. 5. Common Service Centre,Pradhan Mantri Awas Yojana (Urban).	HBT to support in preparing the charter of demand and follow up till the solution is achieved
4.	Water Issues	1. Water tanks should be in the higher place, preferably terrace. 2. Water taps should be in ratio with the houses. 3. Tube wells should be away from drains.	1. Availability of 24hrs water supply. 2. Children and elders will be away from water borne diseases.	1. Community Leaders. 2. HBT youth leaders. 3. Corporator 4. Executive Engineer, Public Health Engineering Dept.	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
7.	Open Drain	1. Drains should be covered. 2. Dustbins should be placed as per population.	1. Garbage free community and healthy environment	1. Community Leaders. 2. HBT youth leaders. 3. Corporator 4. Bhubaneswar Municipal Corporation	HBT to support in preparing the charter of demand and follow up till the solution is achieved

7. SOLUTION TREE

Adolescent-Boys

Adolescent-Girls

Male

Female
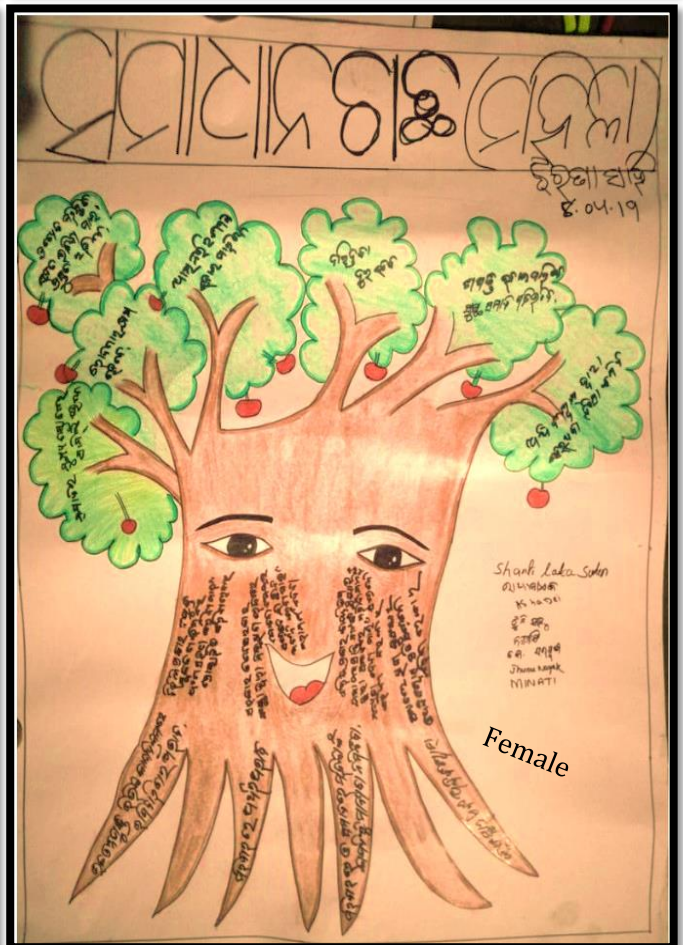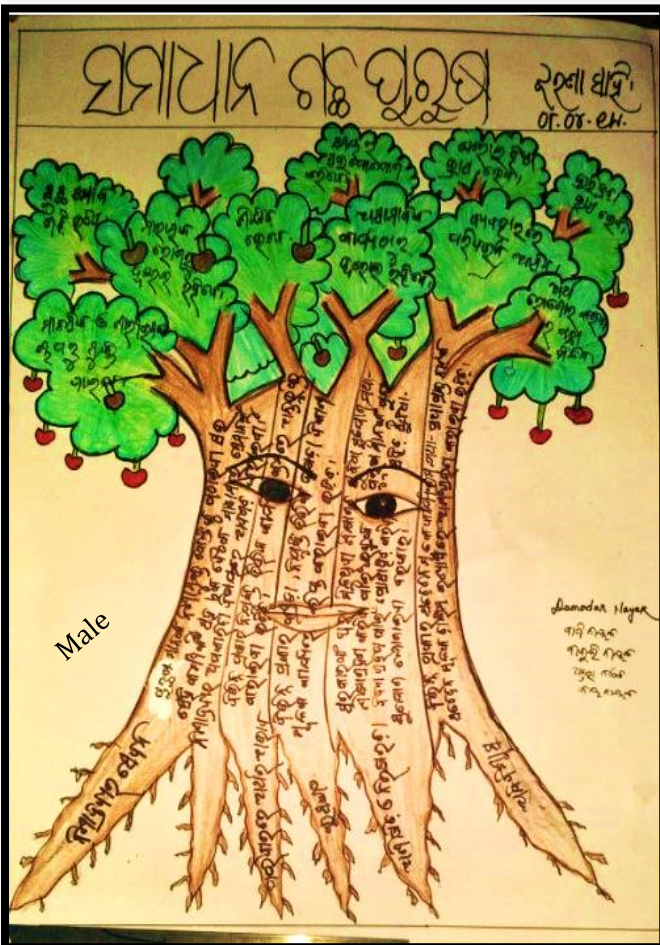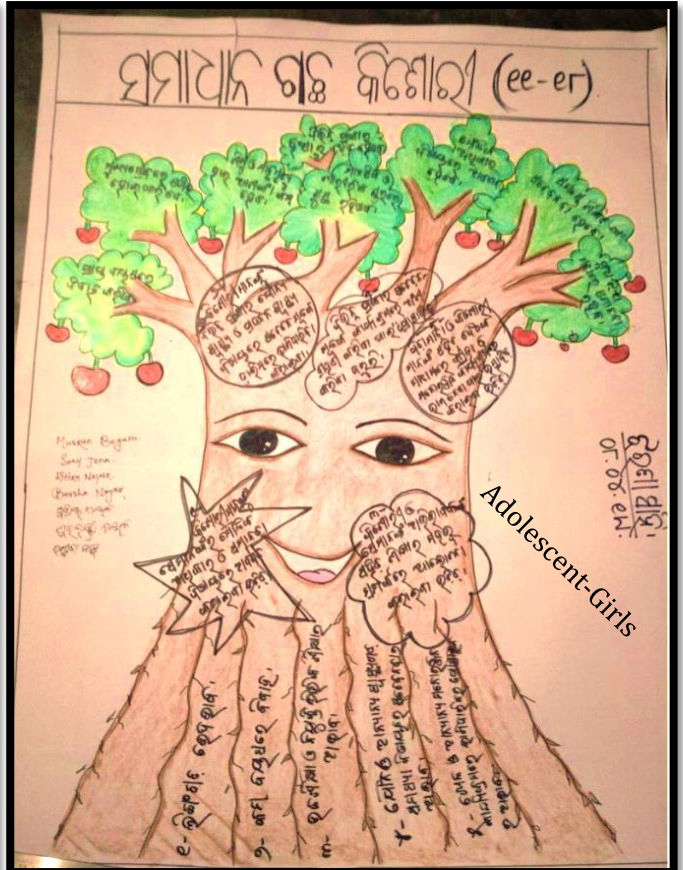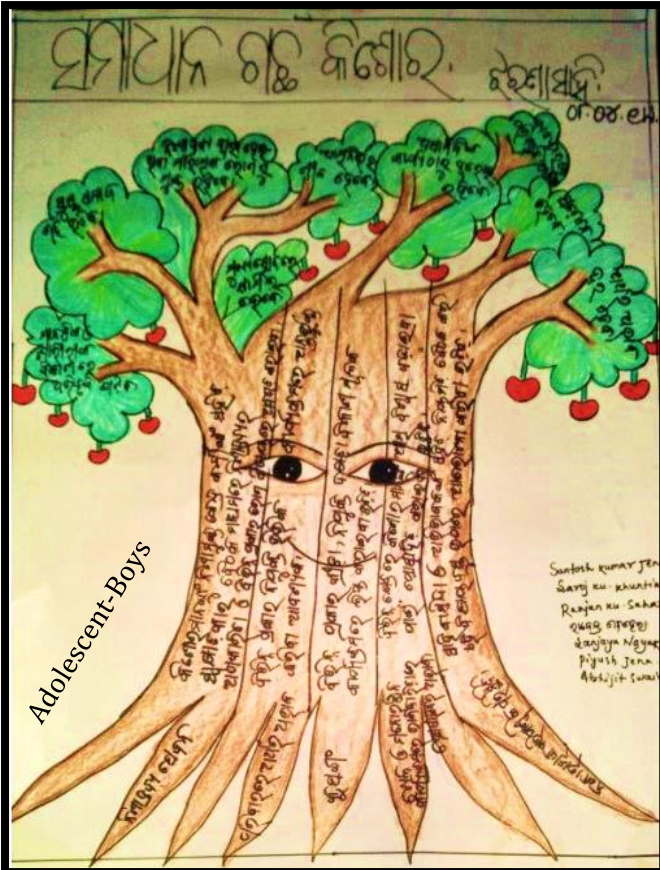
8. ABOUT THE PROCESS

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

9. COMMUNITY RESOLUTION

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