

Turning Dreams into Reality....



Transforming **Kanjia Huda** into a Socially SMART Neighbourhood

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HUMARA BACHPAN

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1. About the Community

Kanjai Huda is one of the oldest communities of Bhubaneswar city. It is a 40-year-old community established in the year 1976. Kanjia Huda is located 50 metres from the Kharvel Nagar Police Station. Our community is spread over an area of 11136 square meter of land. People from various other cities like Cuttack, Puri, Khurda, Ganjam migrated to the city for livelihood. Initially there were only few families who started living with their families in the community. Gradually people started increasing and today the population of the community is 587 with 157 houses.

The people who migrated and started living in the community had named their community as Harijan Sahi but later they named it as Kanjia Huda. People were Sweepers and earned their living as Safia Karmachari in Bhubaneswar Municipal Corporation. Many people of the community were under the influence of alcohol and drugs due to which there were clashes among themselves and women and girls were deprived of moving out of the houses. Gradually the situation improved, and all people live together without any disturbances.



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	
45	36	48	39	32	26	146	119	50	42	323	264	157

Vulnerable Population

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

Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
140	17	0	0	5	135		17	0



Situational Analysis

Livelihood

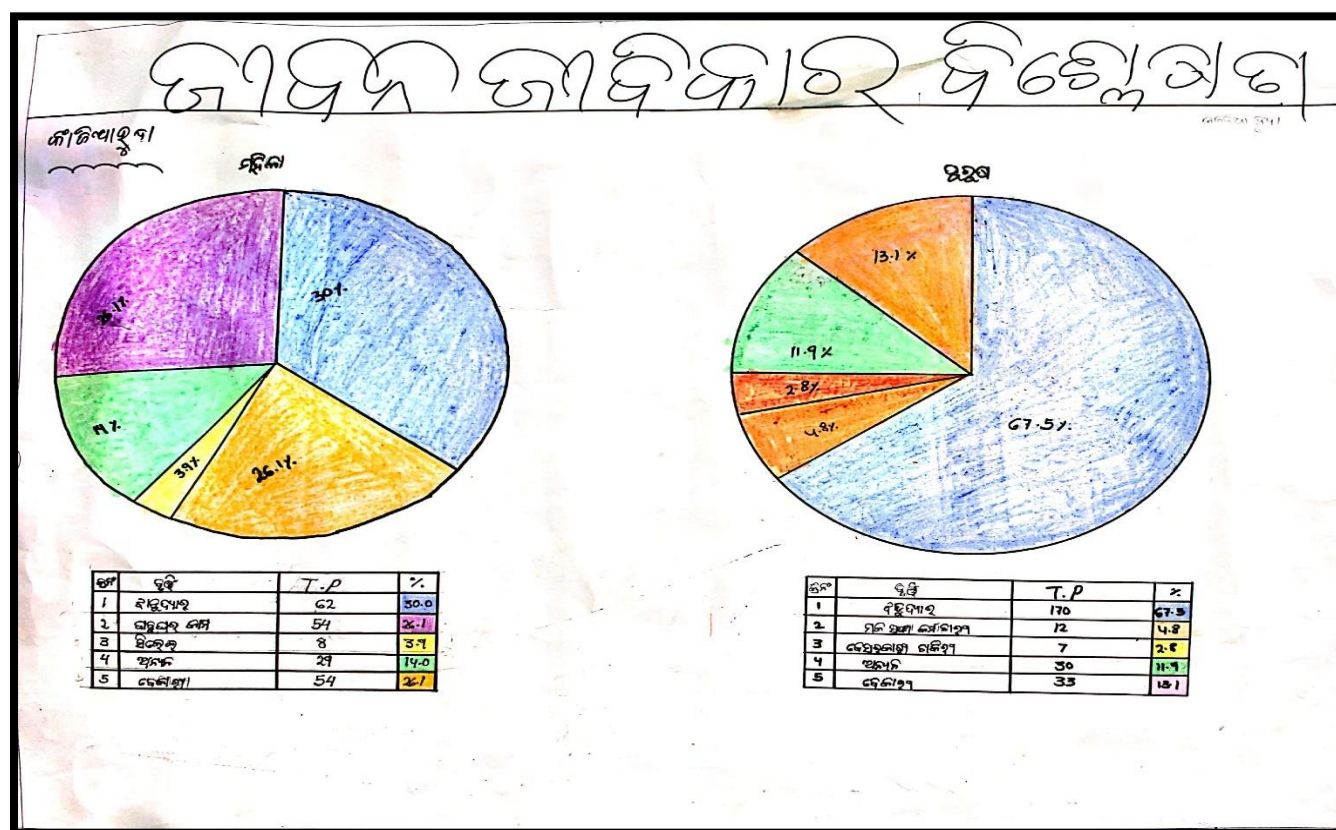
This section analyses the employment status of the working age population (18 to 65 years) of our community. In particular, analysis has been carried out on employment status of the working age members living in the community involved in various livelihood options.

Primary Occupation

There are 157 numbers of households with 587 population residing in Kanjia Huda community, out of which 70% (957) are of working age group (18 to 65 years).

Majority of working age group (about 70%) are Sweepers. 25% of the female population earn their livelihood as domestic helpers or tailoring.

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 (Dark Blue)	170	62
2	Domestic Helpers (Purple)	-	54
3	Tailoring (Yellow)		8
4	Manual Scavengers (Brown)	12	--
5	Non-Government jobs (Red)	7	--
6	Other business (Green)	30	29
7	Unemployed (Orange)	33	54

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 Railway Colony.

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.

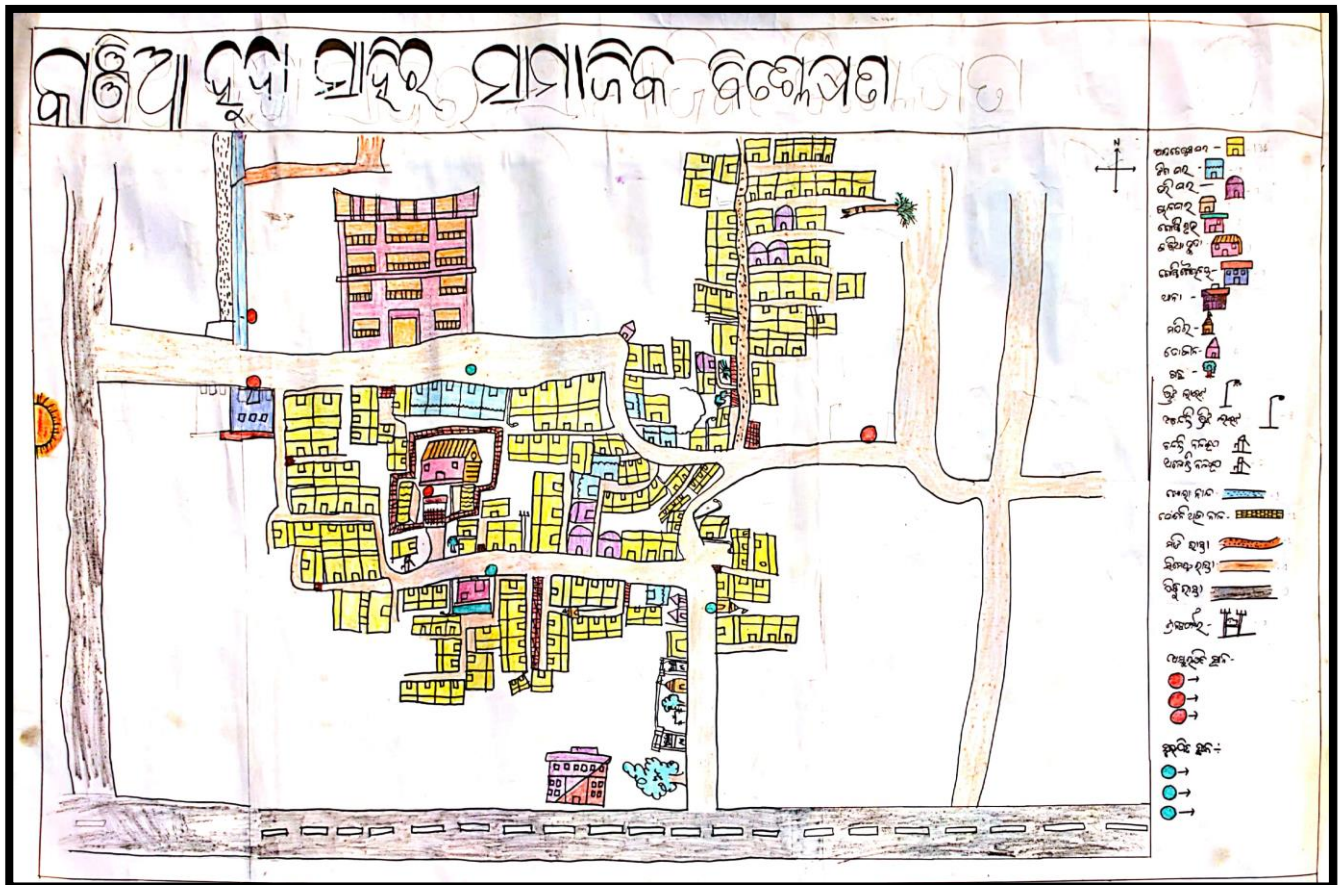
Electric Connection: The electric pole in our community is placed in the middle of the road and our houses are in an around the pole. The electric wires in some places are hanging open causing the risk of short circuit during rainy season. Multiple electric connection (more than 10) are connected from 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.

Water: Water connection point is available in almost all the houses however people depend on the time and hour in which the water is available which becomes difficult for the families to store when they are at work and also the water supply is irregular which give rise to difficult situation in every summer season when there is high dependency.

Dustbin: Maintenance and timely cleaning of dustbin is not regularly conducted due to which the inhabitants 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.

Toilet: Very few households of our community have individual household latrines and one community toilet in the community. The community toilet is not in proper condition due to which people feel reluctant in using the same.

Roads: Roads in our community are not maintained properly and very few street light are in working condition. This makes the movement of women and girls unsafe during evening hours while returning from their respective works. Children playing on the roads or ring bicycle fall down and have injuries due to which the parents restrict them to play most of the times.



Social Map

Safety

Humara Bachpan Trust 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-Short-cut Road to Mali Sahi: We find the place unsafe as the road is not lighted and boys and male gather and 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-Community Toilet: This place unsafe as it has no electricity is always occupied by drug addicts and anti-social elements during the evening hours.

Unsafe Point 3-Kanjia Huda: Due to unavailability of electricity the place remains unlighted and become difficult for females to use that road as male gather there and pass comments at girls.

Unsafe Point 4-Bangali Gali: The road is unlighted and few people especially women use that road as it is very unsafe, and male spend time during long evening hours and are also involved in anti-social activities.

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**.

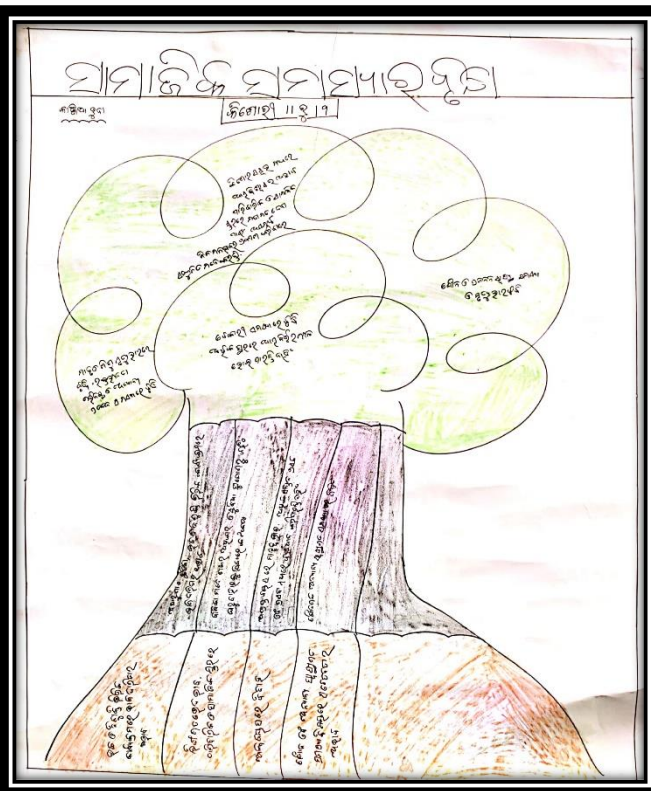
The major social obstacles and their impact on wellbeing listed out by the adolescent and youth groups are given below:

Social Issues faced by Adolescent

Target Group	Root Causes	Issues	Impact
Adolescent (Male)	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
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education	Inadequate income generation opportunity.
	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,
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	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)	Restricted approach to higher/technical education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	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
	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.
	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls



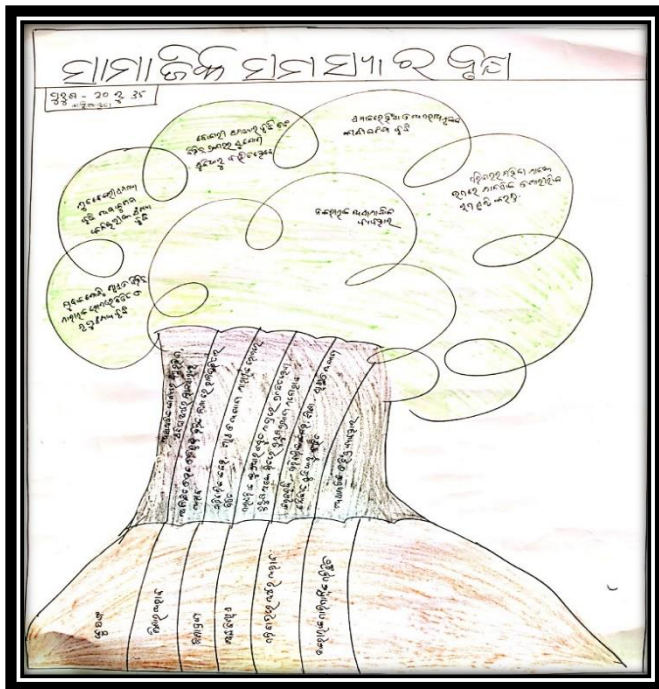
Problem Tree of Social Issues
(Adolescent - Male)



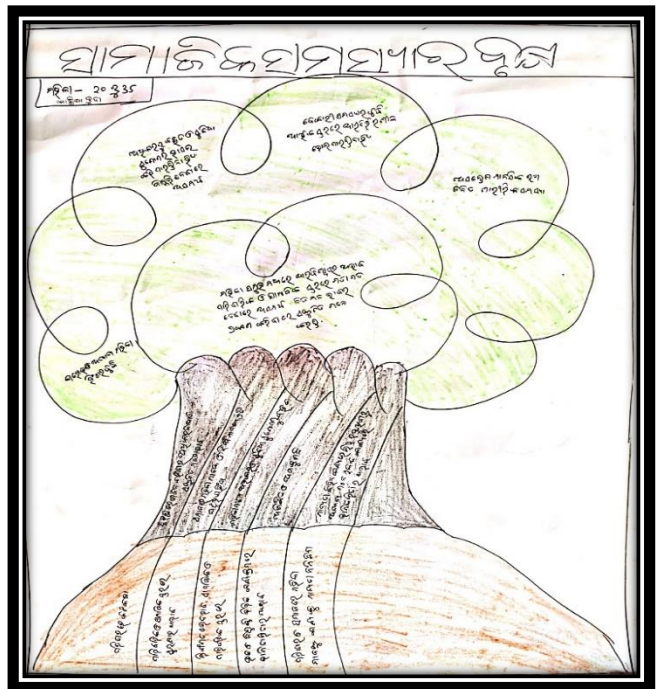
Problem Tree of Social Issues
(Adolescent - Female)

Social Issues faced by Youth

Target Group	Root Causes	Issues	Impact
Youth (Male)	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
	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
	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)	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls
	Domestic Violence	Financial constraints; gender discrimination	Limited income opportunity; Male waste money in alcohol consumption & drugs.
	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.
	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
	Early Marriage	Early Pregnancy	Anaemia, frequent abortion, sexual & reproductive health



Problem Tree of Social Issues
(Youth - Female)



Problem Tree of Social Issues
(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, Biju Swasthya Kalyan Yojana, free immunization services and family planning services are very much popular.

The interviewed participants found to be completely unaware about the schemes like Free Cancer treatment & Chemotherapy, Free dialysis, Sunetra scheme 'Ama Clinic', National Vector borne disease control program, Madhu Babu Pension 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:Karjia Huda												
Sl No	Name of the Scheme	Do you know about		Did you avail the benefits ever			Reasons for not availing services					
		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	1	0	0
2	Free Dialysis	0	20	0	0	0	0	0	0	0	0	0
3	Ambulance service (102 & 108)	20	0	8	12	8	0	0	0	4	0	0
4	Khushi - Free Sanitary Napkin provision for Women and adolescents	12	8	3	9	0	0	0	4	5	0	0
5	Free Cancer treatment & Chemotherapy	1	19	0	1	1	0	0	0	0	0	0
6	Treatment of Mental patients	0	20	0	0	0	0	0	0	0	0	0
7	Sunetra scheme (Free Cataract surgery & treatment)	0	20	0	0	0	0	0	0	0	0	0
8	Ama Clinic Service	10	10	8	2	1	0	1	1	0	0	0
9	Jana Ausadhi Yojana (Niramaya Medicines)	20	0	15	5	2	0	0	0	3	0	0
10	Help from Chief Minister Relief Fund	15	5	0	15	12	2	1	1	0	0	0
11	Janani Surakhya Yojana	20	0	18	2	0	0	0	0	0	0	0
12	Mamata Scheme	17	3	13	4	0	1	2	2	1	0	0
13	Free Immunization to prevent child from 12 preventable diseases	20	0	15	5	1	1	1	1	2	0	0
14	National Iron Plus Initiatives	8	12	6	2	0	0	2	0	0	0	0
15	National Adolescent Health program	11	9	5	6	1	0	3	2	2	0	0
16	Free Family Planning (Contraceptive) services	20	0	20	0	0	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	0	0
18	About Mamata Diwas, UHND, AWC	20	0	18	0	0	0	2	0	0	0	0
19	Harischandra Yojana	14	6	5	9	8	1	0	0	0	0	0
20	Biju Swasthya Kalyan Yojana	20	0	20	0	0	0	0	0	0	0	0
21	National Pension Scheme/Atal Pension Yojana	12	8	5	7	4	1	0	0	0	2	0
22	Madhu Babu Pension Yojana	2	18	2	0	0	0	0	0	0	0	0
23	Aahar Centre (Subsidized food)	15	5	8	7	7	0	0	0	0	0	0
24	Banishree Yojana	2	18	1	1	0	0	0	0	0	0	0

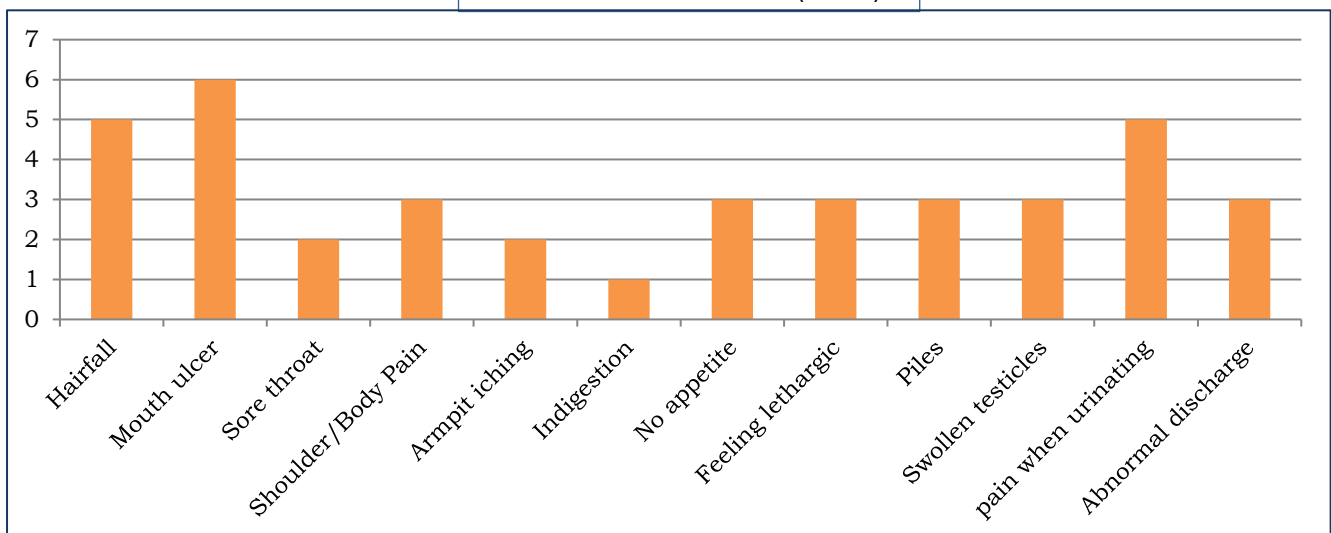
Health Issues & Challenges Among Youth & Adolescents

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 due to unhygienic living conditions, unhealthy food habits, lack of physical activities and lifestyle changes which include both communicable and non-communicable diseases.

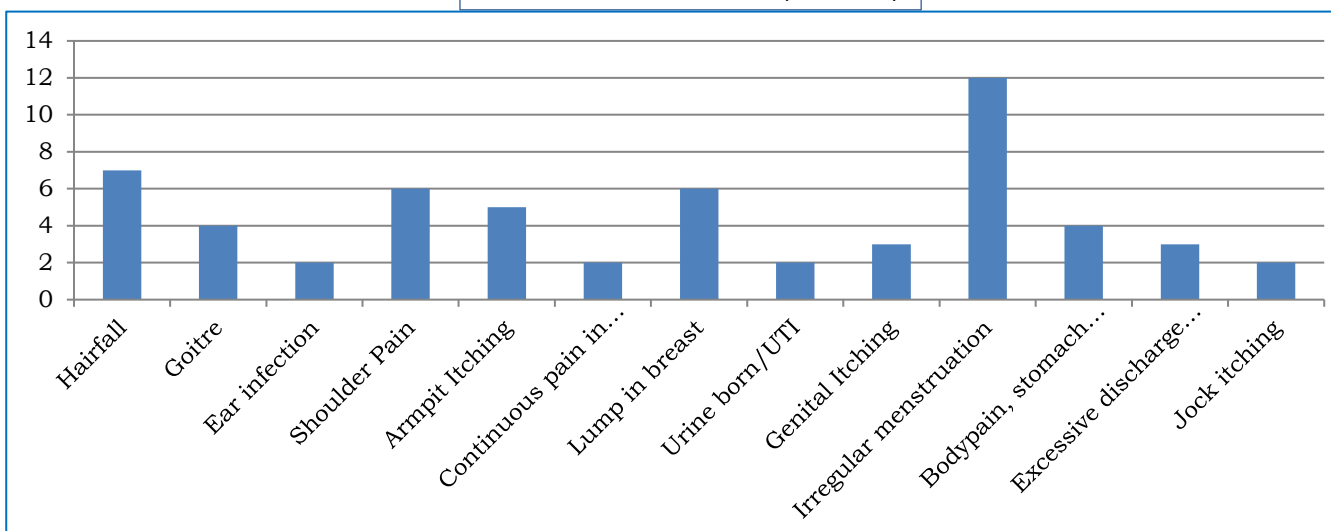
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

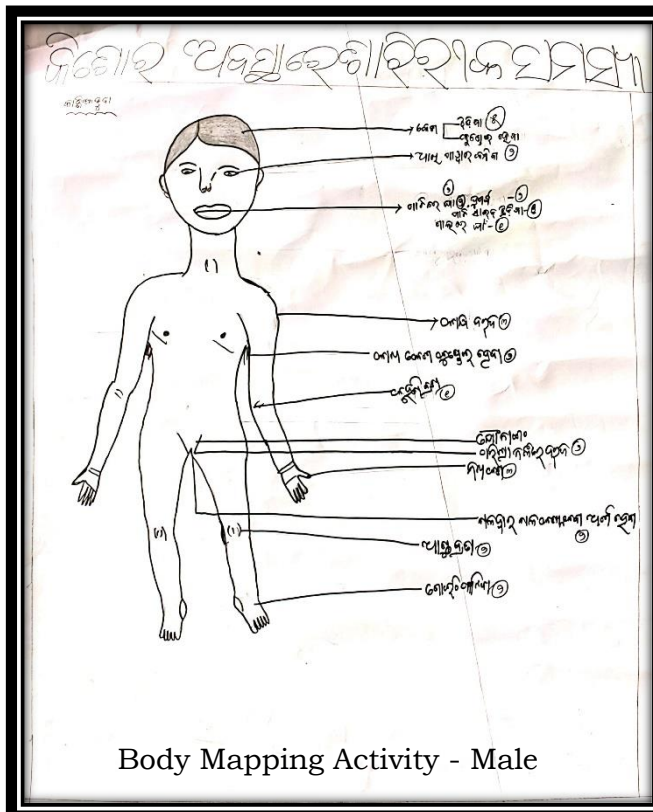
We made life-size drawing of human body and then started discussing about the health issues we experience in our various body parts; started from the head/hair to the toe of the feet. We identified and listed out the health problems mostly we suffer from and thus some health issues that we hesitate to 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 (Male)

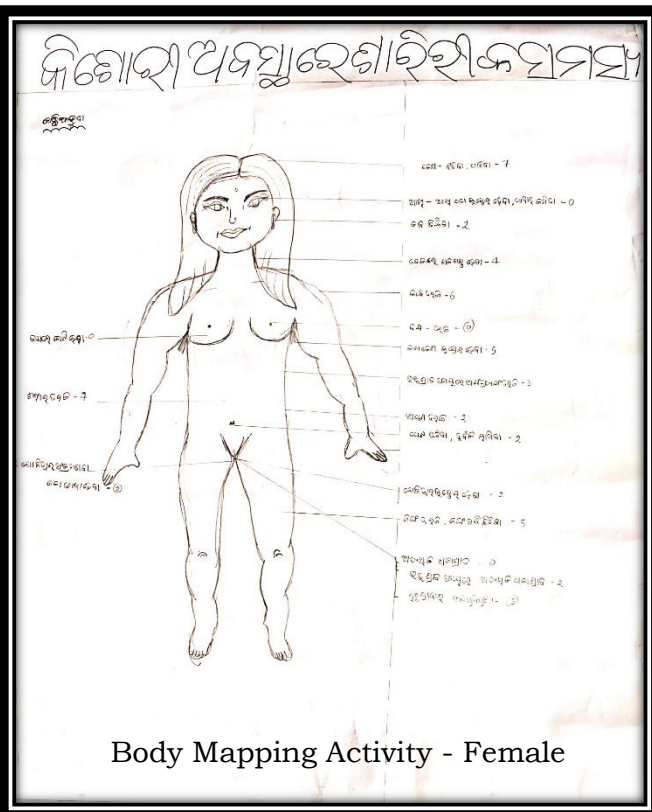


Health Issues Youth (Female)





Body Mapping Activity - Male



Body Mapping Activity - Female

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 50% among the study population. Only among 45% of the respondents, positive attitude was found for contraceptive use and 45% 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.

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.

4. 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	
Priority 1	Unemployment & Poverty
Priority 2	Lack of Awareness & Education,
Priority 3	Domestic violence
Priority 4	Alcohol Consumption
Priority 5	Early Marriage & Early Pregnancy
Prioritization of Infrastructural Issues	
Priority 1	Electricity
Priority 2	Water Issues
Priority 2	Non-functional Community Toilet
Priority 3	Anganwadi building
Priority 4	Community Dustbin
Priority 5	Open Drain

Prioritization of Social Issues

Prioritization of Infrastructural Issues

5. Recommendations & Plan

Sl No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Poverty & Unemployment	<ol style="list-style-type: none"> Enrolling unemployed youth in different skill building program & providing handholding support The family income to be enhanced through engaging both male & female members into different income generating activities (IGA) The households should be aware of different financial management processes 	<ol style="list-style-type: none"> Youth will be employed & engaged in IGA Increased family income Habit of savings & balance of income & expenditure is maintained. 	<ol style="list-style-type: none"> Skill development institutes, banks for financial linkages & placement agencies HBT youth leaders conduct module meeting of financial management 	HBT support for skill training and linkages building
2	Lack of Education & awareness.	<ol style="list-style-type: none"> Making the adolescent and youth about the importance of education in career building. Making the parents aware and conscious about the importance of education of their children. Exposure to awareness programs and educational programs like technical education institutions. 	<ol style="list-style-type: none"> Youth and adolescent will be motivated to continue and complete their basic education. Parents are more concern about the education of children. Drop out youth & adolescents are enrolled into technical & vocational education. 	<ol style="list-style-type: none"> Adolescent & youth club members SAMBHAVI group members. Govt ITI & vocational training centre 	HBT support for conducting training and linkages building
3	Domestic Violence	<ol style="list-style-type: none"> Awareness program among women groups Self-defence training for young and adolescent girls. Motivating women to be engaged in income generating activities Legal awareness program for women and girls about the acts and provisions to fight against any form of violence 	<ol style="list-style-type: none"> Reduced incidence of domestic violence Girls & women with self-defence training feeling confident Increased freedom & mobility among women & girls 	<ol style="list-style-type: none"> Adolescent & youth peer leaders & club members SAMBHAVI women's group Women & Child Desk (Police) One stop centre 'SAKHI' State Women Commission 	<ol style="list-style-type: none"> Humara Bachpan Trust State Women Commission District Legal Services Authority
4	Alcohol Consumption	<ol style="list-style-type: none"> Awareness meeting among adolescent & youth groups making them aware about the negative impact of alcohol consumption Community meeting and planning to remove illegal liquor shops Motivational program among the addicted people and enrol them into 'Nisha Nibaran Kendra' 	<ol style="list-style-type: none"> Reduced incidence of domestic violence Reduced incidence of crimes Reduced death from liver and kidney damage 	<ol style="list-style-type: none"> Adolescent & youth peer leaders & club members SAMBHAVI women's group Police 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
5	Early Marriage	<ol style="list-style-type: none"> Awareness meeting among adolescent girls groups making them aware about the negative impact of early marriage on body and lifestyle Community meeting and planning including both male and female members of the community to reduce early marriage 	<ol style="list-style-type: none"> Reduced/No incidence of early marriage among girls Reduced incidence of still birth among young mothers 	<ol style="list-style-type: none"> Adolescent & youth peer leaders & club members SAMBHAVI women's group Women & Child Desk (Police) One stop centre 'SAKHI' 	

Sl No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Electricity	<ol style="list-style-type: none"> Open wires should not be let to hang at a lower height. Multiple connection from a single electric pole should be avoided. Electric pole near the work place should be avoided for sudden accidents. Solar light facility. 	<ol style="list-style-type: none"> Avoid short circuits and accidents. 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator Junior Engineer, Board of Electricity, Odisha 	HBT to support in preparing the charter of demand and follow up till the solution is achieved
2	Water Issues	<ol style="list-style-type: none"> Water tanks should be in the higher place, preferably terrace. Water taps should be in ratio with the houses. Tube wells should be away from drains. 	<ol style="list-style-type: none"> Availability of 24hrs water supply. Children and elders will be away from water borne diseases. 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator Executive Engineer, Public Health Engineering Dept. 	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
3	Community Toilet	<ol style="list-style-type: none"> Should be hygiene. Should have electricity facility to make it safe at night. Regular cleanliness during rainy season. 	<ol style="list-style-type: none"> Avoid open defecation. Avoid falling ill. Make a healthy community. 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator. Bhubaneswar Municipal Corporation. Additional Commissioner, Sanitation. 	HBT to support in preparing the charter of demand and follow up till the solution is achieved
4	Anganwadi Centre	<ol style="list-style-type: none"> Centre should be near to the neighborhood. Centre should be built in proportion to the number of children. Rooms should be properly ventilated. Separate kitchen. Toilets should be child friendly. Water taps should be at a lower height. There should be open space outside the AWC for children to play. 	<ol style="list-style-type: none"> Proper development of children. 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator AWW. ASHA . Child Development Project Officer. 	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
5	Community Dustbin	Dustbins should be installed as per the ratio of population in the community	<ol style="list-style-type: none"> Garbage free community and healthy environment 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator Bhubaneswar Municipal Corporation. Jagruiti. 	HBT to support in preparing the charter of demand and follow up till the solution is achieved
6	Open Drain	<ol style="list-style-type: none"> Drains should be covered. Dustbins should be placed as per population. 	<ol style="list-style-type: none"> Garbage free community and healthy environment 	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator Bhubaneswar Municipal Corporation 	HBT to support in preparing the charter of demand and follow up till the solution is achieved

6. 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 feeling 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

7. Community Resolution

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Community + ସାଧାରଣ ଆକାରର ୩.୦୦ ଲକ୍ଷର ଶିକ୍ଷା ହେ
Human Development & Socially Protected Smaller City
ଦର୍ଶାଉଛି ଯେ ଯେତେ ଅନୁକୂଳ କରାଯାଉଛି, ତାହା ଯେତେ
ମୁକାବିଲା କରାଯାଉଛି, ତାହା ଯେତେ ସମ୍ଭବ ମାନବ ସମ୍ବଳ
କରିବାକୁ ଯାଉଛି ତାହା ଯେତେ ସମ୍ଭବ କରାଯାଉଛି।

ମୂଲ୍ୟାଙ୍କନର ଲକ୍ଷ୍ୟ :- ଉଚ୍ଚମାନ କଳ୍ପିତାତ୍ମକା ଯାତ୍ରି ଶିକ୍ଷାମାନଙ୍କ
ର ସ୍ୱାଧୀନ ଚିନ୍ତା କଳ୍ପନାକୁ ଉତ୍ତୁକ କରିବା ।

ଭୁବନେଶ୍ୱରରୁ ଲୁହାଣ୍ଡା ହେଉଥିବା Humana Development
Socially Smart project ର ମାୟାଦିଆରୀ ନିଜ
Community mapping ମାଧ୍ୟମରେ ସାହିତ୍ୟ Social
Economic analysis କରିବା ଦିନରେ ନିଶ୍ଚିତ ହେଉଥିବେ।
ତହିଁ କାର୍ଯ୍ୟକ୍ରମ ଆମେ ଦେଖି ଭିତରେ କହାଯିବା। ମାତ୍ର ଶୁଦ୍ଧିଭୂତ
କହାଯାଉଥିବା। ପ୍ରକଟି ସାଧୁର ମେଣ୍ଟର ଦର୍ପି ସାହିତ୍ୟ ମୁଦ୍ରଣୋତ୍ସବ
ଓ ସାମୁଦ୍ଧୀ ମା'ମାନେ ନିଜ ଘରକୁ ଗ୍ରାମାଞ୍ଚଳରେ ସାହିତ୍ୟ ସମ୍ପାଦନ
କରିବା ସହିତ ତଳେ ଗୋଟିଏ ବିଭିନ୍ନ ଗୋଟିଏ ଗୋଟିଏ ଗୋଟିଏ
ସମ୍ପାଦନ କରିବା ପାଇଁ ଦେଖି ଦେଖି ଲୁହାଣ୍ଡା ସମାପ୍ତ ହେଉଥିବେ।
ତହିଁ ନିଜ କାର୍ଯ୍ୟକ୍ରମ ନିଜ ମଧ୍ୟରେ ଗୋଟିଏ କରିବା ସହିତ ମାତ୍ର
ଲୁହାଣ୍ଡା କରିବା ନିଶ୍ଚିତ ମଧ୍ୟ ହେଉଥିବେ।

ଉତ୍କଳାଣ୍ୟକ୍ରମ ନାୟକରେ ବର୍ତ୍ତମାନ ପରିସ୍ଥିତିକୁ
ଦିଶ୍ରେଷଣ କରିବା ସହିତ ଯାହାର ପରିସ୍ଥିତି ଓ ସାଧାରଣ ଆର୍ଥିକ
ନିମନ୍ତେ ମଧ୍ୟ ଉଦ୍ଦିଷ୍ଟ ହୋଇଛି । କହିବା ନିମନ୍ତେ ଉପାଦାନକୁ
ହୋଇପାରେ ।

ହେଉଥିବେ. ଚନ୍ଦ୍ରପୁର ଗାନ୍ଧୀନାଗରରେ ଗାନ୍ଧୀଜୀଙ୍କ ପତ୍ନୀ
ଭବନୀବେନୀଙ୍କ ପଦାବଳୀ ଉପରେ ଗାନ୍ଧୀଜୀଙ୍କ ପଦାବଳୀ ଉପରେ

Barsha Nayak
Jyoti Nayak




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