

TURNING DREAMS INTO REALITY...



Transforming “KARGIL BASTI” into a Socially SMART Neighbourhood

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1. ABOUT THE COMMUNITY

Kargil community is the second largest slum in Bhubaneswar, with close to 1200 homes and approximately 4,000 people living there. With little or no access to basic services or government support, human poverty persists. The crowded, 3km long slum runs between the airport and the major train line. During the year 1999, 15 families from Nayagarh had migrated to this area for livelihood options. The community had no such name to it hence gradually when people started residing, they named it as “Kargil Basti” as during their migration the Kargil war was initiated in Kashmir at the line of control. Gradually thereafter, people from different districts of Odisha like Nayagarh, Kendrapada, Ganjam, Jagatsinghpur, Begunia, Khordha had migrated for better livelihood to this community under Ward no-62.

We began with conducting social mapping of our community to understand the socio – economic and demographic profile of the community. Before starting the mapping exercise, we conducted a transect walk in the slum to get an understanding of the surroundings. The community is nearly 20 years old and people of this community had a very struggled living due to water and electricity problem as there were initially no electricity in the area and to fetch water people had to walk more than a Kilometre.



[Kargil Basti - Satellite Image](#)

Demographic Information

There are a total of 1144 households in the community with a population of 5000. There is a total of 2650 females and 2350 males. The slum dwellers are mostly people who have migrated from various places like Nayagarh, Ganjam, Kendrapada, Jagatsinghpur, Begunia, Khordha. People of the community speak Oriya language. Majority of the population are Hindus and very few of them are Muslims & Christians. Following table depicts the demographic profile of our community:

Population Details												
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	1144
300	400	500	600	400	300	700	800	450	550	2350	2650	

Vulnerable Population

Vulnerable Population	
Category	Population
Persons with Disabilities	20
Widows	200
Single Women	20
Single Elderly People	8

Caste & Religion Basis Segregation

Caste and Religion Basis Segregation								
Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
1080	44	20	--	500	200	244	200	--

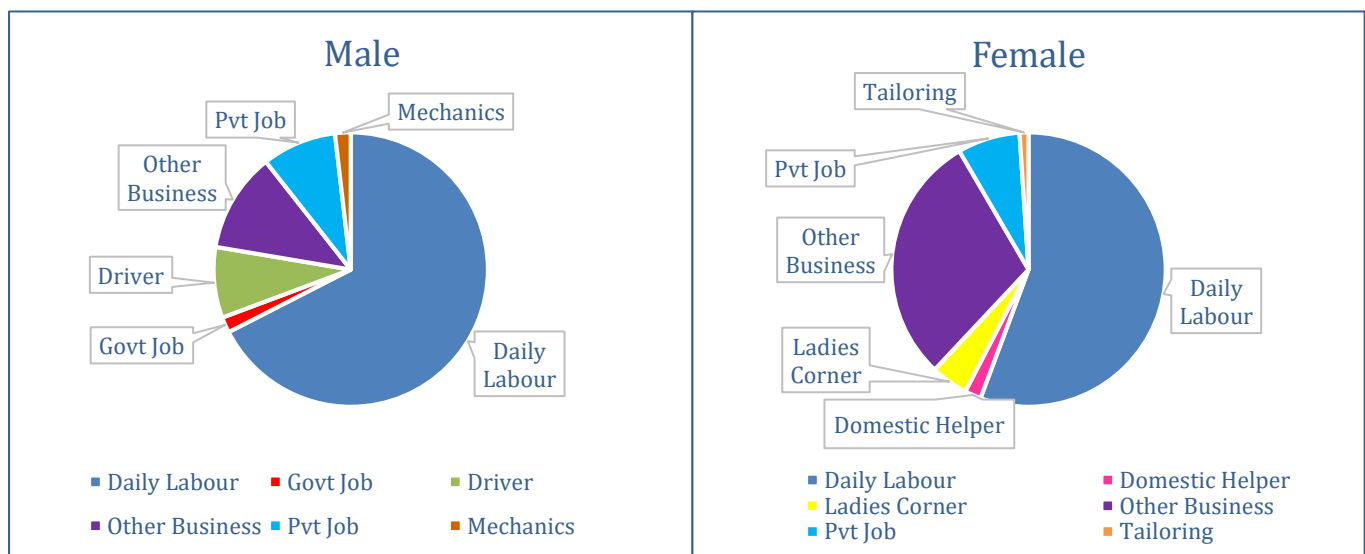
2. SITUATIONAL ANALYSIS

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.

We conducted group discussions with some women and men from our community and conducted the exercise. The people of our community are engaged in various jobs for their livelihood. Majority of the women and men are into Daily Labourer. Apart from that men work in government & private organisations and run petty businesses. Women work as domestic helpers and also are involved in other businesses like ladies corner, preparing snacks and run tailoring business.. The primary occupation of the working age male and female has been given in the table followed by the analysis of the same in the colour coded map.

Following table depicts the primary occupation:



Occupation Details			
Sl. No	Occupation Category with color code	Male (18 to 65 years)	Female (18 to 65 years)
1	Daily Labor (Blue)	477	318
2	Domestic Helper (Pink)		11
3	Pvt Job (Light Blue)	62	42
4	Other Business (Purple)	83	169
5	Driver (Grey)	59	
6.	Govt Job (Red)	13	
7.	Ladies Corner(Yellow)		25
8.	Tailoring (Green)		6
9.	Mechanic (Orange)	13	

Community Infrastructure

The population of our community has grown significantly over the years yet the housing and living conditions have remained 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 Kargil Basti.

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.

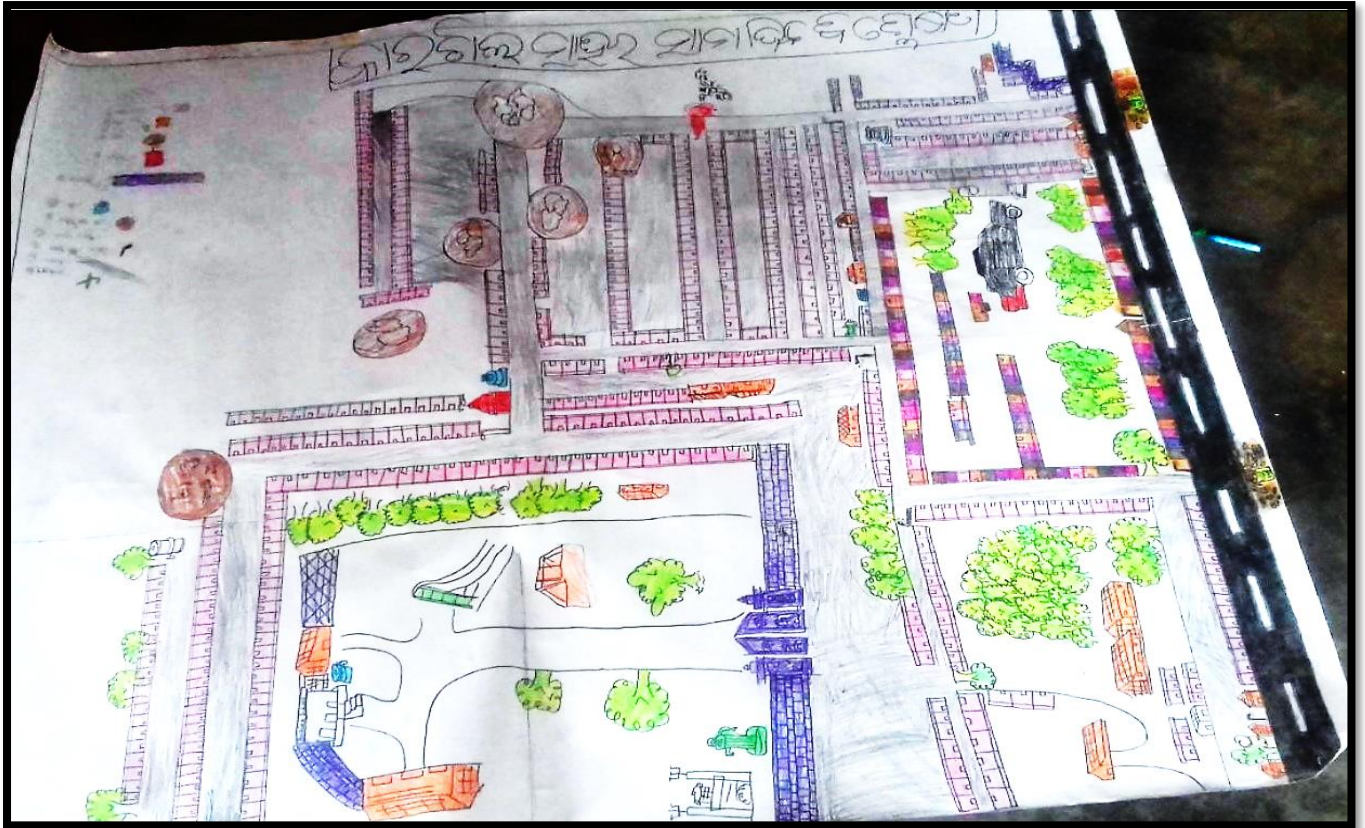
Water: The source of water for 1144 households are minimum and unavailability of sufficient water tanks creates difficulty for community dwellers. There are 7 water tanks available in the community and water is stored in these tanks. People collect water in buckets and store for the entire day use. It becomes difficult for people to completely depend on water tanks as the water supply is irregular and the situation becomes precarious in every summer season when there is high dependency on the water tanks which cannot store water for all households.

Housing: There are 1144 houses in our community, out of which 1000 are Asbestos houses and 44 are thatched houses. The sizes of the houses are too small as they are made in a small space. Most of the houses have single room and it becomes difficult for them to adjust as there are 4-5 family members in each family. The lack of space stops air circulation and sunlight penetration which becomes hazardous to health.

Roads: Roads of our community are not concrete and are full of pits which results in accidents. During rainy season there is water logging in the roads which makes it more unhygienic and unhealthier. At night people face a lot of problem while commuting in that road.

Community Toilet: The community toilets are not maintained. People use railway track or open space for defecation.

Anganwadi: A rented house has been converted to Anganwadi Centre. There is no separate kitchen or store room in the Anganwadi as per the ICDS norms. The Anganwadis are not equipped with play materials or open space facility for young children to play. There is only 1 Anganwadi centre available in the community which becomes congested as children from nearby community also come to this centre.



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.

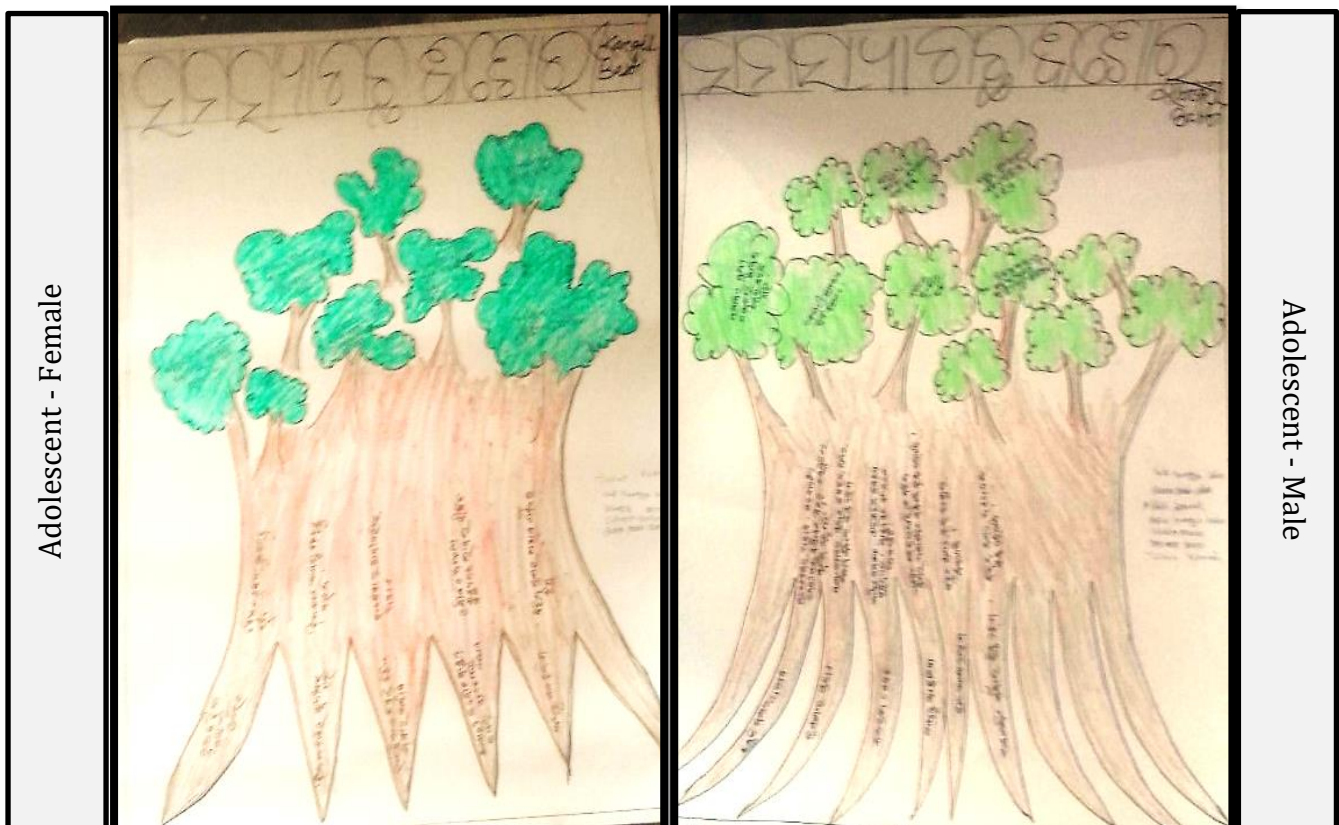
Our work began with defining the social challenges, the gaps in services that we are entitled to and demonstrated through a *Problem Tree*. What could be done to improve the situation was discussed among us and a set of recommendations were made and displayed through a *Solution Tree*.

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)	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
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education	Inadequate income generation opportunity.
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime.
Adolescent (Female)	Restriction for Education	Drop Out Not able to take admission in higher education	Unemployment Limited income generation opportunity
	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls
	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

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
	Poor Family condition	Family disturbances, no access to education, health & other services	Uneducated, poor health & well being
	Bad Company	Unsocial behaviour Money seeking	Involvement in crime & anti - social activities.
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime,
	Superstition & blind belief	Prevalence of ill practices such as black magic	Causes female foeticide, death due to not availing healthcare facilities
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
	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 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
	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.

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 Plus 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.

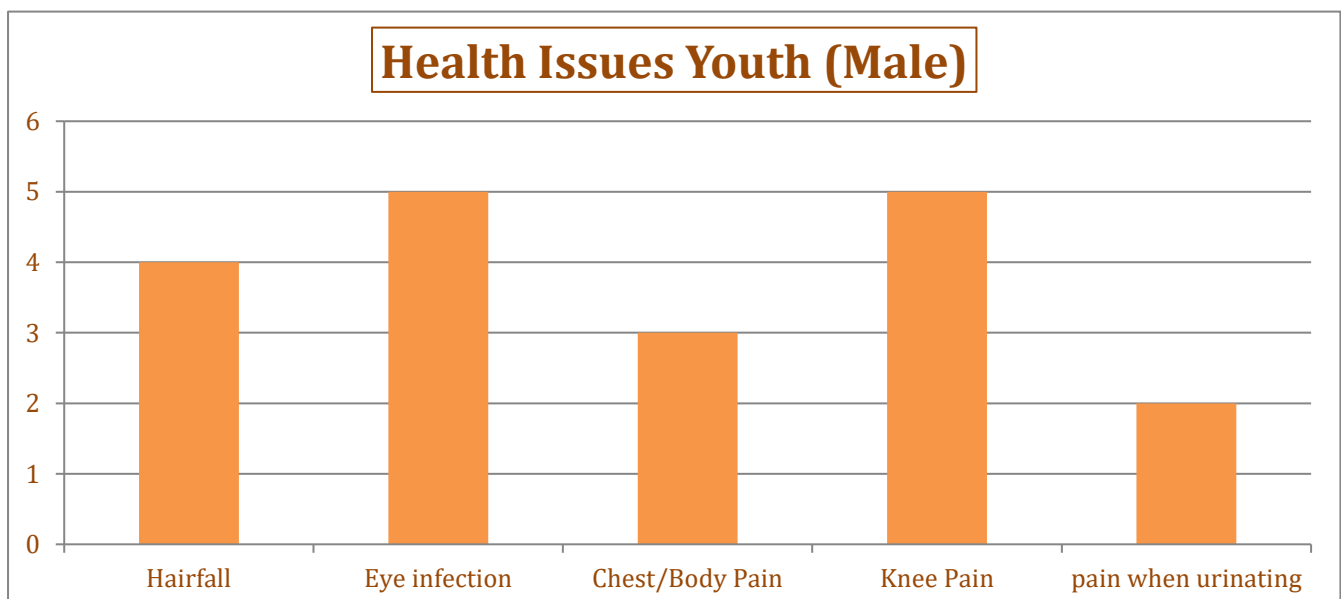
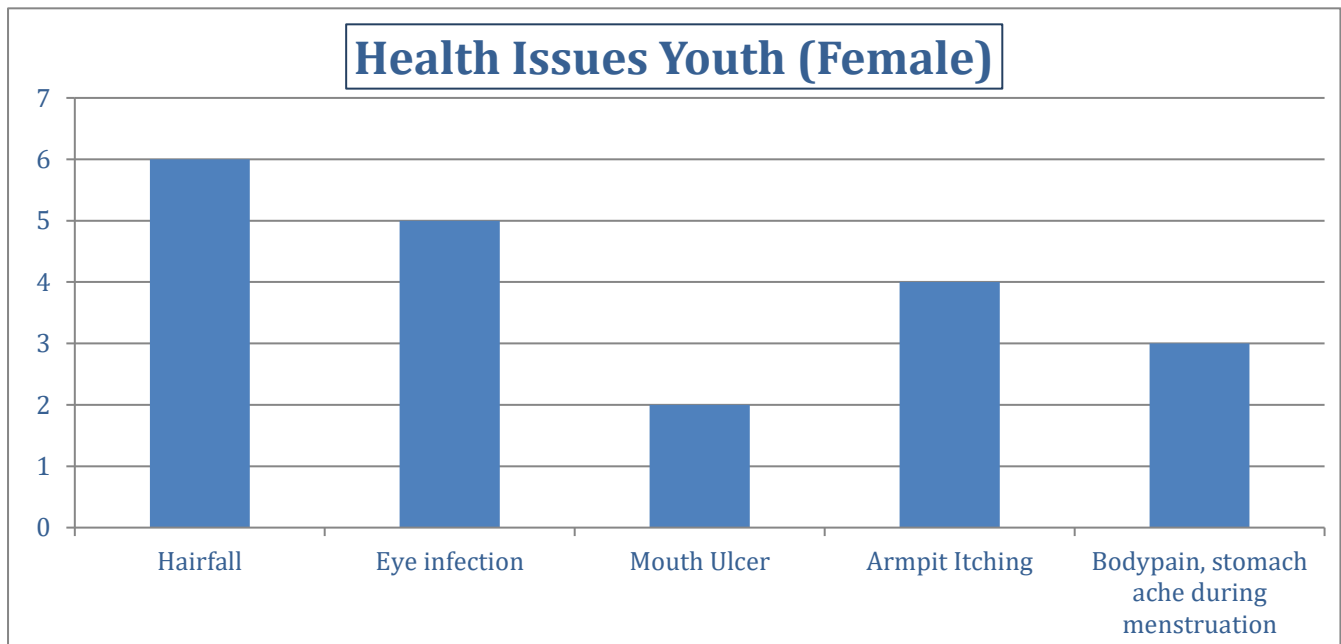
Questionnaire to understand Knowledge about & Access to Social Security Schemes & Services										
Humara Bachpan Trust-Bhubaneswar										
Name of the Project-Socially Smart Initiative										
Name of the Community:Kargil										
Number of the Respondents:20										
SI No	Name of the Scheme	Do you know about		Did you avail the benefits ever		Reasons for not availing services				
		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	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

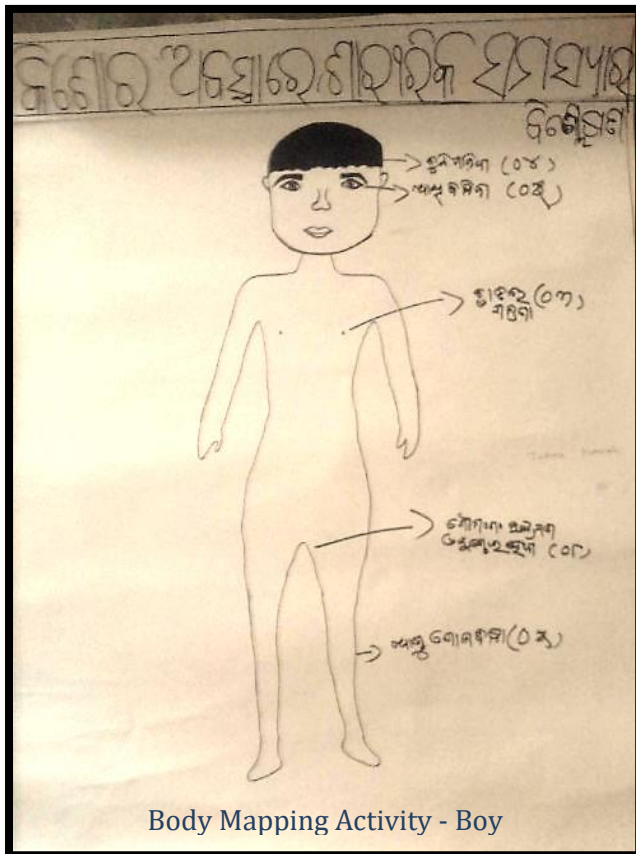
Health Issues & Challenges Among Youth & Adolescents

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

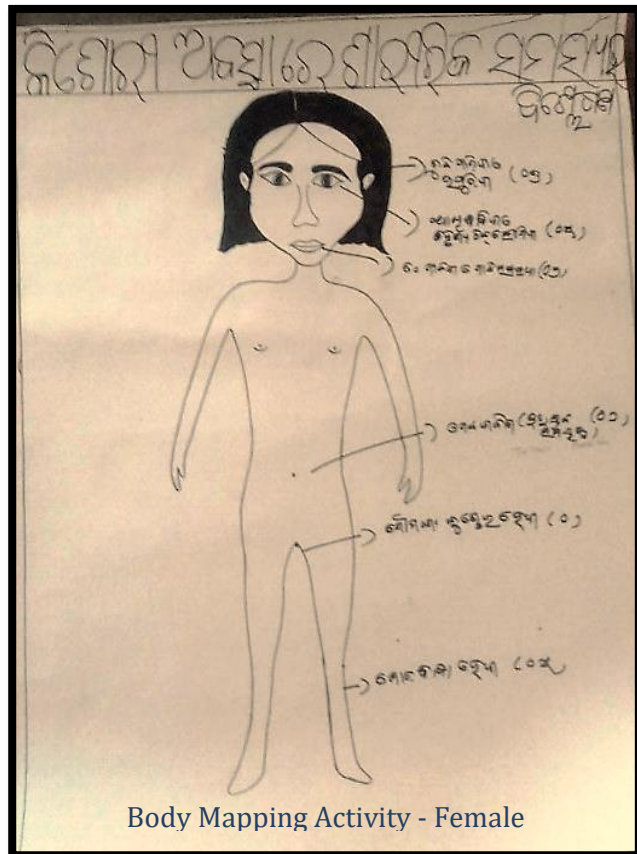
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

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.





Body Mapping Activity - Boy



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 45% among the study population. Only among 38% of the respondents, positive attitude was found for contraceptive use but 65% 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.
- ❖ 37% of the respondents are aware about the contraceptive methods, and have the practice 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 favor.
- ❖ 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, rumors 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	Unemployment &Poverty
Priority 2	Unemployment &Poverty	Priority 2	Gender Discrimination
Priority 3	Bad Company	Priority 3	Domestic Violence
Priority 4	Lack of Positive Environment.	Priority 4	Superstition & Blind Belief
Priority 5			
Adolescent-Boys		Adolescent-Girls	
Priority 1	Alcohol Consumption	Priority 1	Gender Discrimination
Priority 2	Unemployment & Poverty	Priority 2	Lack of Awareness & Education
Priority 3	Bad Company	Priority 3	Safety & Security
Priority 4	Lack of Positive Environment.		

Prioritization of Infrastructural Issues	
Priority 1	Water Issues
Priority 2	Housing
Priority 3	Anganwadi
Priority 4	Road

Prioritization of Social Issues

Male

	2					
	8					
	9					
	0					
	7					
	2					

Handwritten notes on the right side of the Male table include:

- 1. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 2. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 3. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 4. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 5. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 6. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 7. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 8. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 9. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 0. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର

Female

	8					
	3					
	2					
	9					
	0					
	8					

Handwritten notes on the right side of the Female table include:

- 1. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 2. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 3. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 4. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 5. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 6. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 7. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 8. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର
- 9. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର

Adolescent-Boys

	03					
	05					
	02					
	09					
	0					
	06					

Handwritten notes on the right side of the Adolescent-Boys table include:

- 1. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 05
- 2. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 04
- 3. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 03
- 4. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 02
- 5. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 01
- 6. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - 0

Adolescent-Girls

Handwritten notes on the right side of the Adolescent-Girls table include:

- 1. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (01)
- 2. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (02)
- 3. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (03)
- 4. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (04)
- 5. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (05)
- 6. ସ୍ୱଚ୍ଛତା ପ୍ରଚାର - (06)

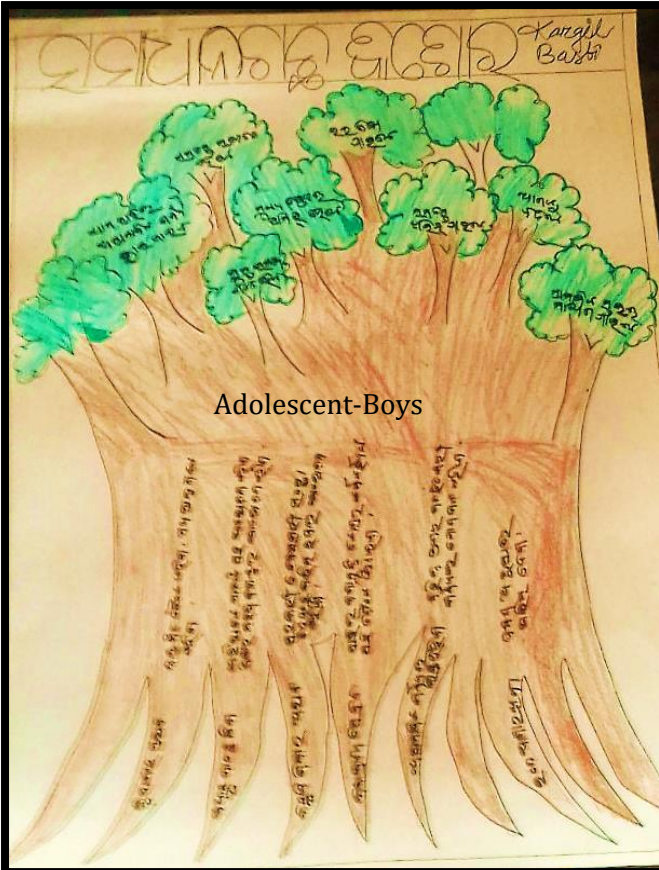


6. RECOMMENDATIONS & PLAN

Sl No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1.	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
2.	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 Nibarana 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
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.	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
5.	Caste based discriminations	<ol style="list-style-type: none"> Community meeting and planning including people from upper caste people to reduce discriminatory practices Awareness program in schools & colleges and seek their support to make their neighbourhood discrimination free Discussion in women's group meeting to stop the practice Legal awareness program on Articles 14 to 18 of the Indian Constitution. SC/ST (Prevention of Atrocities) Act etc 	<ol style="list-style-type: none"> Reduced incidence of discriminatory activities Reduced incidences of discriminatory cases in schools, colleges & educational institutions Community is Informed about the legal process against the discrimination 	<ol style="list-style-type: none"> Adolescent & youth peer leaders & club members SAMBHAVI women's group District Legal Authority Cell 	<ol style="list-style-type: none"> Adolescent & youth peer leaders will conduct street plays Resource person will DLSA will share information about the legal provision against the caste based discrimination

Sl No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1.	Housing	<ol style="list-style-type: none"> Houses should be in the form of flats. Rectangular in shape. Separate rooms for cooking, sleeping and studying. Separate toilets. Steps of the building should be lower. Windows of the house should be frontal. 	Each one of them gets a permanent place/house.	<ol style="list-style-type: none"> Community Leaders. HBT youth leaders. Corporator Housing & Urban Development Dept, Govt of Odisha. 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
2.	Water Issues	<ol style="list-style-type: none"> More number of water tanks to be installed. Rainwater harvesting structures to be built to capture the run-off rainwater from the terrace and make its reuse. The leakages to be repaired and theft of water to be controlled 	<ol style="list-style-type: none"> Availability of 24hrs water supply. The reduced water loss will ensure regular supply of water 	<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.	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.

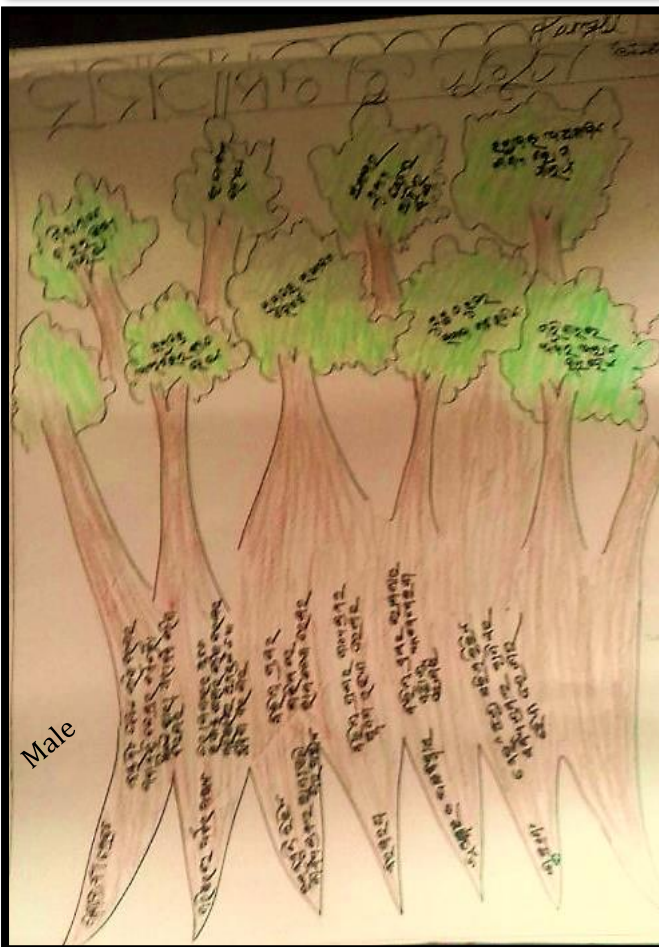
7. SOLUTION TREE



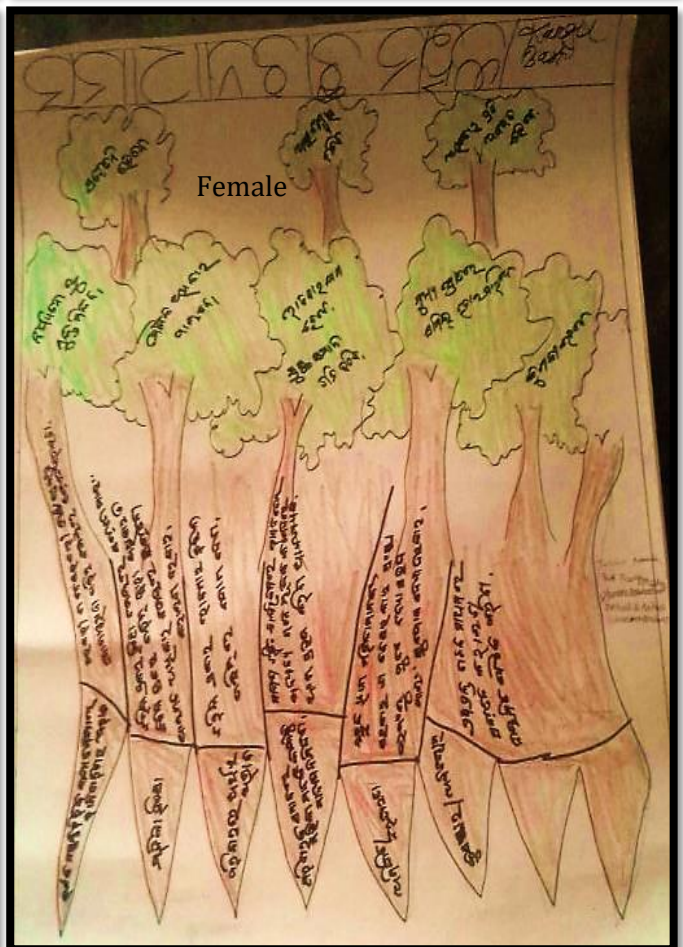
Adolescent-Boys



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
- Recommendation and plan of solution and mitigation

9. COMMUNITY RESOLUTION

କାରଗିଲ ବସ୍ତି || KARGIL BASTI

ଆଜ୍ଞାପନ 14.04.19 ରୁପ *Kargil Basti* ଉପରେ ଉପସ୍ଥାପନ
 ଏହି କ୍ଷେତ୍ରରେ ସମସ୍ତ ସଭ୍ୟମାନଙ୍କୁ *Kargil Basti Club*
 members ମାନଙ୍କୁ ସମାପନ କରାଯାଇ ଉପସ୍ଥାପନ କରାଯାଇ ପୁଣି

ଆଜ୍ଞାପନ ସମ୍ବନ୍ଧରେ :- *Diases about community mapping*

ସମସ୍ତ ସାମାଜିକ ସେବା ଆଦିର ଉପସ୍ଥାପନ ଆଜ୍ଞାପନ କରାଯାଇ
 ତିନି ମାସ ମଧ୍ୟରେ ସମସ୍ତ ସଭ୍ୟମାନଙ୍କୁ ସାହିତ୍ୟ କାରି ସମସ୍ତ ସଭ୍ୟ
 ଉପରେ ଉପସ୍ଥାପନ *mapping* କରାଯାଇ ଉପସ୍ଥାପନ କରାଯାଇ
 ସମସ୍ତ ସଭ୍ୟମାନଙ୍କୁ କରାଯାଇ ସମାପନ କରାଯାଇ ତିନି ମାସ ମଧ୍ୟରେ
 ଆଜ୍ଞାପନ କରାଯାଇ ଉପସ୍ଥାପନ କରାଯାଇ ତିନି ମାସ ମଧ୍ୟରେ
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ସମସ୍ତ ସଭ୍ୟମାନଙ୍କୁ ସମାପନ କରାଯାଇ ଉପସ୍ଥାପନ କରାଯାଇ
 କରାଯାଇ

- Signature*
- Twinkle Patanah
 - Swarna Prava Saha
 - Sibira Ranjan Saha
 - Sameer Behera
 - Sumitra Pradhan
 - Banita Senapati
 - Padmabati Sahoo
 - Liza Suman Mahanty
 - Kala Priya Lenka
 - Ishree Behera
 - Iyoshina Lenka




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