

# Turning Dreams into Reality.....



## Transforming Kedarpali into a Socially SMART Neighbourhood

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(Male & Female))



HUMARA BACHPAN

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# 1. About the Community

Our community Kedarpali, is one among the oldest informal settlements of Bhubaneswar city and is named after the famous temple Kedar Gouri, the temple of Lord Shiva and Goddess Parvati. The community is spread over an area of 42,907 Sq.metres, starting from Sishu Bhawan overbridge to the railway track of Choudhury Sahi.

The first 30 families of our community were manual scavengers and migrated from Nayagarh district in 1955 due to various factors such as job availability, higher wages and better working opportunities in Bhubaneswar. This was also the time when the new planned city of Bhubaneswar was being developed. After residing in the area for a long time, the residents were allotted with residential accommodations (quarters) by the notified area committee of Bhubaneswar Municipal Council.

Gradually people from other places of Cuttack, Ganjam and Khurda districts came and settled in Kedarpali. Mostly our community is inhabited by people who belong to the scheduled caste and most of them work as cleaners and sweepers.



## Demographic Information

Children (0-6 years)		7-10 years		Adolescent(10-19years)		Youth (20-35 years)		Elderly (Above 60 years)		Total Population		Total HHs
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
209	211	202	178	298	283	375	350	197	96	1281	1118	641

## Vulnerable Population

+Vulnerable Population Category	Numbers of People
Persons with Disabilities	5
Widows	30
Destitute	45
Single Elderly People	10

## Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
626	Nil	15	Nil	85	426	15	115	Nil



## 2. Situational Analysis

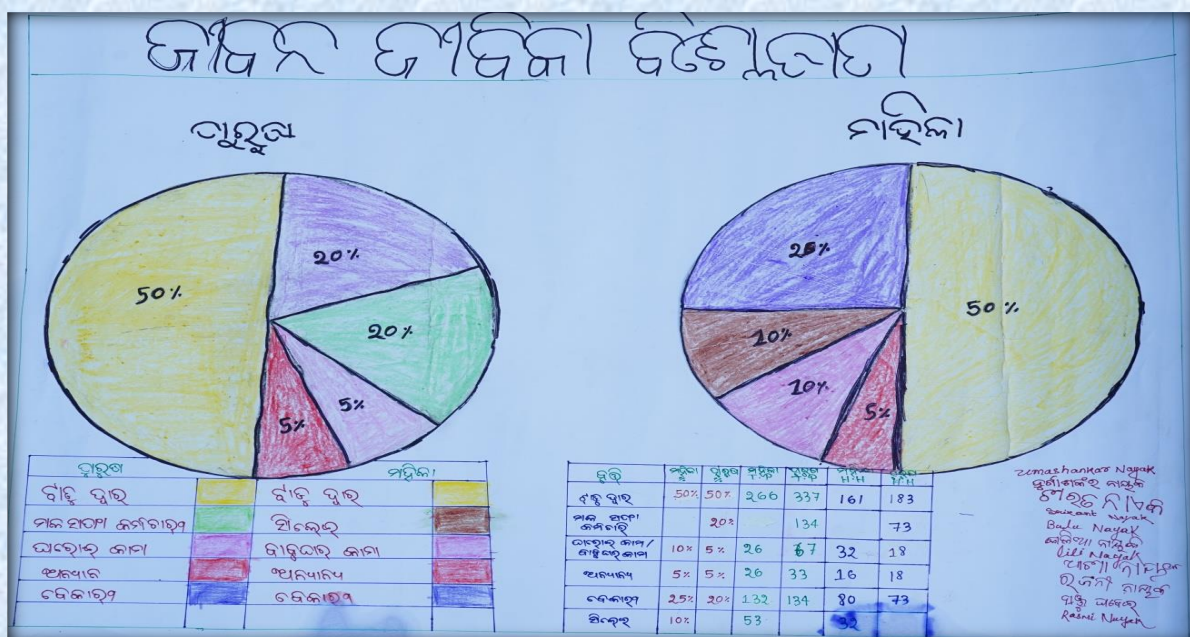
### Livelihood

This section analyses the employment status of the working age population (18 to 65 years) of our community. We analysed the various sources of livelihoods in order to understand the availability of jobs, skills and have gender segregated data.

#### Primary Occupation

There are 641 households with 2399 population residing in *Kedarpali* community, out of which 1208 are of working age group. (18 to 65 years).

Majority of those in the working age group work as *Safai Karmacharies* (cleaners/sweepers) either engaged by Bhubaneswar Municipal Corporation (BMC) or work independently. The following table highlights the information on gender specific data and the analysis is given in the attached colour coded picture.



SL. No.	Occupation Category with Colour Code	Male (18 to 65 years)	Female (18 to 65 years)
1	Safai Karmachari (Yellow)	337	266
2	Manual scavengers (Green)	134	--
3	Domestic labour (Violet)	67	26
4	Tailoring (Brown)		53
5	Other petty business (Purple)	33	26
6	Unemployed (Blue)	134	132

## Community Infrastructure

The population in our community grew significantly in the last two decades. The housing and living conditions have become appallingly poor with congestion and lack of amenities.

To understand 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.

We used different tools to understand the problems and drew them on the paper through social and resource maps. The process also helped us to identify issues related to infrastructure in our community.

**Housing:** There are 641 houses, out of which 176 are tin houses, 409 are asbestos houses, 53 are thatched houses and 2 are concrete houses. The houses are next to each other and without proper ventilation. Since our community is under the slum rehabilitation scheme, we are always in a state of insecurity regarding eviction.

**Water:** There is 1 tube well, 2 bore wells, 7 water tanks and 16 collection points in our community. The water supply is irregular and the situation becomes precarious during summer when there is high dependency and the water tanks cannot store water.

**Toilet:** 577 households have individual household latrines and one community toilet. The community toilet is dysfunctional because it is occupied by some people.

The 64 households who do not have household latrines are facing difficulties in using the community toilet.

**Drain:** There are open drains where people throw garbage. In the rainy season, the drains overflow and drain water enters some houses.

**Anganwadi:** There are three Anganwadi centres for 69 children and are running in rented buildings. There is no separate kitchen or store room in the Anganwadis as per the ICDS norms. The Anganwadis are not equipped with play materials or open space facility for young children to play.

**Dustbin:** Our community has 3 dustbins and two dumping places for 641 households, which are insufficient. Inhabitants throw their garbage in open space which results in environment pollution and diseases. When there is breeze, it blows away the wastes and they enter our houses.

**Electric Connection:** The electric wires in some places are hanging open which has the risk of short circuit during rainy season.

## Safety

Pragati Sathi 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-Club House:** We find the place unsafe as it is mostly been used by boys and male persons for substance abuse (alcohol and drugs). The drug addicts at times are violent and pass lewd comments at us.

**Unsafe Point 2-Magala Mandir Gali (Majhi Sahi):** This place unsafe as it is always occupied by drug addicts and anti-social elements.

**Unsafe Point 3-School Ground:** The school ground in the evening time remains unlighted and boys gather there and pass comments at girls who pass through.



Social & Resource Map

## 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.

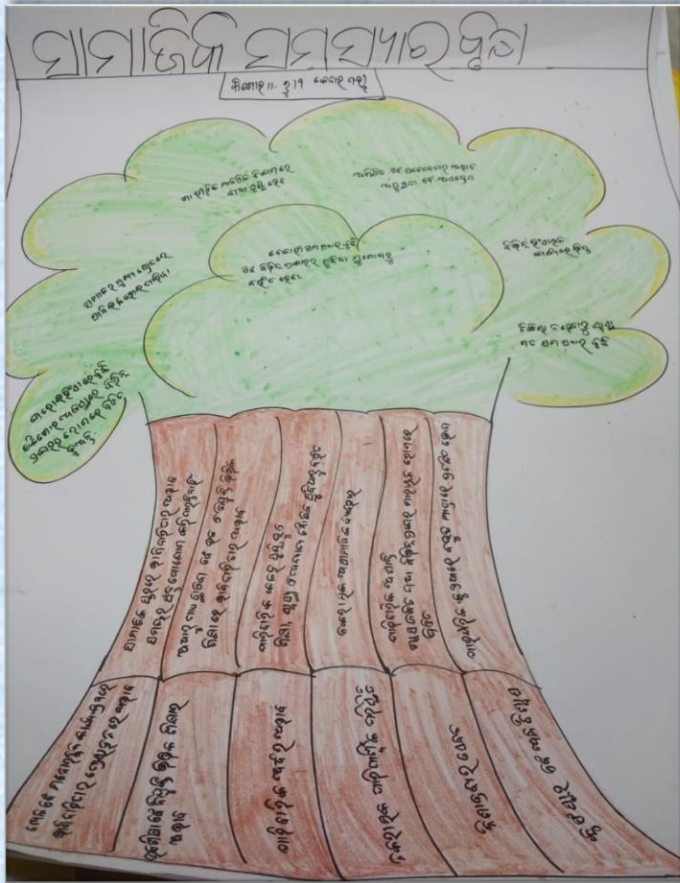
The group members of 'Humara Bachpan Pragati Sathi' did an exercise to understand and accentuated these issues and to identify solutions to address them.

Our work began with defining the social challenges, the gaps in services that we are entitled to and demonstrated through **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**.

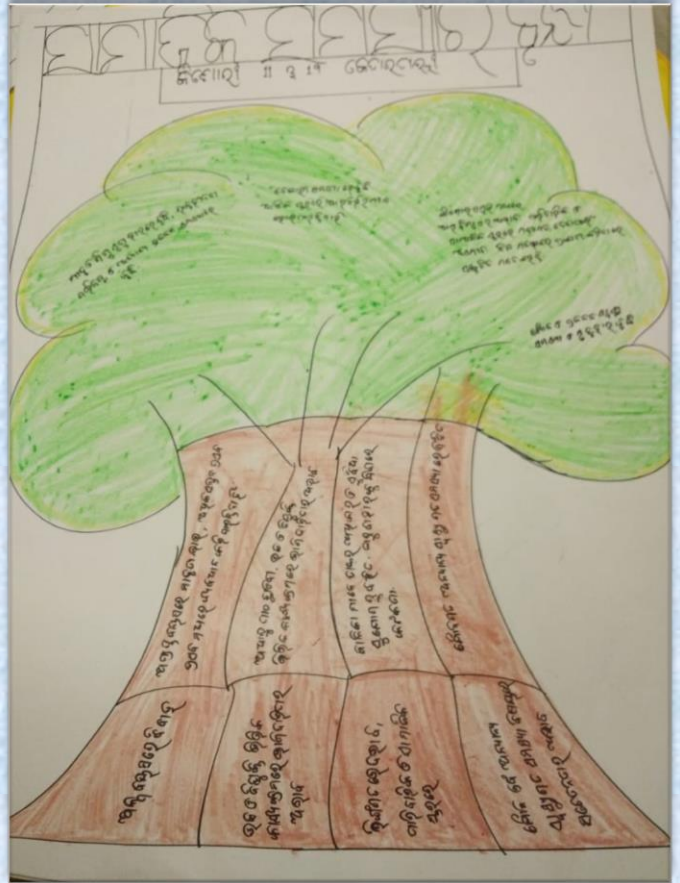
The major social obstacles and their impact on wellbeing listed out by the adolescent and youth groups are given below:

Target Group	Root Causes	Issues	Impact
<b>Adolescent (Male)</b>	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 stream	Unemployment 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, Lack of positive attitude
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Superstition blind belief	Prevalence of ill practices such as black magic	Causes female foeticide, death due to not availing healthcare facilities
<b>Adolescent (Female)</b>	Early Marriage	Early Pregnancy	Anaemia, frequent abortion, sexual & reproductive health
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Limited income generation opportunity
	Gender based discrimination at family & community level	Girls be deprived of their rights and entitlements Restricted mobility	Lack of confidence, lack of participation in decision making process No freedom to express themselves
	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 (Adolescent - Male)**

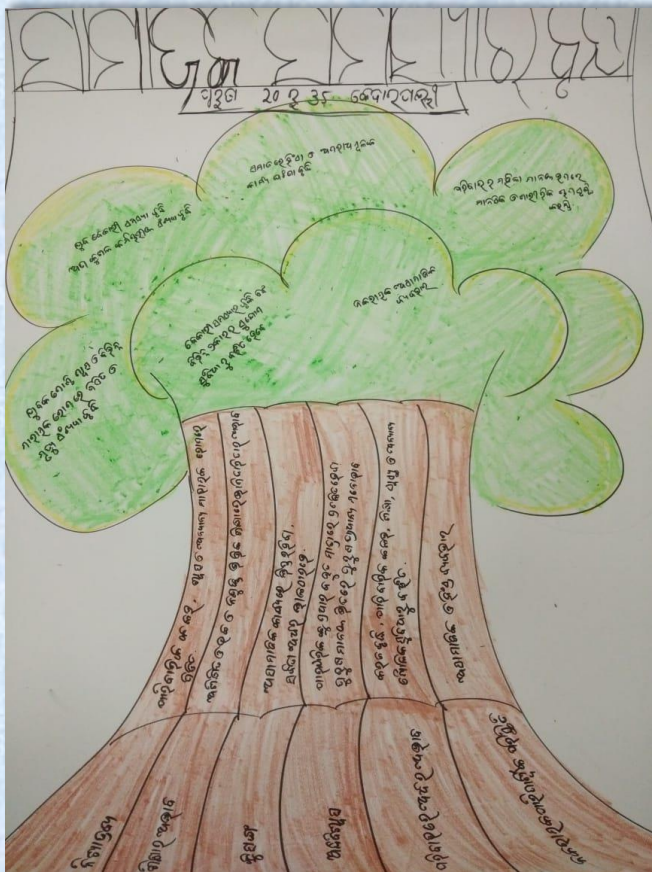


**Problem Tree (Adolescent - Female)**

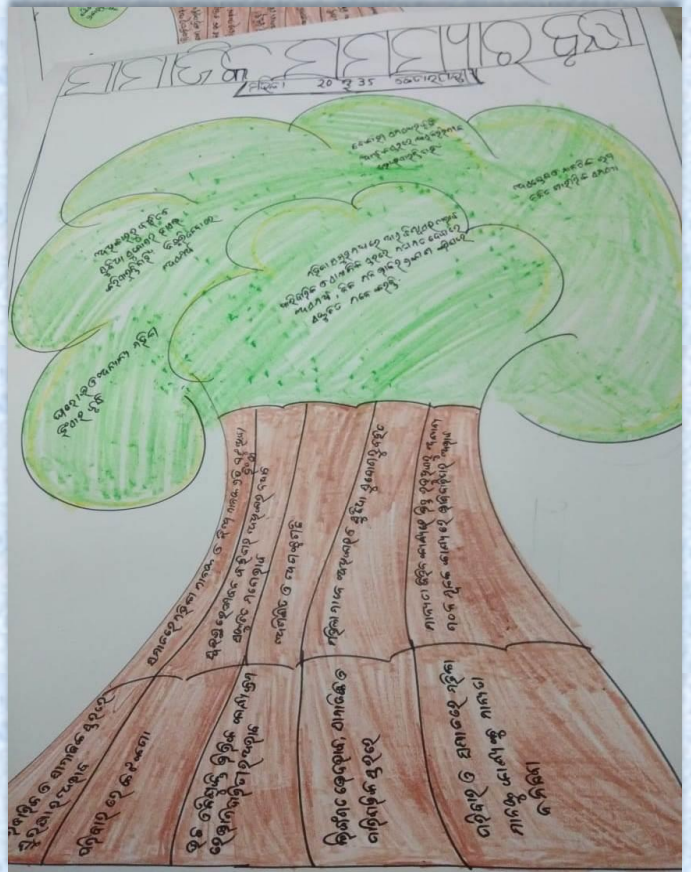
**Social Issues faced by Youth**

Target Group	Root Causes	Issues	Impact
Youth (Male)	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Inadequate income generation opportunity
	Bad Company	Unsocial behaviour Money seeking	Involvement in crime & anti-social activities
	Superstition & blind belief	Prevalence of ill practices such as black magic Patriarchal mindset among the youth	Male and boys are controlling their female counterparts in day to day life.
	Poor Family condition	Family disturbances, no access to education, health & other basic services indebtedness	Uneducated, poor health & well being
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime, Lack of positive attitude

<b>Youth (Female)</b>	Safety & Security issues within & outside family	Prevalence of violence on women & girls	Domestic & other forms of violence limit women exercising their rights
	Family restriction	Restricted mobility, suppressed behaviour, limited choice & scope in life	Not able to exercise their rights Little access to services & entitlements No participation in governance
	Limited access & knowledge to higher/technical education, skill training	College Drop Out Poor enrolment in higher & technical education stream Unskilled labour	Unemployment Limited income generation opportunities Lesser participation in workforce
	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
	Unpaid & unrecognized work burden	Work pressure restricts women & girls from leading a life of their choice	Dissatisfaction, Mental stress health issues



**Problem Tree of Social Issues (Youth - Male)**



**Problem Tree of Social Issues (Youth - Female)**

### 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 & other Social Security Services)**

Certain healthcare services like free emergency medical transport services (102 & 108), Janani Surakhya Yojana and MAMATA schemes for safe motherhood intervention, free immunization services and pension scheme for vulnerable population (Madhu Babu Pension Yojana) are very popular.

The interviewed participants were unaware about the schemes like 'Khusi' to provide free sanitary napkins to school going girls; free cancer treatment & chemotherapy; 'Sunetra' scheme for free cataract surgery and treatment; 'Ama Clinic'; 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.

Schemes such as Jana Ausadhi Yojana (Niramaya Medicines), Financial support from Chief Minister Relief fund, free diagnosis and treatment of vector borne diseases, AAHAR centre for subsidized food are popular among people, but couldn't avail the benefits because of the tedious process of availing and reaching the proper authorities.

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.

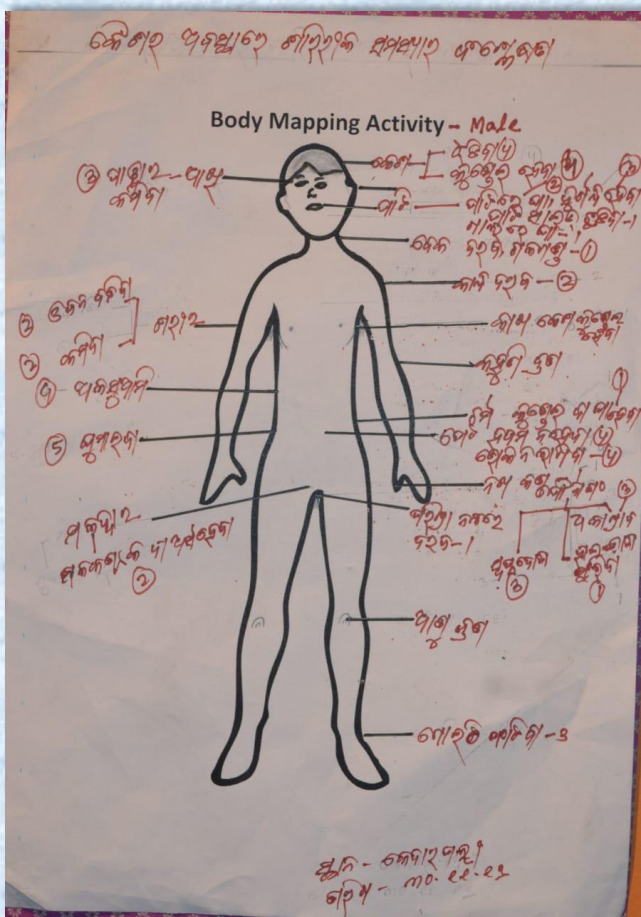
Sl No	Name of the Scheme	Do You Know About		Did you avail the benefits ever		Reasons for not availing services				
		Yes	No	Yes	No	Didn't need yet	Too much of formalities	Couldn't reach the proper authority	Services are not good	Tried but didn't get
1	Nidan scheme for free diagnosis	15	5	2	13	5	3	2	1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

## Health Issues & Challenges among youth & Adolescents

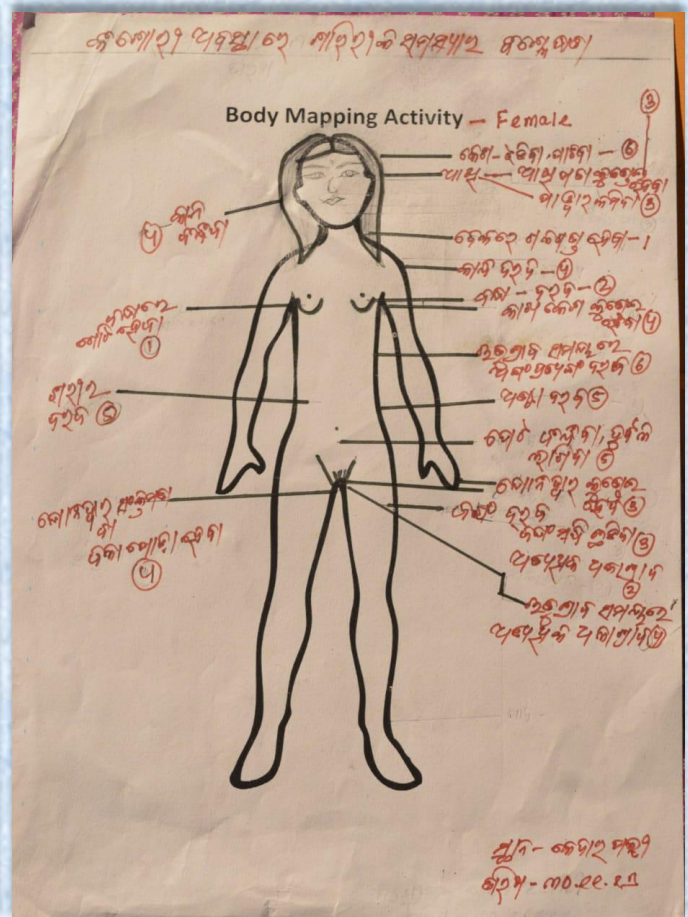
It is commonly believed that young people lead a healthy and active life and fall sick only when old age approaches. However young people are now days prone to a number of health issues due to unhygienic living conditions, unhealthy food habits, lack of physical activities and lifestyle changes which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

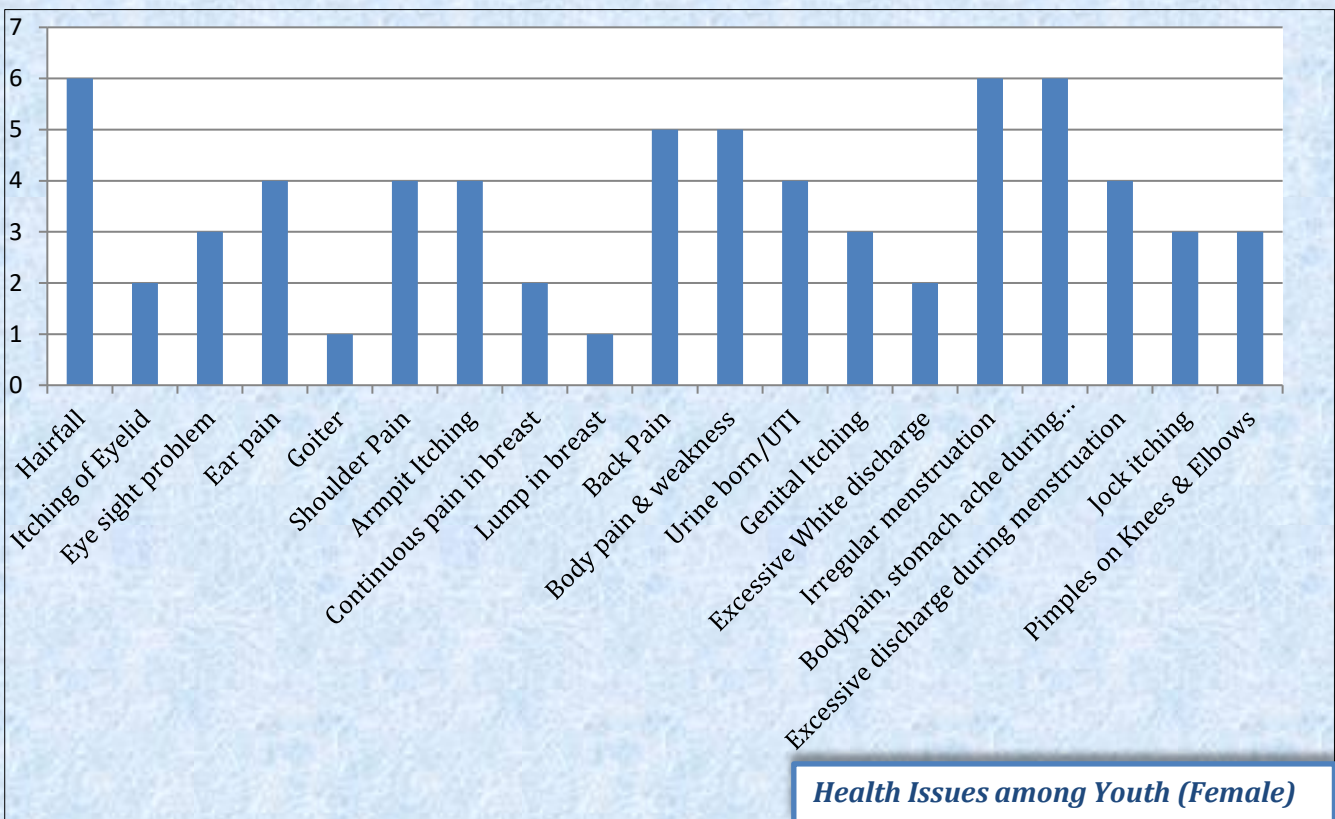
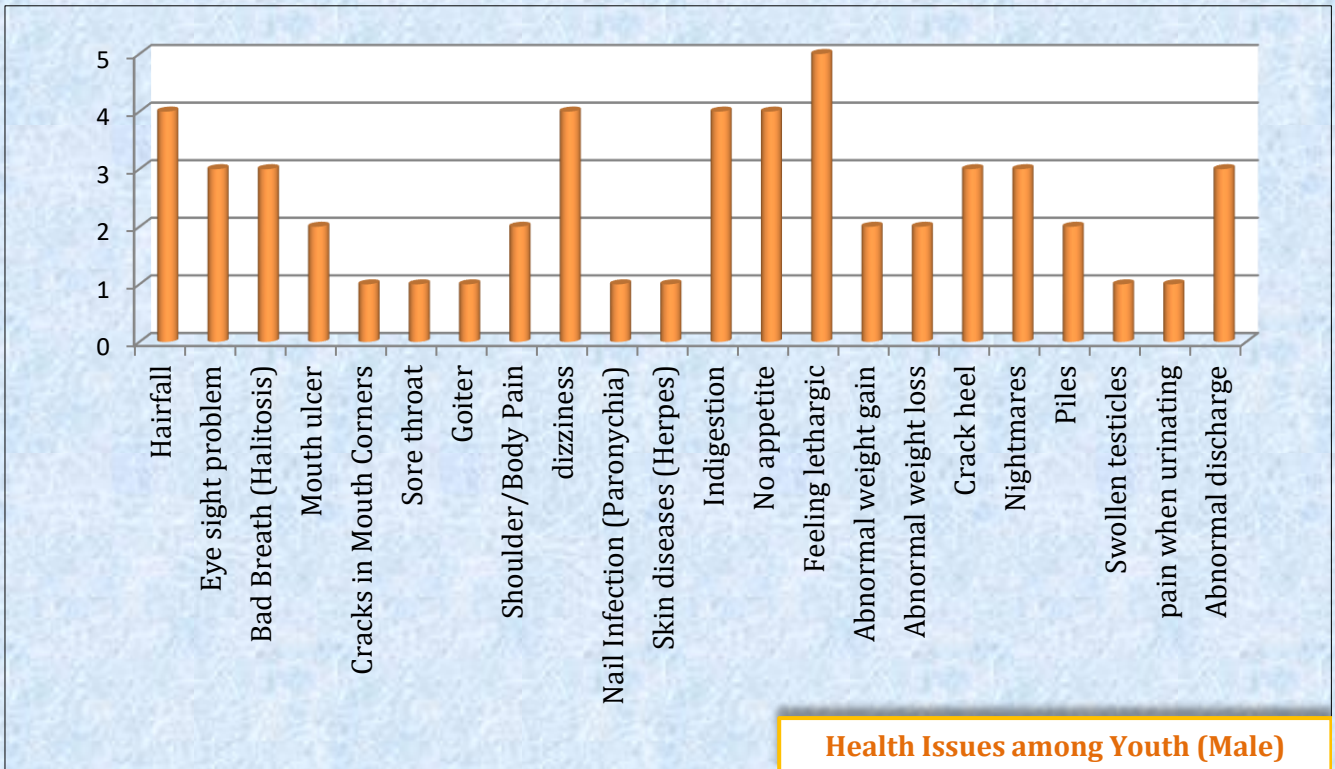
We made life-size drawing of human body and then started discussing about the health issues we experience in our various body parts; started from the head/hair to the toe of the feet. We identified and listed out the health problems mostly we suffer from and thus some health issues that we hesitate to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



Body Mapping Activity - Female



## Use of Contraceptives

Our government is promoting contraceptives 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 campaigns.

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 -male and female population of reproductive age (15-35 years) of our community.

- Knowledge of safe sex and contraceptives is poor among the study population. Only among 32% of the respondents, positive attitude was found for contraceptive use and 40% are aware about the benefits of contraceptives.
- Because of poor awareness level, unintended pregnancy is found in 20% of married couples.
- Condom is the preferable method of contraception among males whereas oral pills is the easy way of birth control as responded by female respondents.
- 10% of male respondents have the perception that birth control is the responsibility of their female partners.
- Though most of the respondents are aware about the contraceptive methods, only 31.25% of them have the practise of using contraceptives during sex.
- Two-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 is 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.

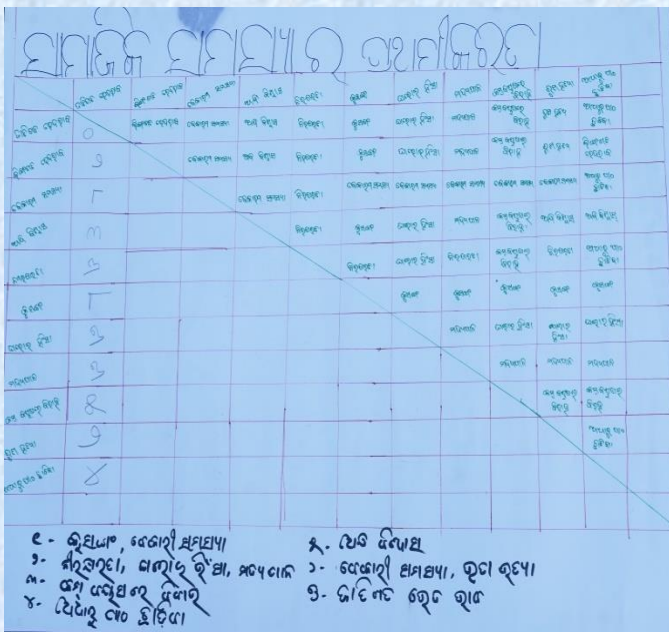
Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young an age.

# 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 Education, Alcohol Consumption & Domestic violence
Priority 3	Early Marriage & Early Pregnancy
Priority 4	Drop out
Priority 5	Superstition & Blind Belief
Priority 6	Caste & Gender based discrimination
Prioritization of Infrastructural Issues	
Priority 1	Water Issues
Priority 2	Anganwadi building
Priority 3	Non-functional Community Toilet
Priority 4	Open Drain
Priority 5	Community Dustbin



**Prioritization of Social Issues**

**Prioritization of Infrastructural Issues**



## 5. Recommendations & Plan

SI No	Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Poverty & Unemployment	<ol style="list-style-type: none"> <li>Enrolling unemployed youth in different skill building program &amp; providing handholding support</li> <li>The family income to be enhanced through engaging both male &amp; female members into different income generating activities (IGA)</li> <li>The households should be aware of different financial management processes</li> </ol>	<ol style="list-style-type: none"> <li>Youth will be employed &amp; engaged in IGA</li> <li>Increased family income</li> <li>Habit of savings &amp; balance of income &amp; expenditure is maintained.</li> </ol>	<ol style="list-style-type: none"> <li>Skill development institutes, banks for financial linkages &amp; placement agencies</li> <li>HBT youth leaders conduct module meeting of financial management</li> </ol>	<ol style="list-style-type: none"> <li>HBT support for skill training and linkages building</li> </ol>
2	Lack of Education Opportunities	<ol style="list-style-type: none"> <li>Making the adolescents aware about role of education in career building</li> <li>Making the parents aware and conscious about the importance of education of their children</li> <li>Regularizing the school dropout through 'School Chalo Abhiyan' camping</li> <li>Linking college drop out with technical education institutions (Govt ITI)</li> </ol>	<ol style="list-style-type: none"> <li>Adolescents will be serious about continuing their basic education.</li> <li>Parents are more concern about the education of children.</li> <li>Drop out youth &amp; adolescents are enrolled into technical &amp; vocational education.</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth club members</li> <li>SAMBHAVI group members</li> <li>Govt ITI &amp; vocational training centre</li> </ol>	HBT support for conducting training and linkages building
3.	Superstition & Blind Belief	<ol style="list-style-type: none"> <li>Awareness programs &amp; community meetings among youth &amp; adolescents about the ill impact of the practice.</li> <li>Community awareness through street play and open mic program</li> </ol>	<ol style="list-style-type: none"> <li>Reduced superstitious practice</li> <li>Increased access to healthcare services instead of going to 'ojha' &amp; 'Gunias'.</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth club members</li> <li>SAMBHAVI group members</li> </ol>	
4	Caste based discriminations	<ol style="list-style-type: none"> <li>Community meeting and planning including people from upper caste</li> </ol>	<ol style="list-style-type: none"> <li>Reduced incidence of discriminatory activities</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders will</li> </ol>

		<p>people to reduce discriminatory practices</p> <ol style="list-style-type: none"> <li>2. Awareness program in schools &amp; colleges and seek their support to make their neighbourhood discrimination free</li> <li>3. Discussion in women's group meeting to stop the practice</li> <li>4. Legal awareness program on Articles 14 to 18 of the Indian Constitution. SC/ST (Prevention of Atrocities) Act etc</li> </ol>	<ol style="list-style-type: none"> <li>2. Reduced incidences of discriminatory cases in schools, colleges &amp; educational institutions</li> <li>3. Community is Informed about the legal process against the discrimination</li> </ol>	<ol style="list-style-type: none"> <li>2. SAMBHAVI women's group</li> <li>3. District Legal Authority Cell</li> </ol>	<ol style="list-style-type: none"> <li>conduct street plays</li> <li>2. Resource person will share information about the legal provision against the caste-based discrimination</li> </ol>
5	Gender based Discrimination	<ol style="list-style-type: none"> <li>1. Community meeting and planning including both male and female members of the community to reduce discriminatory practices</li> <li>2. Orientation of male youth members to act as change agent and stop discriminatory practices in their community</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of discriminatory activities</li> <li>2. Reduced incidence of gender-based violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> </ol>	
6	Early Marriage	<ol style="list-style-type: none"> <li>1. Awareness meeting among adolescent girls groups making them aware about the negative impact of early marriage on body and lifestyle</li> <li>3. Community meeting and planning including both male and female members of the community to reduce early marriage</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced/No incidence of early marriage among girls</li> <li>2. Reduced incidence of still birth among young mothers</li> <li>3. Reduced IMR &amp; MMR</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> <li>3. Women &amp; Child Desk (Police)</li> <li>4. One stop centre 'SAKHI'</li> </ol>	
7	Alcohol Consumption & substance abuse	<ol style="list-style-type: none"> <li>1. Awareness meeting among adolescent &amp; youth groups making them aware about the negative impact of alcohol consumption</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of domestic violence</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> </ol>	

		<ol style="list-style-type: none"> <li>Community meeting and planning to remove illegal liquor shops</li> <li>Motivational program among the addicted people and enrol them into 'Nisha Nibaran Kendra'</li> </ol>	<ol style="list-style-type: none"> <li>Reduced incidence of crimes</li> <li>Reduced death from liver and kidney damage</li> </ol>	<ol style="list-style-type: none"> <li>Police</li> <li>Nisha Mukti Kendra</li> </ol>	
8.	Domestic & gender-based violence	<ol style="list-style-type: none"> <li>Awareness program among women groups</li> <li>Self-defence training for young and adolescent girls</li> <li>Motivating women to be engaged in income generating activities</li> <li>Legal awareness program for women and girls about the acts and provisions to fight against any form of violence</li> </ol>	<ol style="list-style-type: none"> <li>Reduced incidence of domestic violence</li> <li>Girls &amp; women with self-defence training feeling confident</li> <li>Increased freedom &amp; mobility among women &amp; girls</li> </ol>	<ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> <li>SAMBHAVI women's group</li> <li>Women &amp; Child Desk (Police)</li> <li>One stop centre 'SAKHI'</li> <li>State Women Commission</li> </ol>	<ul style="list-style-type: none"> <li>Humara Bachpan Trust</li> <li>State Women Commission</li> <li>District Legal Services Authority</li> </ul>

Sl No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Water Issues	<ol style="list-style-type: none"> <li>More number of water tanks to be installed.</li> <li>Rainwater harvesting structures to be built to capture the run-off rainwater from the terrace and make its reuse.</li> <li>The leakages to be repaired and theft of water to be controlled</li> </ol>	<ol style="list-style-type: none"> <li>Availability of 24hrs water supply.</li> <li>The reduced water loss will ensure regular supply of water</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>Executive Engineer, Public Health Engineering Dept.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
	Electricity	<ol style="list-style-type: none"> <li>Open wires should not be let to hang at a lower height.</li> <li>Solar light facility should be made available</li> </ol>	<ol style="list-style-type: none"> <li>Avoid short circuits and accidents.</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>Junior Engineer, Board of Electricity, Odisha</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved

Anganwadi Centre	<ol style="list-style-type: none"> <li>Centre should in own building and must cater the proportion of number of children.</li> <li>Rooms should be properly ventilated.</li> <li>Building should Separate kitchen and store room</li> <li>Toilets should be child friendly.</li> <li>Water taps should be at a lower height.</li> <li>There should be open space outside the AWC for children to play.</li> </ol>	<ol style="list-style-type: none"> <li>Proper development of children.</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>AWW.</li> <li>ASHA .</li> <li>Child Development Project Officer.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
Housing	<ol style="list-style-type: none"> <li>Houses should be in the form of flats.</li> <li>Rectangular in shape.</li> <li>Separate rooms for cooking, sleeping and studying.</li> <li>Separate toilets.</li> <li>Steps of the building should be lower.</li> <li>Windows of the house should be frontal.</li> </ol>	Each one of them gets a permanent place/house.	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>Housing &amp; Urban Development Dept, Govt of Odisha.</li> <li>Common Service Centre, Pradhan Mantri Awas Yojana (Urban).</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
Community Dustbin	Dustbins should be installed as per the ratio of population in the community	<ol style="list-style-type: none"> <li>Garbage free community and healthy environment</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>Bhubaneswar Municipal Corporation.</li> <li>Jagruti.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
Community Toilet	<ol style="list-style-type: none"> <li>The community toilet to be made usable</li> <li>The requirements like electricity, water supply is to be ensured for the community toilet.</li> <li>For cleaning and maintaining hygiene, cleaning schedule to be made and community should monitor this.</li> </ol>	<ol style="list-style-type: none"> <li>Avoid open defecation.</li> <li>Avoid falling ill.</li> <li>Make a healthy community.</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator.</li> <li>Bhubaneswar Municipal Corporation.</li> <li>Additional Commissioner, Sanitation.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
Open Drain	<ol style="list-style-type: none"> <li>Drains should be covered.</li> <li>Dustbins should be placed as per population.</li> </ol>	<ol style="list-style-type: none"> <li>Garbage free community and healthy environment</li> </ol>	<ol style="list-style-type: none"> <li>Community Leaders.</li> <li>HBT youth leaders.</li> <li>Corporator</li> <li>BMC</li> </ol>	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 (BTCDD) 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

# 7. COMMUNITY RESOLUTION

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ଆମେ ଏମିତି କହିବା ଯେ ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ। ଏହା ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ। ଏହା ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ।

ମୁଖ୍ୟ ବିଷୟବସ୍ତୁ :- ଏହିପରି ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ।

ଉପରୋକ୍ତ ବିଷୟକୁ ଦୃଷ୍ଟିରେ ରଖି ଏହି Hamaha Bachpan Socially Smart project ଏବଂ Pragati Sathi ନିଜ Community mapping ମାଧ୍ୟମରେ ସାହିତ୍ୟିକ, Social, economic analysis କରିବା ନିମନ୍ତେ ବିଭିନ୍ନ ପଦକ୍ଷେପ ଗ୍ରହଣ କରିଛନ୍ତି। ଏହି ପଦକ୍ଷେପ ଗ୍ରହଣ କରିବା ଯାହା ଦ୍ଵାରା ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ। ଏହା ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ।

ଏହି କାର୍ଯ୍ୟକ୍ରମ ମାଧ୍ୟମରେ ଏହିପରି ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ। ଏହା ଗଣତାନ୍ତ୍ରର ସମ୍ପୂର୍ଣ୍ଣ ଉପାଦାନ ହେଉଛି ଏକ ସମାଜିକ ଆନ୍ଦୋଳନ।

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