

# Turning Dreams into Reality....



## Transforming Ramkrishna Liprosy Colony into a Socially SMART Neighbourhood

### Prepared by:

Pragati Saathi (Adolescent Boys & Girl Sambhavi  
Women's Group Youth Group (Male & Female)



HUMARA BACHPAN

Implemented by



Supported by

# CONTENT

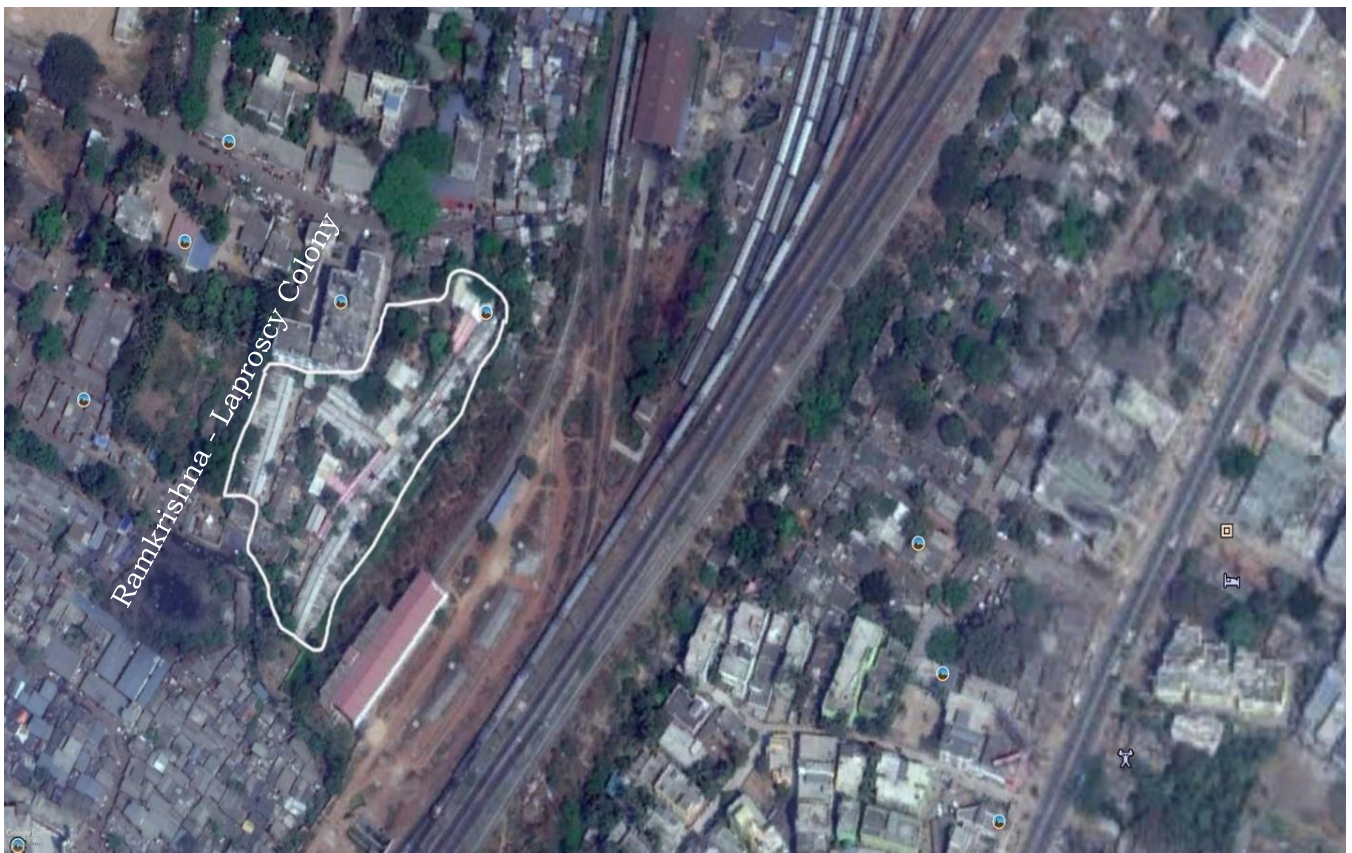
<b>1. ABOUT THE COMMUNITY.....</b>	<b>1</b>
Demographic Information.....	2
Vulnerable Population.....	2
Caste & Religion Basis Segregation.....	2
<b>2. SITUATIONAL ANALYSIS.....</b>	<b>3</b>
Livelihood Analysis of the Households .....	3
Community Infrastructure .....	4
Safety & Security Analysis.....	5
Mapping of Social Issues Related to Youth & Adolescents .....	5
<b>3. ACCESS TO SOCIAL SERVICES (HEALTH AND OTHER SOCIAL SECURITY SERVICES).....</b>	<b>8</b>
<b>4. UNDERSTANDING HEALTH ISSUES &amp; CHALLENGES AMONG YOUTH &amp; ADOLESCENTS.....</b>	<b>10</b>
<b>5. USE OF CONTRACEPTIVES.....</b>	<b>11</b>
<b>6. PRIORITIZATION OF ISSUES.....</b>	<b>12</b>
<b>7. RECOMMENDATIONS &amp; PLAN .....</b>	<b>13</b>
<b>8. ABOUT THE PROCESS .....</b>	<b>16</b>
<b>9. COMMUNITY RESOLUTION .....</b>	<b>17</b>

# 1. About the Community

Our community Ramakrishna Leprosy colony is one among the Bhubaneswar Town Centre District (BTCDD) slums of Bhubaneswar Smart city and is established in year 1980. 109 families who are the survivors of Leprosy disease started staying isolated in the area and that cluster thus became segregated cluster for leprosy cured patients. The main livelihood of these survivors is begging since the day they are settled in the area. In many cases, leprosy victims continue to isolate themselves due to traditional ostracism in their communities.

The colony is named after the temple 'Rama Krishna' of lord 'Bishnu' situated in the vicinity. The community is spread over an area of 5,907 Sqmetres, started from Market No-3 to the Laxmi sagar railway track. It is also touching Shanti Nagar slum in South end and Masjid colony slum in North end.

In the year 2000, 90 quarters were built by Bhubaneswar Municipal Corporation and families who were into begging from nearby areas of Cuttack, Banki and Nayagarh were relocated into the colony. The relatives of these families also came from their native places in search of livelihood started staying in the area building temporary houses. Gradually some of them built pacca houses and thus the total residential households in Ramakrishna Leprosy colony became 110 in number.



**Ramkrishna-Laprosy Colony - 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	
20	16	21	18	51	42	54	45	36	30	180	153	109

## Vulnerable Population

+Vulnerable Population Category	Numbers of People
Persons with Disabilities	90
Widows	7
Destitute	4
Single Elderly People	6

## Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
109	Nil	Nil	Nil	30	42	12	25	Nil



## 2. Situational Analysis

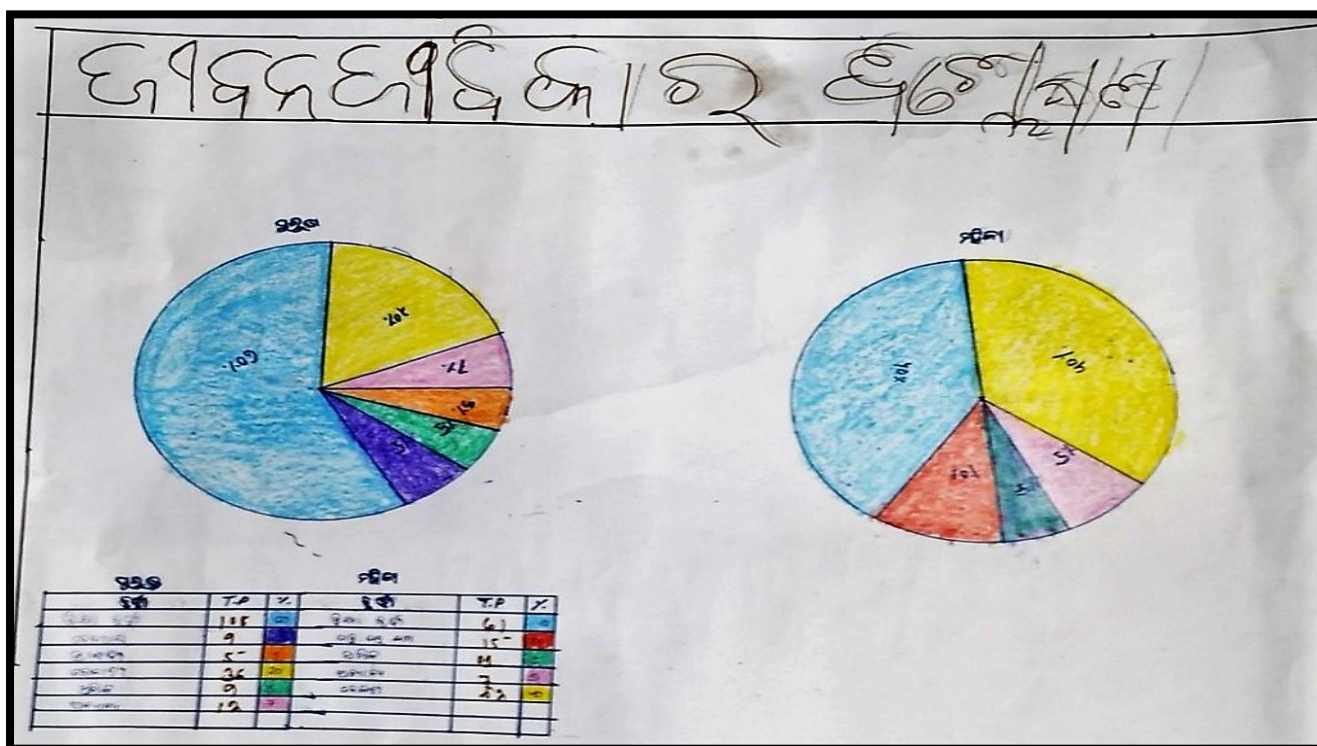
### Livelihood Analysis of the Households

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.

#### Primary Occupation of the Working Age

There are 109 numbers of households with 333 populations residing in Ramakrishna Leprosy colony community, out of which 1208 are of working age group. (18 to 65 years).

Majority of the household earn their livelihood from begging as most of them are not in working physical condition. The 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.



## 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 Ramakrishna Leprosy 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.

Housing: There are 42 houses in our community, out of which 37 are Asbestos houses, 3 are thatched houses and 1 polythene house. The houses are next to each other and without proper ventilation. 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.

### **Infrastructure related problem identification**

Housing: There are 109 houses in our community, out of which 105 are Asbestos houses and 4tin houses are there. Since our community is under Kharavela Nagar AwasYojana slum rehabilitation scheme, we are always in a state of insecurity.

Water: There are 2 tube wells, 5 water tanks and all houses are linked with pipeline connections our community. But the water supply is irregular, and the situation becomes precarious in every summer season when there is high dependency and the water tanks cannot store water.

Toilet: 90households of our community have individual household latrines and one community toilet is available which caters the sanitation need of remaining households.

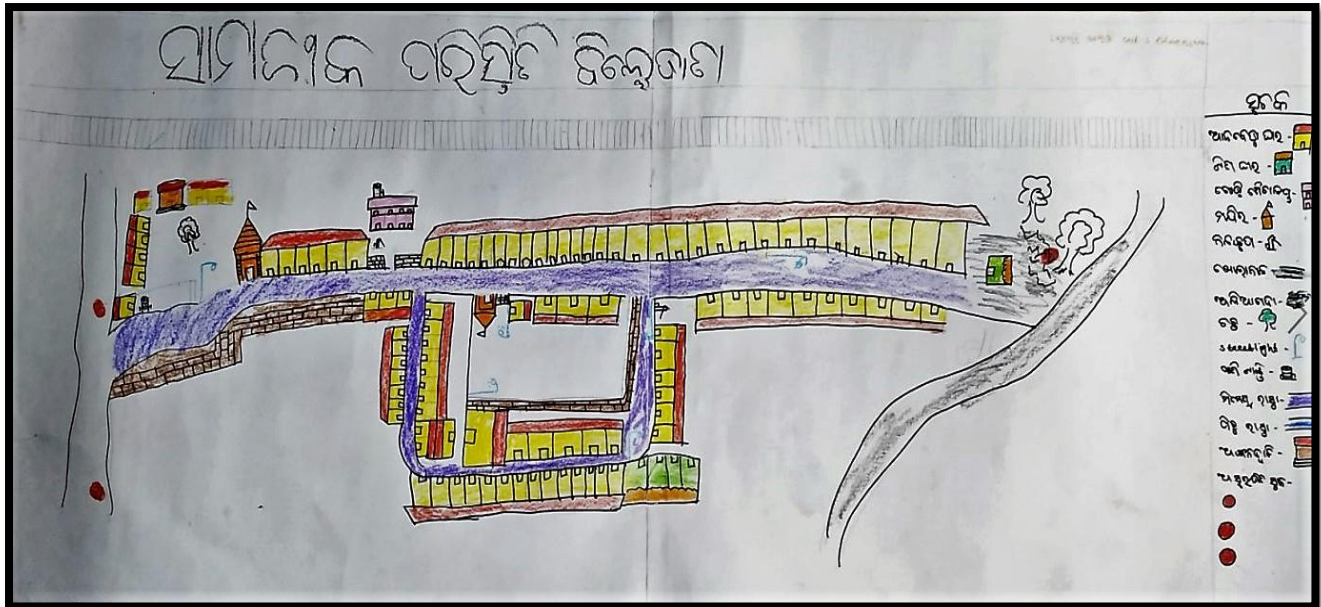
However, the community toilet is found in disrepair, their doors cracked and broken. The toilet is also characterized by filthy interiors, a lack of water and a foul odour.

Drain: There are two drainage systems in our community. The smaller one is covered; however, the bigger drain is an open drain. The drain becomes over flooded because people throw garbage to the open drain. In the rainy season, the drain overflows and drain water enter to some houses.

Anganwadi: There are 32 children in their early childhood and the Anganwadi centre of the community is available for these children. Unlike other areas, the anganwadi centre in our community is running in its own building with all basic facilities available. However, the only issue found in the Anganwadi centre is unavailability of electricity.

Dustbin: Our community has only one dustbin for 109 households, which fall insufficient. This dustbin is also used by residents of Shanti Nagar F.C.I colony. Hence inhabitants are throwing their garbage in open space which causes our community environment polluted and diseases prone. When wind blows, it also blows away the wastes which get accumulated in our houses.

Electric Connection: The electric wires in some places are inclining; the junction boxes are found open due to broken condition. The electric wires originating from the electric poles and connecting households also are found naked and exposed to water and the water molecules which allow continuity of electricity current during rainy season causing life risk for the inhabitants.



**Social Map**

## Safety & Security Analysis

We the Pragati Sathi adolescent girl leaders conducted an exercise safety audit in order to identify the localities and factors that make us feel unsafe within our community. We demarcated the unsafe places in the social map with RED colour indicator and the safe places with GREEN indicators.

**Unsafe Point-1-Near the Drain:** We find the place unsafe as the place mostly remain dark after dusk and is also unsafe from infrastructural point of view.

**Unsafe Point 2-Entry point of the community:** This place is also found unsafe as occupied by anti-social entities.

**Unsafe Point 3-OMFED Stall:** The stall is always is crowded for tea and snacks. Sometimes men and boys show unsocial behaviour and pass comments while girls pass through.

## Mapping of Social Issues Related to Youth & Adolescents

While the disease itself may be dying out in our colony, a lingering, centuries-long stigma still leads to discrimination. It is this kind of discrimination that keeps our communities functional, even though actual leprosy patients grow very fewer in number. Young people inter-marry within the colony, treating it as a part of their identity. As a result of these and other challenges, we the family members of the leprosy affected persons find ourselves detached from the systems and a feeling of belonging.

We the group members of 'Humara Bachpan Pragati Sathi' did an amazing exercise to spell out these issues and to identify solutions to address the acknowledged issues.

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'.

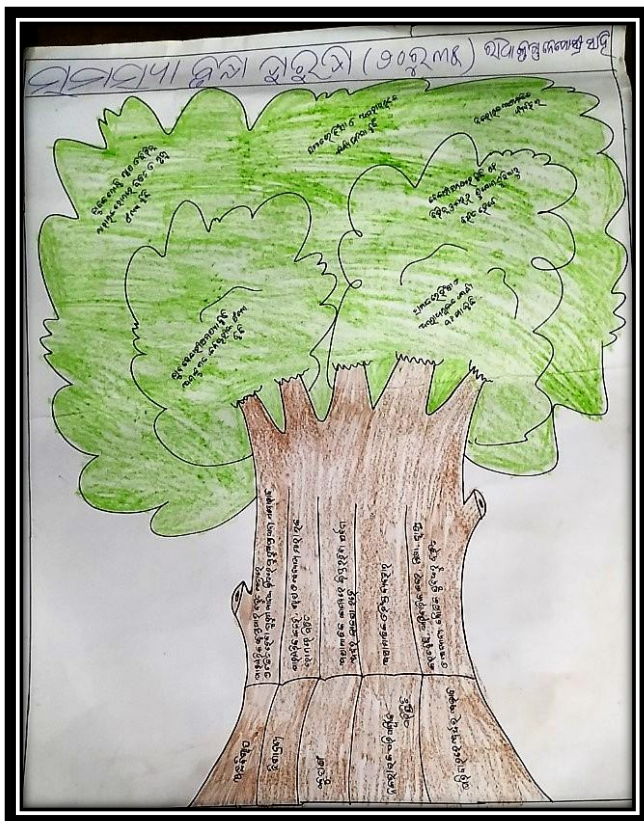
The major social obstacles and their impact on wellbeing were listed out by the adolescent and youth groups are given below.



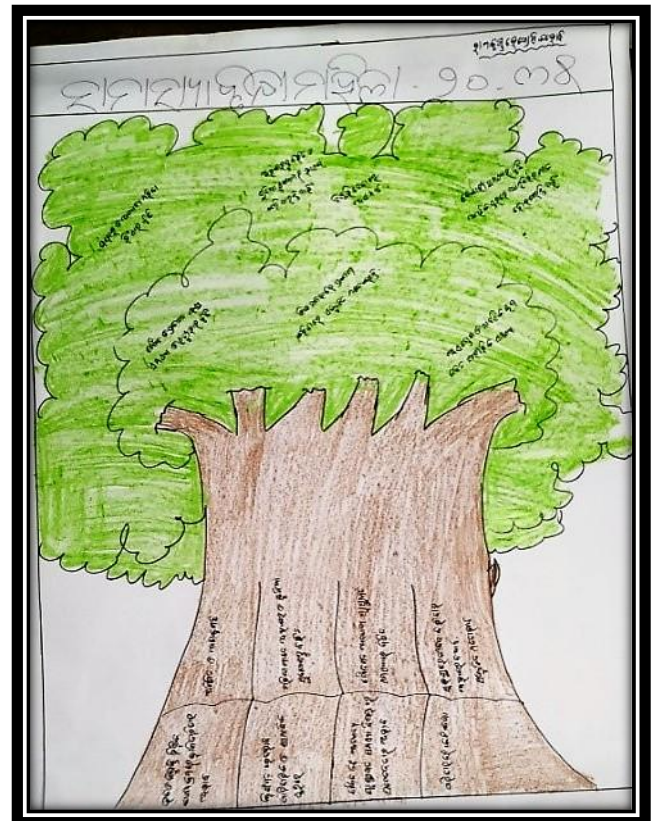


## Social Issues faced by Youth

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 Increase in unorganized workforce
	Bad Company	Unsocial behaviour Money seeking	Crime & anti-social activities in society increased
	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
Youth (Female)	Domestic Violence	Financial constraints; gender discrimination	Limited income opportunity; Male waste money in alcohol consumption & drugs.
	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. Access to Social Services (Health and other social security services)

There are a number of schemes and services available to meet the healthcare needs of poor households. But ignorance and poor health seeking behaviour 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

Certain healthcare services like free emergency medical transport services (102 & 108), Jana Ausadhi Yojana, Janani Suraksha Yojana and MAMATA schemes for safe motherhood intervention, Free Family Planning (Contraceptive) services, Aahar Centre (Subsidized food) is very much popular.

The interviewed participants found to be completely unaware about the schemes like Nidan scheme for free diagnosis, Free Dialysis, Free Cancer treatment & Chemotherapy, Treatment of Mental patients, National Vector borne disease control program (Malaria, Dengue, Chikungunya etc) .

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 though very much 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.

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:Ramakrushna Leprosy colony

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

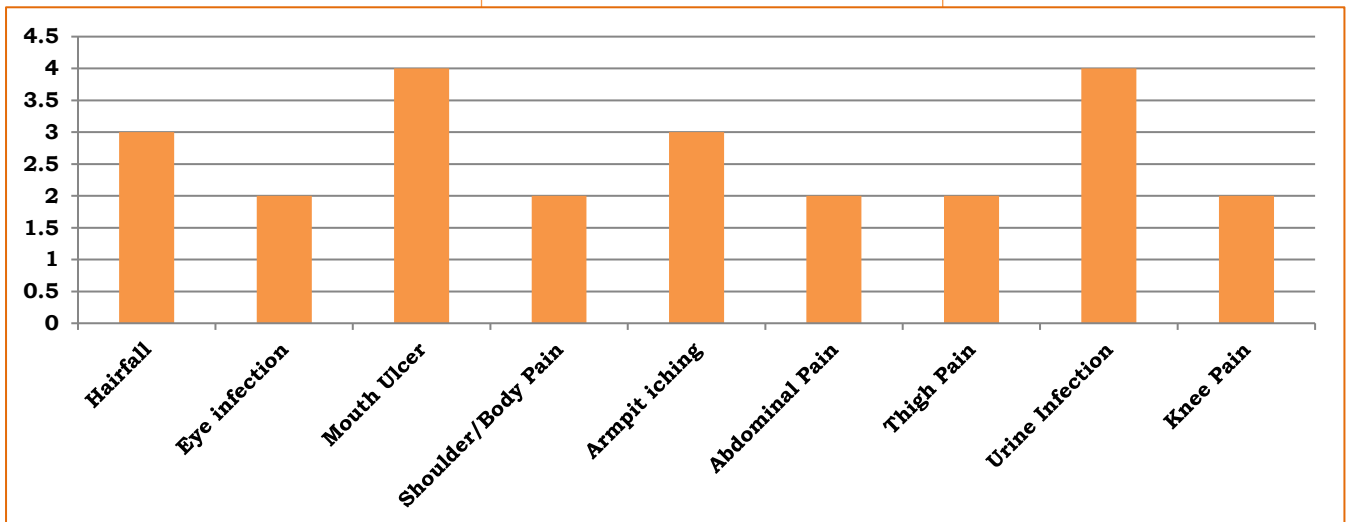
## 4. Understanding Health Issues & Challenges among youth & Adolescents

It is commonly believed that young people lead a healthy and active life and diseases incident 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 disorders.

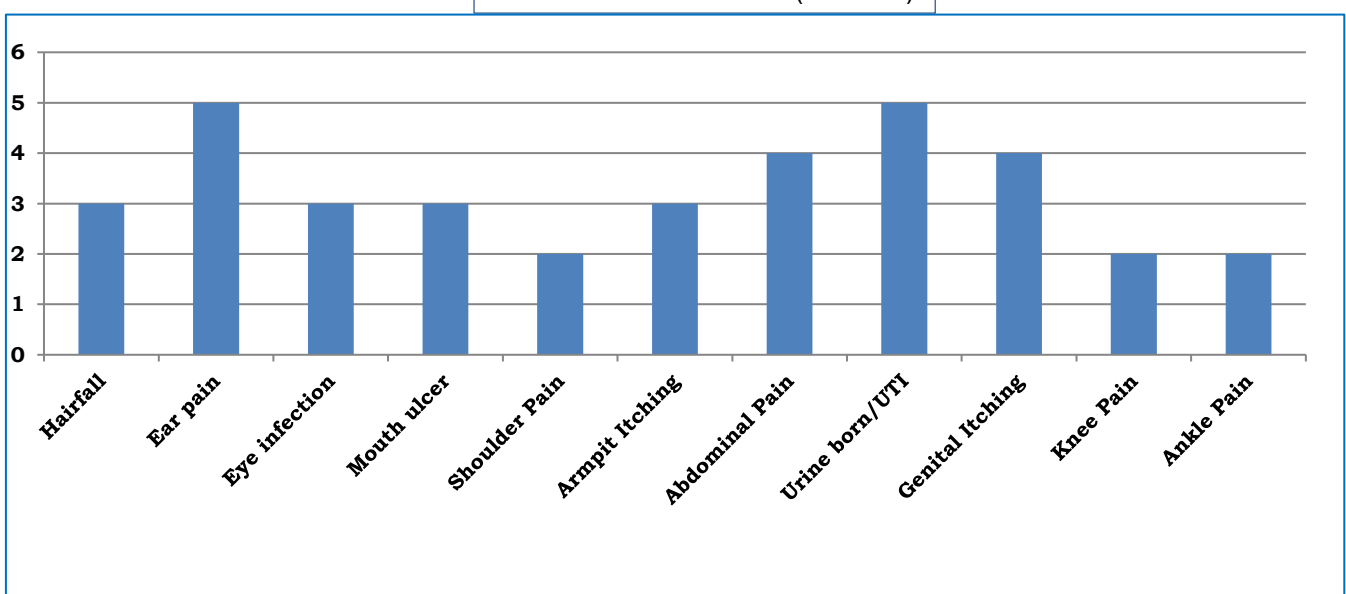
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

We made the life-size drawing of human body and then started discussing about the health issues we experience in our 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.

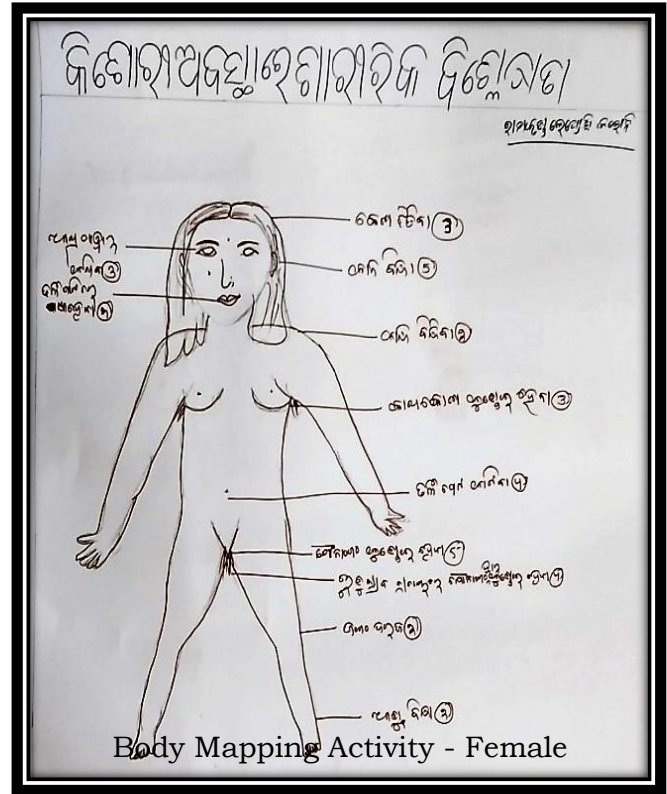
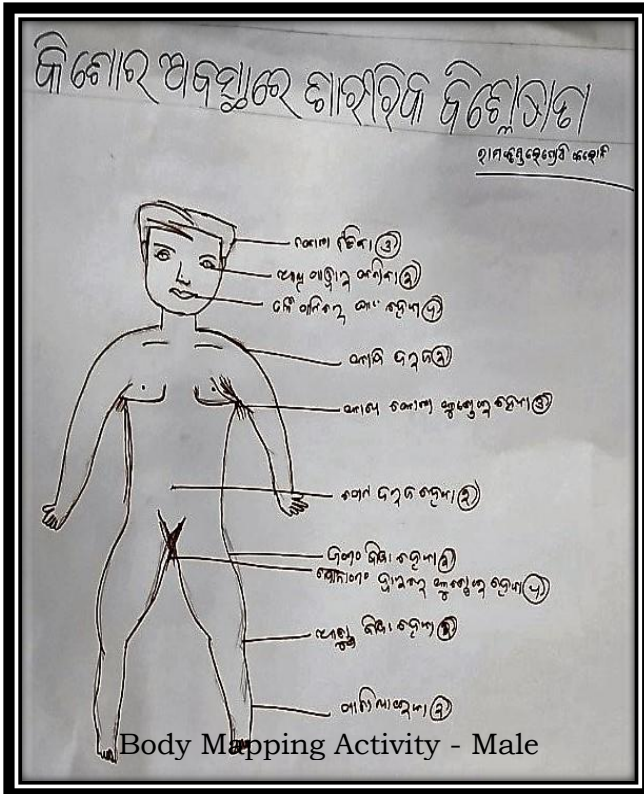
Health Issues Youth (Male)



Health Issues Youth (Female)



This body mapping exercise was adopted by male and female peer groups separately and the findings are presented below through the graphical presentation.



## 5. 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 poor among the study population. Only among 28% of the respondents, positive attitude was found for contraceptive use and 38% are aware about the benefits of contraceptives.
- ❖ Because of poor awareness level, unintended pregnancy is found in 20 percentages of married couples.
- ❖ Condom is the preferable method of contraception among male where as oral pills is the easy way of birth control as responded by female respondents.
- ❖ 12% 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 35% 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 in the major hurdle for them.



## 7. Recommendations & Plan

Sl No	Social Issue / Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Lack of Education Opportunities	<ol style="list-style-type: none"> <li>1. Making the adolescents aware about role of education in career building</li> <li>2. Making the parents aware and conscious about the importance of education of their children</li> <li>3. Regularizing the school dropout through 'School Chalo Abhiyan' campaign</li> <li>4. Linking college drop out with technical education institutions (Govt ITI)</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescents will be serious about continuing their basic education.</li> <li>2. Parents are more concerned about the education of children.</li> <li>3. Drop out youth &amp; adolescents are enrolled into technical &amp; vocational education.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth club members</li> <li>2. SAMBHAVI group members</li> <li>3. Govt ITI &amp; vocational training centre</li> </ol>	<p>HBT support for conducting training and linkages building.</p>
2	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> <li>2. Community meeting and planning to remove illegal liquor shops</li> <li>3. Motivational program among the addicted people and enrol them into 'NishaNibaran Kendra'</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced incidence of domestic violence</li> <li>2. Reduced incidence of crimes</li> <li>3. Reduced death from liver and kidney damage</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. Police</li> <li>4. NishaMukti Kendra</li> </ol>	
3	Poverty & Unemployment	<ol style="list-style-type: none"> <li>1. Enrolling unemployed youth in different skill building program &amp; providing handholding support</li> <li>2. The family income to be enhanced through engaging both male &amp; female members into different income generating activities (IGA)</li> <li>3. The households should be aware of different financial management processes</li> </ol>	<ol style="list-style-type: none"> <li>1. Youth will be employed &amp; engaged in IGA</li> <li>2. Increased family income</li> <li>3. Habit of savings &amp; balance of income &amp; expenditure is maintained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Skill development institutes, banks for financial linkages &amp; placement agencies</li> <li>2. HBT youth leaders conduct module meeting of financial management</li> </ol>	<ol style="list-style-type: none"> <li>1. HBT support for skill training and linkages building</li> </ol>
4	Caste based discriminations	<ol style="list-style-type: none"> <li>1. Community meeting and planning including people from upper caste people to reduce discriminatory practices</li> <li>2. Awareness program in schools &amp; colleges and seek their support to make their neighbourhood discrimination free practice</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>1. Reduced incidence of discriminatory activities</li> <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>1. Adolescent &amp; youth peer leaders &amp; club members</li> <li>2. SAMBHAVI women's group</li> <li>3. District Legal Authority Cell</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth peer leaders will 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	Superstition & Blind Belief	<ol style="list-style-type: none"> <li>1. Awareness programs &amp; community meetings among youth &amp; adolescents about the ill impact of the practice.</li> <li>2. Community awareness through street play and open mic program</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduced superstitious practice</li> <li>2. Increased access to healthcare services instead of going to 'ojha' &amp; 'Gunias'.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adolescent &amp; youth club members</li> <li>3. SAMBHAVI group members</li> </ol>	
7	Domestic Violence	<ol style="list-style-type: none"> <li>1. Awareness program among women groups</li> <li>2. Self defence training for young and adolescent girls.</li> <li>3. Motivating women to be engaged in income generating activities</li> <li>4. 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>1. Reduced incidence of domestic violence</li> <li>2. Girls &amp; women with self defence training feeling confident</li> <li>3. Increased freedom &amp; mobility among women &amp; girls</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> <li>5. State Women Commission</li> </ol>	<ul style="list-style-type: none"> <li>• HumaraBachpan Trust</li> <li>• State Women Commission</li> <li>• District Legal Services Authority</li> </ul>

SI No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Water Issue	<ol style="list-style-type: none"> <li>Water tanks should be in the higher place, preferably terrace.</li> <li>Water taps should be in ratio with the houses.</li> <li>Tube wells should be away from drains.</li> </ol>	<ol style="list-style-type: none"> <li>Availability of 24hrs water supply.</li> <li>Children and elders will be away from water borne diseases.</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.
2.	Community Toilet	<ol style="list-style-type: none"> <li>Should be hygiene.</li> <li>Should have electricity facility to make it safe at night.</li> <li>Regular cleanliness during rainy season.</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
3.	Electricity	<ol style="list-style-type: none"> <li>Open wires should not be let to hang at a lower height.</li> <li>Multiple connection from a single electric pole should be avoided .</li> <li>Electric pole near the work place should be avoided for sudden accidents.</li> <li>Solar light facility.</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
4.	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>Bhubaneswar Municipal Corporation</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
5.	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>	<ol style="list-style-type: none"> <li>Each one of them gets a permanent place/house.</li> </ol>	<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 AwasYojana (Urban).</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved





## 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






# HUMARA BACHPAN

Contact info: [info@humarabachpan.org](mailto:info@humarabachpan.org)

HIG-5 || BDA Duplex || Pokhariput || Bhubaneswar – 751020 || Odisha

---

[www.humarabachpan.org](http://www.humarabachpan.org)

 [www.facebook.com/humarabachpanearlychildhood](https://www.facebook.com/humarabachpanearlychildhood)

 [www.twitter.com/humarabachpan](https://www.twitter.com/humarabachpan)