

# Turning Dreams into Reality....



## Transforming **Rickshaw Colony** into a Socially SMART Neighbourhood

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HUMARA BACHPAN

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# 1. About the Community

Our community Rickshaw Colony is one among the Bhubaneswar Town Centre District (BTCD) slums of Bhubaneswar Smart city and is of sixty years old. 15 families from Nayagarh district came and started staying in this pocket. The male members were in search of livelihood and started doing wage labour. After some time, they started earning their livelihood through rickshaw pulling

named after the famous temple 'Kedar Gouri of lord 'Shiva' & Goddess 'Parvati'. The community is spread over an area of 42,907 Sq metres, started from Sishu Bhawan over bridge to the railway track of Choudhury Sahi.

The first 30 inhabitant families of our community were Manual Scavengers and came migrated from Nayagarh district in the year 1955 due to various pull factors like job availability, higher wages and better working opportunities. After residing isolated there for years, the families 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 here in Kedarpali and got engaged in different livelihoods. Mostly our community is inhabited by scheduled caste people who work as cleaners and sweepers.



Rickshaw 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	
01	04	03	02	06	11	14	11	46	67	70	95	42

## Vulnerable Population

+Vulnerable Population Category	Numbers of People
Persons with Disabilities	1
Widows	1
Destitute	1
Single Elderly People	1

## Caste & Religion Basis Segregation

Religion Category				Caste Category				
Hindu	Muslim	Christian	Others	General	SC	ST	OBC	Others
42	Nil	Nil	Nil	3	15	-	7	17



## 2. Situational Analysis

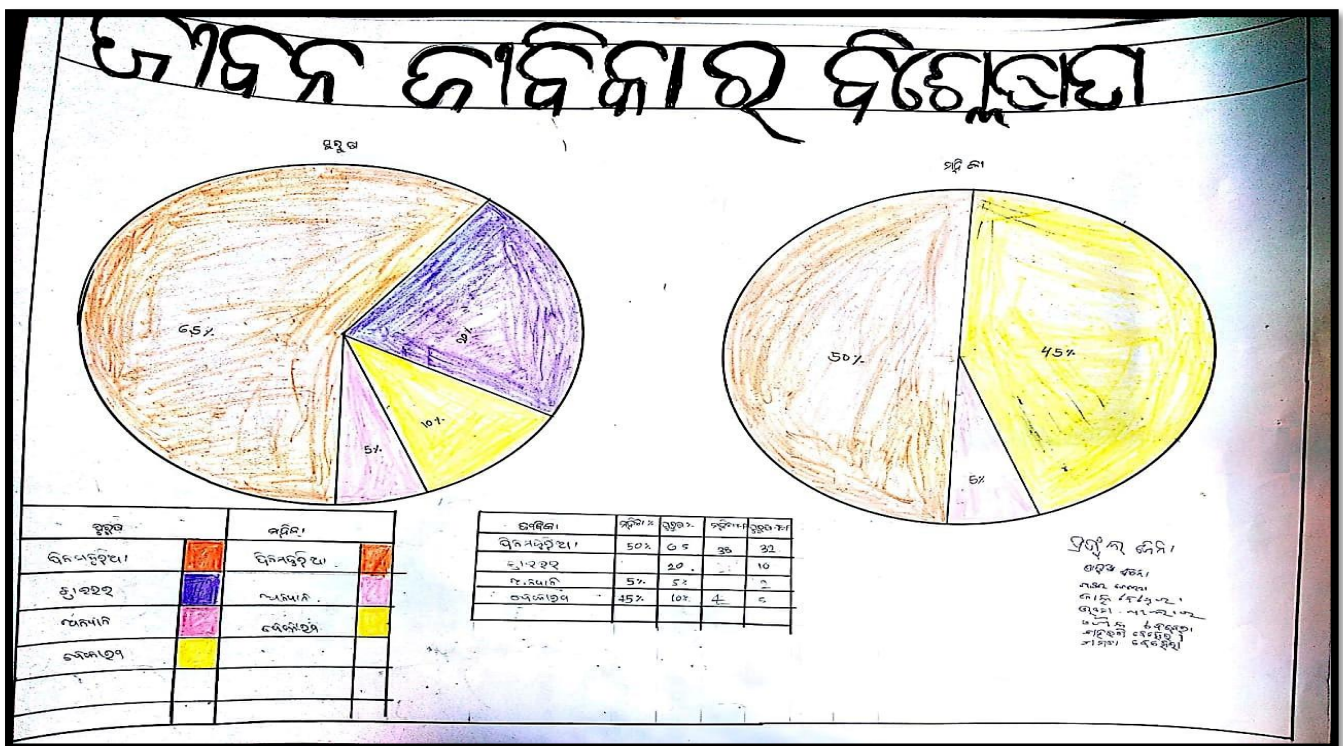
### Livelihood Analysis of the Households

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 42 numbers of households with 165 population residing in Rickshaw Colony, out of which 138 are of working age group. (18 to 65 years).

Majority of working age group work as domestic labourer. Information on primary occupation of the working age male and female can be seen from the following table and the analysis is given in the attached colour coded map.



SI No	Occupation Category with Colour Code	Male (18 to 65 years)	Female (18 to 65 years)
1	Domestic Labour (Orange)	32	38
2	Driver (Violet)	10	--
3	Other Petty business (Pink)	2	--
4	Unemployed (Yellow)	5	4

## 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 Rickshaw 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 93 houses in our community, out of which 90 are Asbestos houses and 3 are thatched houses. The houses are situated next to each other and without proper ventilation. The designs of the houses are like one single space where cooking, sleeping and studying is done which becomes hazardous to health.

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.

Water: There are 1 tube well in our community. The water supply is irregular, and the situation becomes precarious in every summer season when there is high dependency of water and there is no proper storage system.

Community Toilet: There are 3 community toilets in our community but are not in good hygienic conditions. Hence people feel reluctant to use especially women and girls.

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

Anganwadi: The Anganwadi centres is located at a distance from the community due to which parents are reluctant to send their children. There is no separate kitchen or store room in the Anganwadi as per the I.C.D.S. norms. The Anganwadi is not equipped with play materials or open space facility for young children to play.

Dustbin: Availability of only one dustbin becomes insufficient for the household to throw garbage in it. 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.

Drain: The drains are open in our community. 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.



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-Beetle Shop: We find the place unsafe as it is mostly been used by boys and male persons for beetle consumption. The drug addicted people sometimes behave violent and pass comments while we pass through the place.

## Social Issues Related to Youth & Adolescents

We youth and adolescents living in urban poverty face sizable obstacles along 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 belonging.

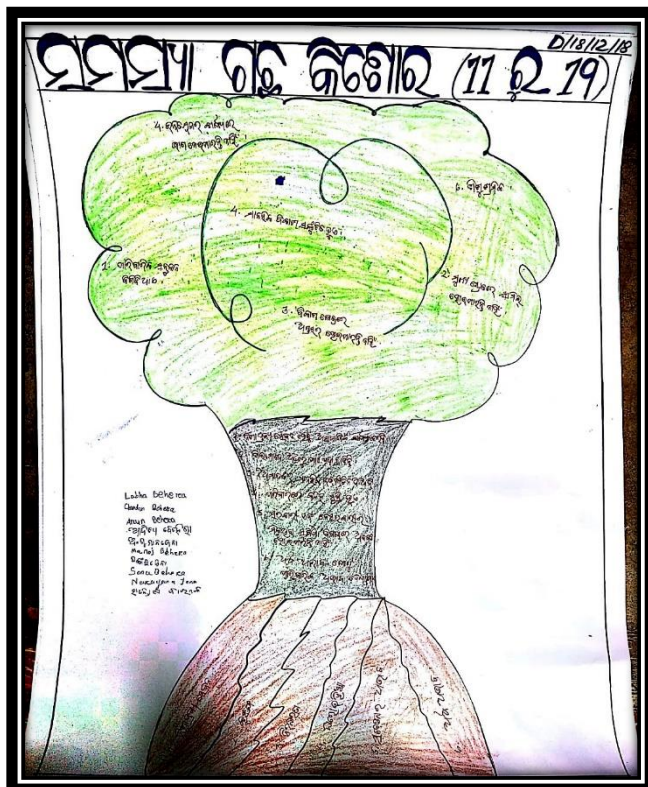
We the group members of 'Humara Bachpan Pragati Sathi' did an amazing exercise to spell out these issues and to identify solutions to address the acknowledged issues.

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

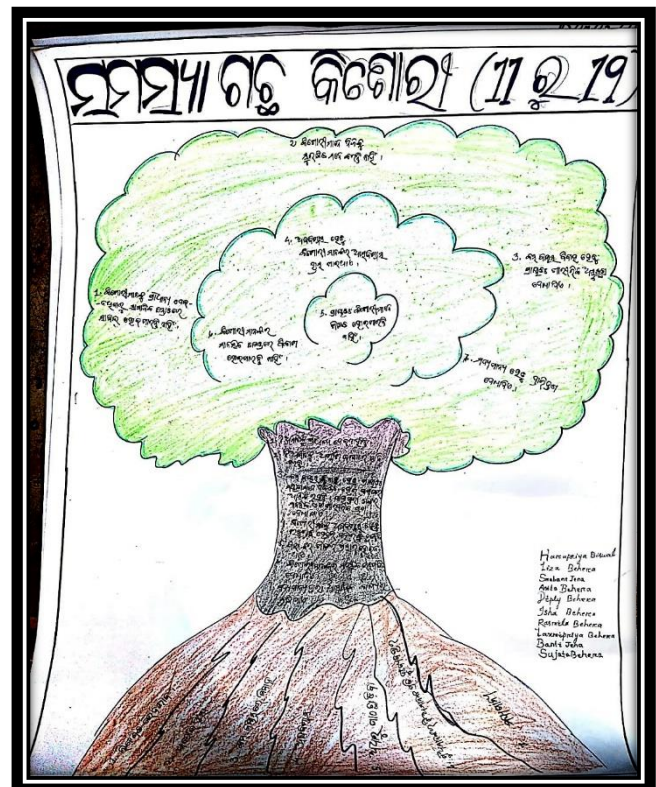
The major social obstacles and their impact on wellbeing were listed out by the adolescent and youth groups are given below.

## Social Issues faced by Adolescent

Target Group	Root Causes	Issues	Impact
Adolescent (Male)	Bad Company	Unsocial behaviour Money seeking	Involvement in crime & anti- social activities
	Alcohol consumption & substance abuse	Family conflicts, vulnerable to different respiratory infections & deadly diseases	Increased incidence of respiratory diseases and mortality among youth and adolescents
	Lack of positive environment	Negative/Anti-social/violent attitude	Increase involvement in crime, Lack of positive attitude
	Limited access & knowledge to higher/technical education	College Drop Out Poor enrolment in higher & technical education stream	Unemployment Inadequate income generation opportunity, be deprived from different facilities
	Poor Family condition	Family disturbances, no access to education, health & other basic services	Uneducated, poor health & well being
Adolescent (Female)	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
	Domestic Violence	Financial constraints; Early marriage, gender discrimination	Illiteracy, Economic stress. Male waste money in alcohol consumption & drugs.
	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
	Limited knowledge & access to healthcare information	Onset of diseases & not availing healthcare facilities	Increased morbidity & mortality related to reproductive health issues among adolescent girls



Problem Tree of Social Issues  
(Adolescent - Male)

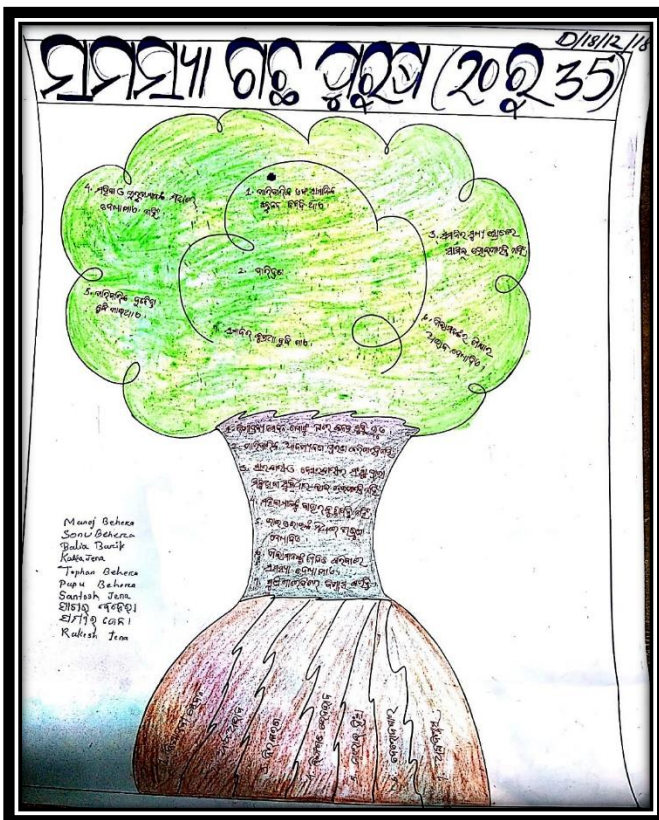


Problem Tree of Social Issues  
(Adolescent - Female)

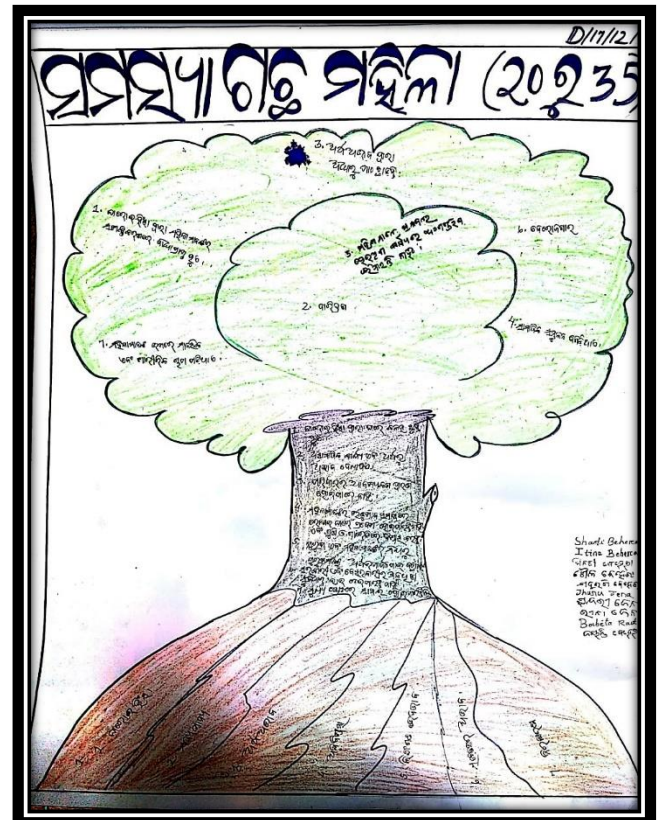


## Social Issues faced by Youth

Target Group	Root Causes	Issues	Impact
Youth (Male)	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. 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 Pus initiatives for school going boys and girls (5-10 years) and out of school girls (5-10 years) to manage the Iron requirements.

From the above discussion, we observed that a large majority of our community residents are not aware about the health and other social security measures meant for the urban poor people and so are not able to avail the benefits.

## Questionnaire to understand Knowledge about & Access to Social Security Schemes & Services

Humara Bachpan Trust-Bhubaneswar  
Name of the Project-Socially Smart Initiative  
Name of the Community:Rickshaw Colony

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				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	are not good		
1	Nidan scheme for free diagnosis	15	5	3	12	10	0	1	1	0	0
2	Free Dialysis	5	15	2	3	1	1	0	1	0	0
3	Ambulance service (102 & 108)	20	0	7	13	11	0	0	2	0	0
4	Khusi' - Free Sanitary Napkin provision for Women and adolescents	3	17	1	2	1	0	1	0	0	0
5	Free Cancer treatment & Chemotherapy	0	20	0	0	0	0	0	0	0	0
6	Treatment of Mental patients	0	20	0	0	0	0	0	0	0	0
7	Sunetra scheme (Free Cataract surgery & treatment)	1	19	0	1	1	0	0	0	0	0
8	Ama Clinic Service'	17	3	16	1	0	0	0	1	0	0
9	Jana Ausadhi Yojana (Niramaya Medicines)	20	0	0	20	1	0	0	0	0	1
10	Help from Chief Minister Relief Fund	20	0	0	20	12	1	1	1	0	0
11	Janani Surakhya Yojana	20	0	15	5	2	1	1	1	0	0
12	Mamata Scheme	19	1	15	4	2	0	0	2	0	0
13	Free Immunization to prevent child from 12 preventable diseases	20	0	12	8	4	0	0	4	0	0
14	National Iron Plus Initiatives	7	13	3	4	2	0	2	0	0	0
15	National Adolescent Health program	15	5	11	4	3	0	0	1	0	0
16	Free Family Planning (Contraceptive) services	20	0	15	5	0	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	0
18	About Mamata Diwas, UHND, AWC	20	0	18	2	2	0	0	0	0	0
19	Harischandra Yojana	20	0	10	10	2	5	1	0	0	0
20	Biju Swasthya Kalyan Yojana	20	0	10	10	10	0	0	0	0	0
21	National Pension Scheme/Atal Pension Yojana	11	9	3	8	2	5	1	2	0	0
22	Madhu Babu Pension Yojana	10	10	2	8	1	2	2	4	1	0
23	Aahar Centre (Subsidized food)	20	0	18	2	2	0	0	0	0	0
24	Banishree Yojana	0	20	0	0	0	0	0	0	0	0

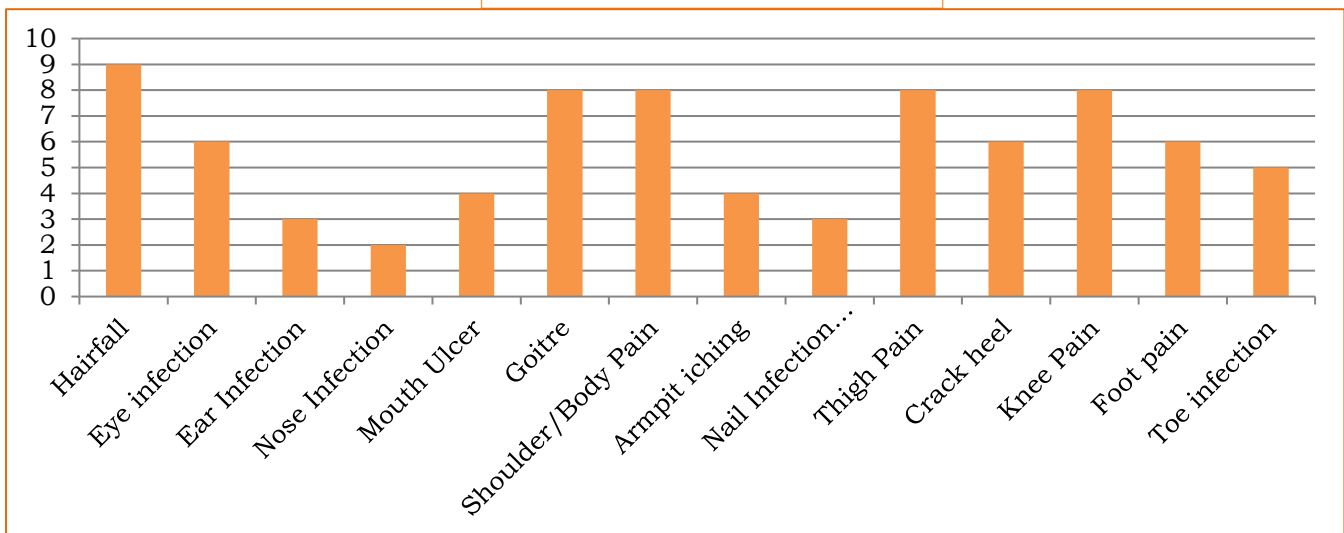
## Health Issues & Challenges Among Youth & Adolescents

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.

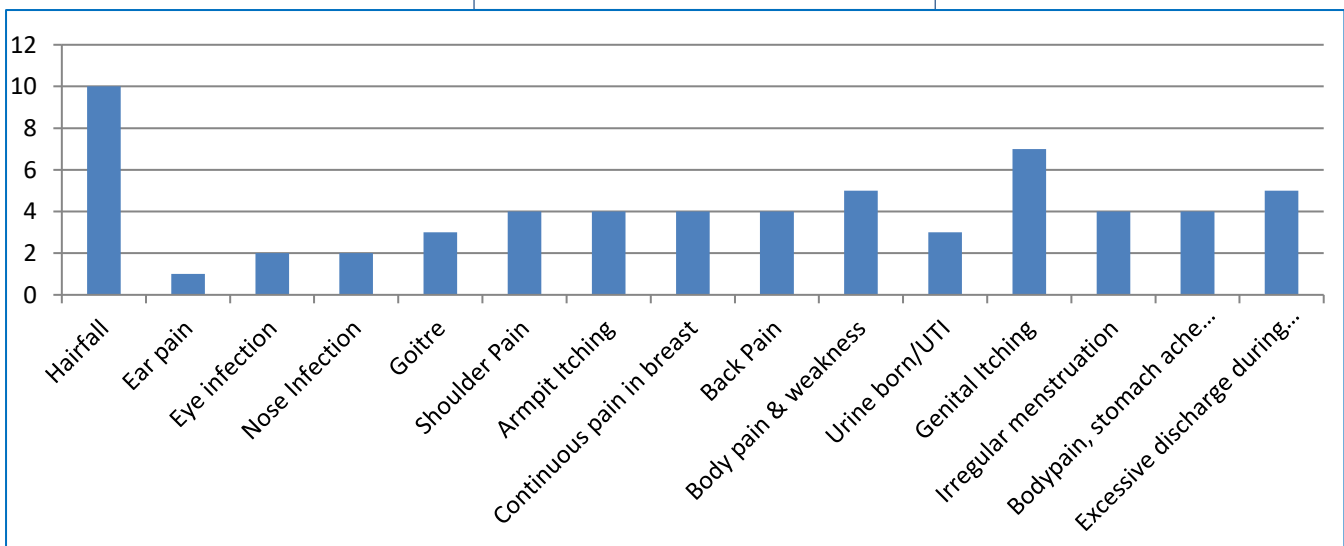
We youth leaders made an attempt to identify the common health disorders that occur during young age and the factors that cause these through body mapping exercise.

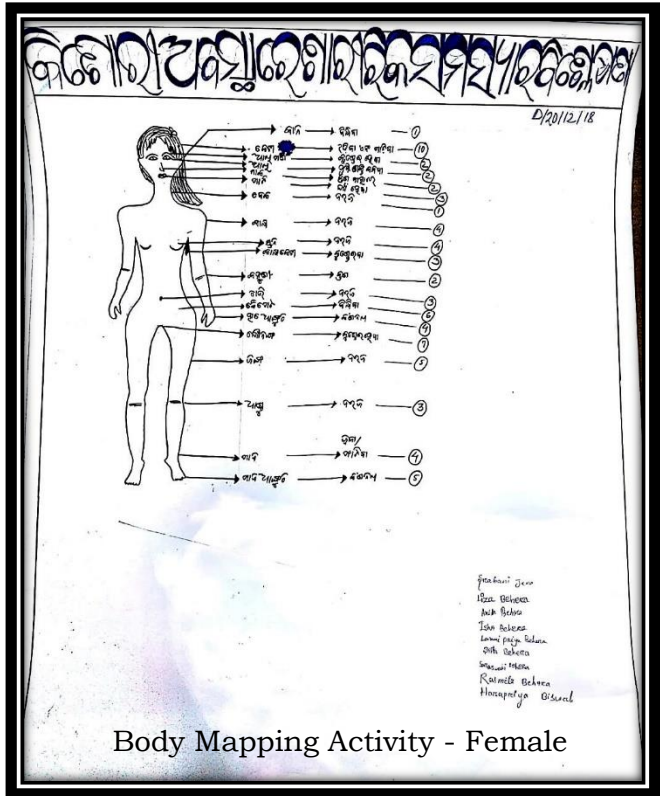
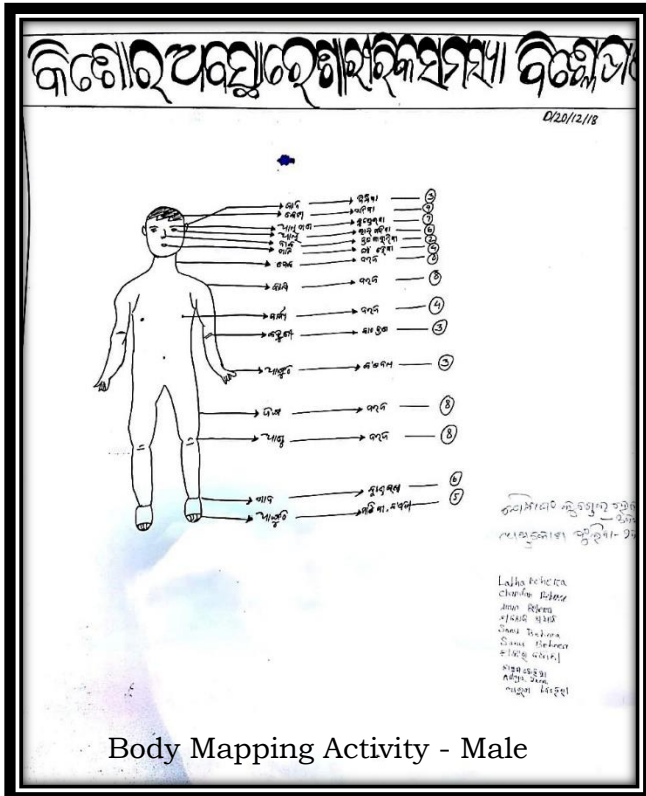
We made life-size drawing of human body and then started discussing about the health issues we experience in our various body parts; started from the head/hair to the toe of the feet. We identified and listed out the health problems mostly we suffer from and thus some health issues that we hesitate to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

Health Issues Youth (Male)



Health Issues Youth (Female)





## Use of Contraceptives

Our government is promoting contraceptive as a priority among youth to control unintended pregnancy, to maintain gap between children and also to lessen the incidence of sexually transmitted diseases among young generation through different campaign mode.

We the youth leaders decided to assess the knowledge, attitude and practice of the young population of our community and towards the use of contraceptives through a survey method. We did the survey among both married and unmarried groups and male and female population of reproductive age (15-35 years) of our community.

- ❖ Knowledge of safe sex and contraceptives is 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 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.
- ❖ 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 in the major hurdle for them.
- ❖ The married women mentioned that contraceptive use and any decision regarding family planning is taken by their husbands and they hardly have any say in the matter.

Among others, factors that limited modern contraceptive uptake included myths, rumours and misinformation about modern contraceptives, low availability and poor access to services.

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

## 4. Prioritization of Issues

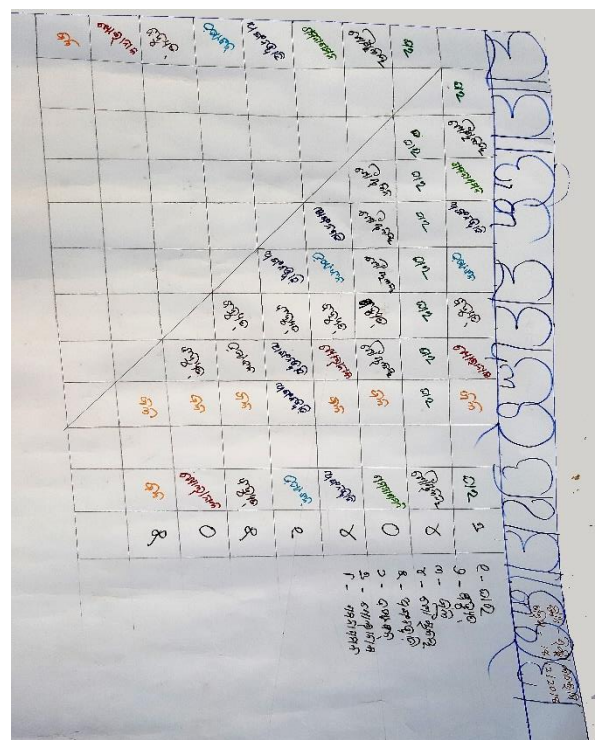
After identifying different issues and problems of our community, the process was to find out the way of solutions or mitigations of the issues, for which we had to prioritize the issues based on their gravity.

We did the problem tree analysis of the infrastructural and social issues of our community separately and ranked the issues in the descending order based on their criticality. The issue ranked 'One' needs to be addressed first and then the next one and so on. The following matrix labels and represents the issues based on their priority of redressal.

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



Prioritization of Social Issues



Prioritization of Infrastructural Issues

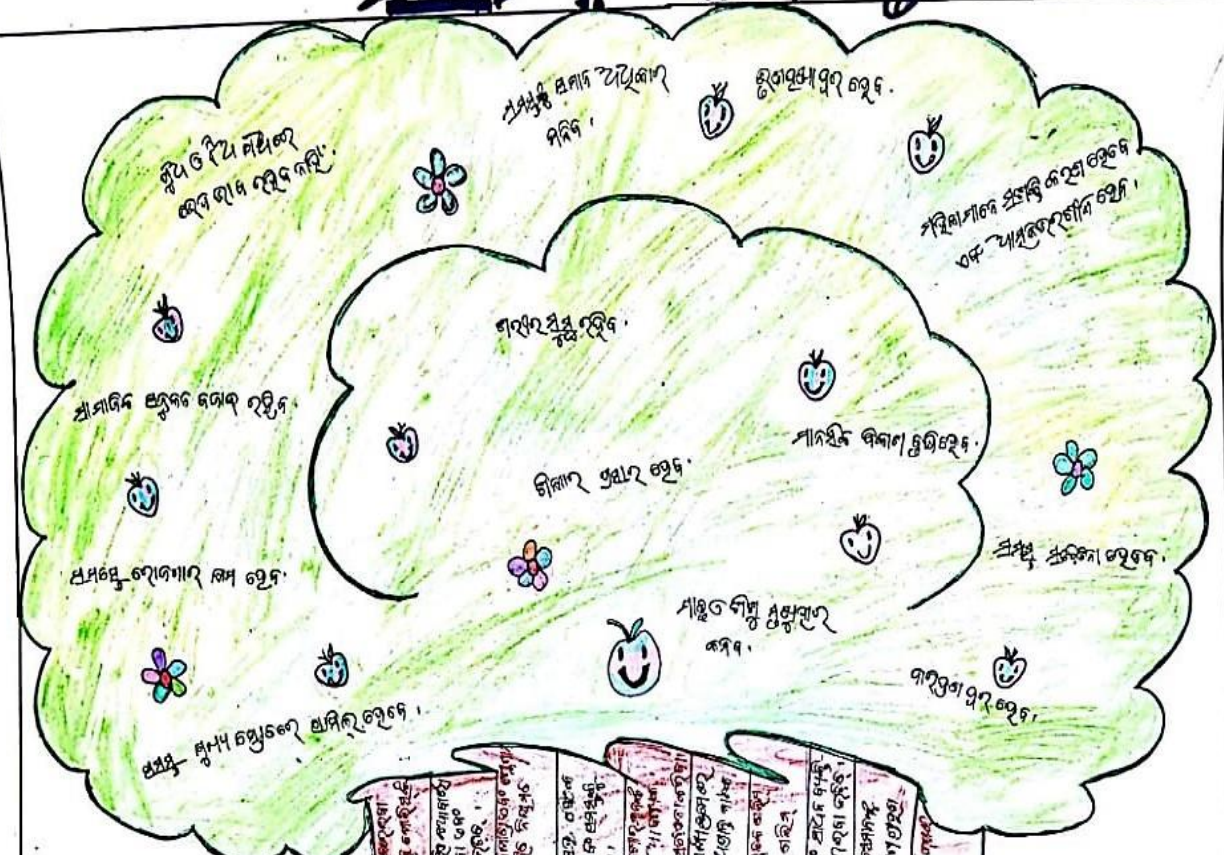
## 5. Recommendations & Plan

Sl No	Social Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Poverty & Unemployment	<ol style="list-style-type: none"> <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' campaign</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	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>
6	Early Marriage	<ol style="list-style-type: none"> <li>Awareness meeting among adolescent girls groups making them aware about the negative impact of early marriage on body and lifestyle</li> <li>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>Reduced/No incidence of early marriage among girls</li> <li>Reduced incidence of still birth among young mothers</li> <li>Reduced IMR &amp; MMR</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> </ol>	

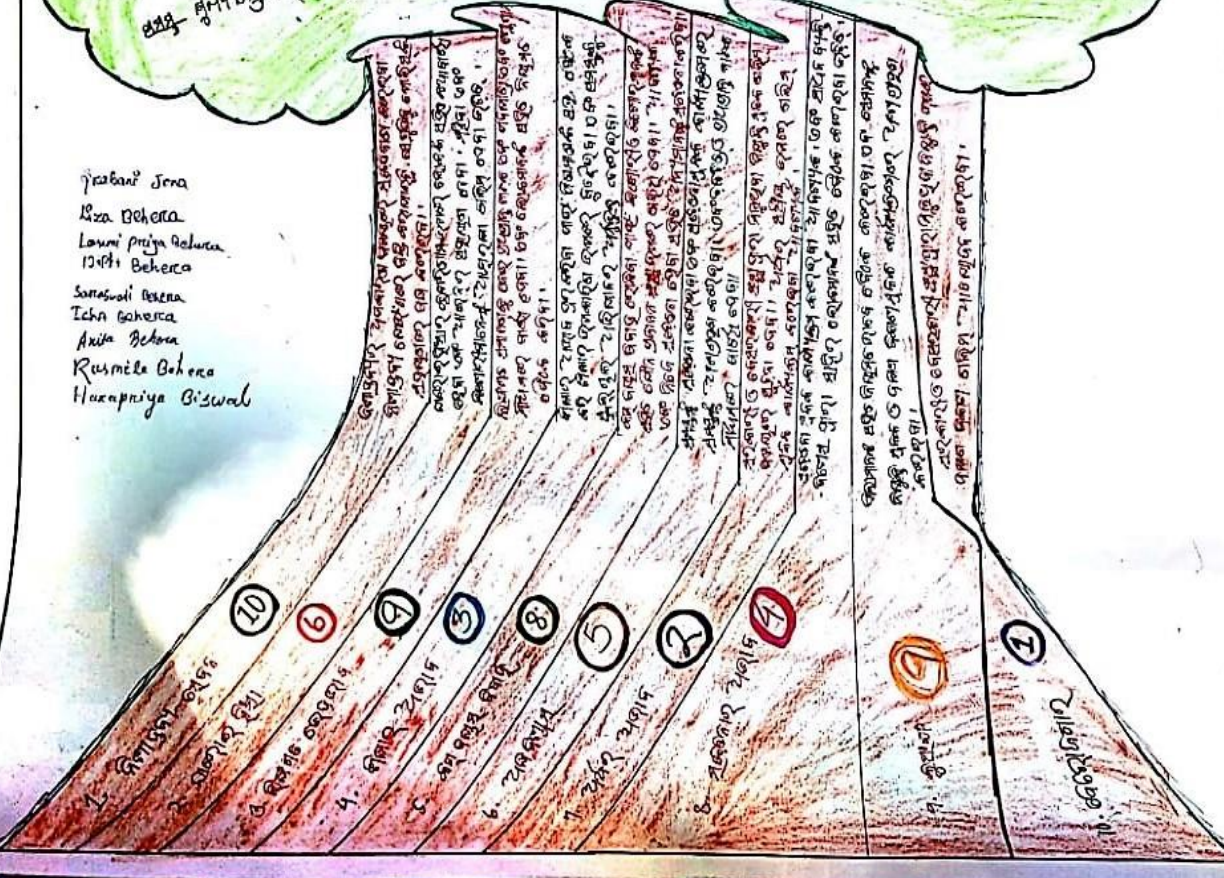
Sl No	Infrastructural Issue/Challenge	Proposed Solution	Outcome	Stakeholder's Engagement	Support Required
1	Water Issues	<ol style="list-style-type: none"> <li>1. Water tanks should be in the higher place, preferably terrace.</li> <li>2. Water taps should be in ratio with the houses.</li> <li>3. Tube wells should be away from drains.</li> </ol>	<ol style="list-style-type: none"> <li>1. Availability of 24hrs water supply.</li> <li>2. Children and elders will be away from water borne diseases.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. 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>1. Should be hygiene.</li> <li>2. Should have electricity facility to make it safe at night.</li> <li>3. Regular cleanliness during rainy season.</li> </ol>	<ol style="list-style-type: none"> <li>1. Avoid open defecation.</li> <li>2. Avoid falling ill.</li> <li>3. Make a healthy community.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator.</li> <li>4. Bhubaneswar Municipal Corporation.</li> <li>5. Additional Commissioner, Sanitation.</li> </ol>	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"> <li>1. Centre should be near to the neighborhood.</li> <li>2. Centre should be built in proportion to the number of children.</li> <li>3. Rooms should be properly ventilated.</li> <li>4. Separate kitchen .</li> <li>5. Toilets should be child friendly.</li> <li>6. Water taps should be at a lower height.</li> <li>7. There should be open space outside the AWC for children to play.</li> </ol>	<ol style="list-style-type: none"> <li>1. Proper development of children.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. AWW .</li> <li>5. ASHA .</li> <li>6. Child Development Project Officer.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved.
4.	Housing	<ol style="list-style-type: none"> <li>1. Houses should be in the form of flats.</li> <li>2. Rectangular in shape.</li> <li>3. Separate rooms for cooking, sleeping and studying.</li> <li>4. Separate toilets.</li> <li>5. Steps of the building should be lower.</li> <li>6. Windows of the house should be frontal.</li> </ol>	<p>Each one of them gets a permanent place/house.</p>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Housing &amp; Urban Development Dept, Govt of Odisha.</li> <li>5. 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
5.	Open Drain	<ol style="list-style-type: none"> <li>1. Drains should be covered.</li> <li>2. Dustbins should be placed as per population.</li> </ol>	<ol style="list-style-type: none"> <li>1. Garbage free community and healthy environment</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Bhubaneswar Municipal Corporation</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved
6.	Community Dustbin	Dustbins should be installed as per the ratio of population in the community	<ol style="list-style-type: none"> <li>1. Garbage free community and healthy environment</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Leaders.</li> <li>2. HBT youth leaders.</li> <li>3. Corporator</li> <li>4. Bhubaneswar Municipal Corporation.</li> <li>5. Jagruti.</li> </ol>	HBT to support in preparing the charter of demand and follow up till the solution is achieved



# ସମାଧାନ ବୃକ୍ଷ



- ୧. Sana
- ୨. Behera
- ୩. Laxmi Prinja Behera
- ୪. Behara
- ୫. Sankuoli Behera
- ୬. Ichu Behera
- ୭. Axita Behera
- ୮. Rasmila Behera
- ୯. Huxapriya Biswal



Solution Tree

## 6. About the Process

The Humara Bachpan Trust (HBT) peer leaders of Bhubaneswar Town Centre District (BTCD) slums conducted an exclusive social mapping process as a tool to assess the issues and challenges related to physical infrastructure of the community along with the social issues prevalent among youth and adolescent of the community.

The community mapping process includes socio-economic profile mapping of the residents, mapping of their knowledge and access to services & entitlements, assessment of their knowledge about while implementing the smart initiative for the slums, the short-term and long-term redressal methods would be properly planned, implemented and followed.

### **The Process followed**

The mapping process has included participatory tools like social mapping, resource and stakeholder mapping, livelihood analysis through Focus group discussion, mapping of social issues through problem tree, safety and security mapping, body mapping to understand common health issues among youth and adolescents and the Knowledge, Attitude and Practices (KAP) study to identify the knowledge and practice trend among youth of reproductive age.

### **Outcome of the Mapping Process**

Creating community maps had an empowering effect on the whole community and especially on those peer leaders who became actively involved, because they had the opportunity to think spatially about their environment and to literally put their issues on the map. The process of creating data and eventually a map triggered 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






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