

# Turning Dreams into Reality....



## Transforming Masjid Colony into a Socially SMART Neighbourhood

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HUMARA BACHPAN

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# 1. About the Community

As per official census 2011 and population data 2019 of Bhubaneswar city, Hindus are the majority residents. Islam is second most popular religion in city of Bhubaneswar with approximately 3.29 % following it. In Bhubaneswar city, Muslims settlements are found in different areas and Masjid colony is one among those informal settlements.

Our community Masjid Colony is one among the oldest informal settlements of Bhubaneswar Smart city. The biggest Mosque (Masjid) of the city is situated in the area and our colony is therefore named as 'Masjid Colony'. The community is spread over an area of 27629 Sq metres and is situated 480 Meter from Bhubaneswar railway station. --- is the nearest market place and the landmark of the location.

Muslim families from different districts such as Jagatsighpur, Bhadrak and Kendrapara started coming down to this area in the year 1979. Gradually their relatives from Khadagpur and Medinapur of West Bengal started coming here in search of livelihood and cohabitated with them. Accordingly, the numbers of Muslim migrants began to increase rapidly in the area and thus a Muslim community developed with a total of 200 households.

Our community was under slum resettlement plan and thus in the 1<sup>st</sup> phase 35 families of our community got 'Pakka house' in Sikharchandi and Dumduma area.



Masjid 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 |           |
| 179                  | 146    | 239        | 204    | 251                      | 205    | 347                 | 283    | 119                      | 97     | 1135             | 975    | 507       |

## Vulnerable Population

| +Vulnerable Population Category | Numbers of People |
|---------------------------------|-------------------|
| Persons with Disabilities       | 38                |
| Widows                          | 129               |
| Destitute                       | 27                |
| Single Elderly People           | 12                |

## Caste & Religion Basis Segregation

| Religion Category |        |           |        | Caste Category |    |    |     |        |
|-------------------|--------|-----------|--------|----------------|----|----|-----|--------|
| Hindu             | Muslim | Christian | Others | General        | SC | ST | OBC | Others |
| 17                | 469    | 0         | 21     | 474            | 5  | 2  | 5   | 21     |



## 2. Situational Analysis

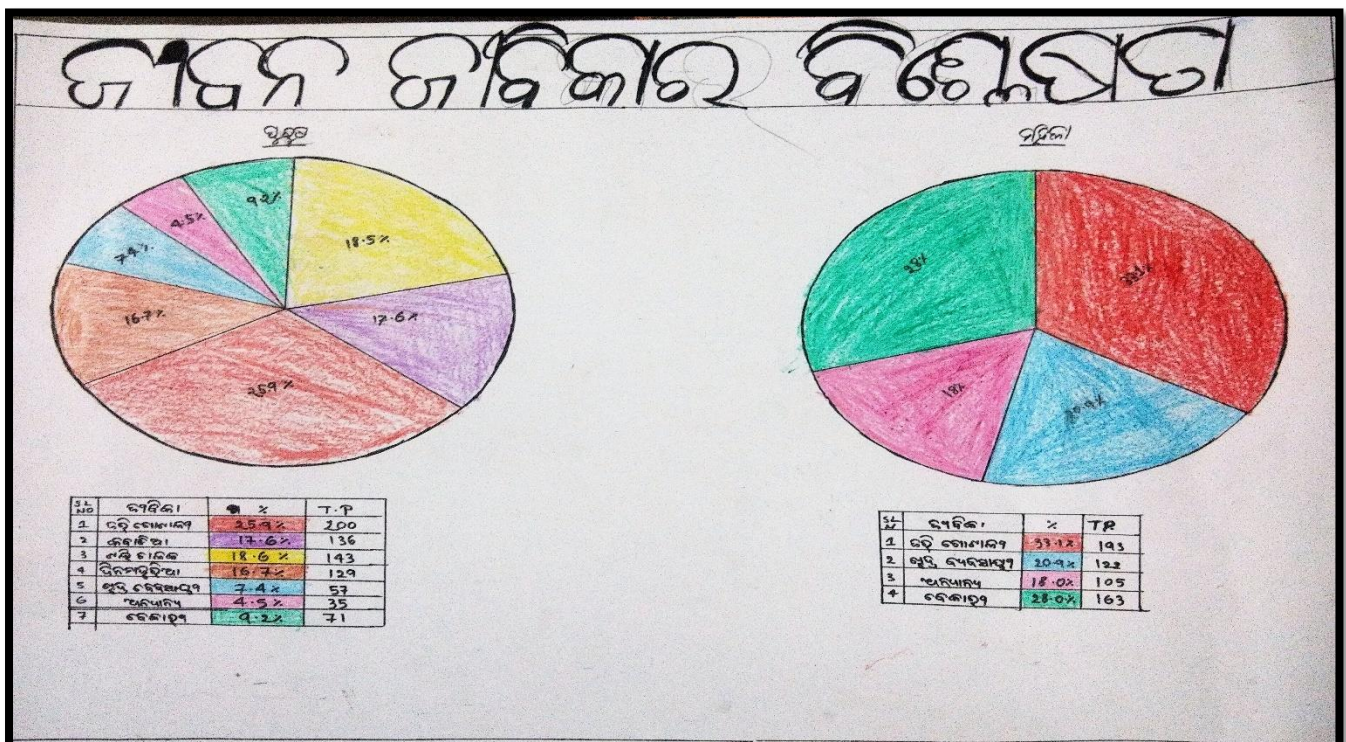
### Livelihood Analysis of the Households

This section analyses the employment and income generation 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 507 numbers of households with 2110 population residing in Masjid colony community, out of which 1171 are of working age group. (18 to 65 years). Since most of the families staying in our communities are extended families, it is important to know the income sources. About 40% of the slum households have single earning member, 38.4% households have two earning members and rest 21.6% have more than two earning members per household.

The livelihood mapping finding suggests that the households mostly have low-paid jobs in the informal sectors such as rag picking and storing, trolley rickshaw pulling etc. There is a predominance of day labouring among our community dwellers, about 7.4% of the residents are involved in small business; only 4.5% of the respondents are found to be salaried employees (either with the Government or in the private sector). 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     | Polythene picker (Red)               | 200                   | 193                     |
| 2     | Scrap dealer (Violet)                | 136                   | --                      |
| 3     | Trolley Rickshaw Puller(Yellow)      | 143                   | 26                      |
| 4     | Daily Labour (Brown)                 | 129                   | 53                      |
| 5     | Other Petty business (Sky blue)      | 57                    | 122                     |
| 6     | Unemployed (Green)                   | 71                    | 163                     |

## 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 Masjid 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.

### Infrastructure related problem identification

Housing: There are 507 houses in our community, out of which 176 are tin houses, 62 are Asbestos houses, 305 are Tin/thatched houses, 40 Polythene houses and 7 are concrete houses.

The houses are next to each other and without proper ventilation. Since our community is under the in-situ slum rehabilitation scheme, some families were displaced to transit house (Kanyashrama).

But the transit house is far from the locality and women who are into different income generating activities like domestic work in nearby houses are losing their livelihoods.

Again, the transit house is not having enough infrastructure facilities to cater the basic amenities such as electricity, drinking water and toilet for the displaced households.

Water: There are 1 tube well, 2 bore wells, 7 water tanks and 16 collection points in 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: 321 households of our community have individual household latrines. There are two community toilets which cater the sanitation need of remaining households. However we found the households are opting to go out for defecation instead paying the 5/- user charges per households.

Both the toilets are also found in disrepair, their doors cracked and broken. These toilets are also characterized by filthy interiors, a lack of water and a foul odour.

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.

The open drain just behind our houses is unsafe for children as it is an unlighted place and the adjacent open space is used as play spaces by children of our community.

Anganwadi: There are two Anganwadi centres in our area to cater the early childhood need of 325 children and are running in Anganwadi helper's house. The major issue mapped in both the Anganwadi centre was lack of clean drinking water. The Anganwadi worker and helper utilizes tap water for drinking and cooking purposes. This water is not treated with any chemicals and there is no water purifier established in the centres. Following table displays the service provision status as per the I.C.D.S. norms.

| Services                         | Availability in AWC 1 | Availability in AWC 2 |
|----------------------------------|-----------------------|-----------------------|
| Medicinal Kit                    | Yes                   | Yes                   |
| Pre School Educational Kit       | Yes                   | No                    |
| Weighing Machine for Children    | Yes                   | Yes                   |
| Child Growth Chart               | No                    | Yes                   |
| Amenities                        |                       |                       |
| Electricity                      | Yes                   | Yes                   |
| Clean Drinking Water             | No                    | No                    |
| Functional Toilet                | No                    | No                    |
| Awareness Posters (IEC Material) | Available Few         | No                    |

Communication: Most of the communication roads in our community are ripped off, potholed and in a hazardous condition. They cause inconvenience not only to the two-wheeler riders but to the pedestrians also as they strike on to and fall down. The road condition increases the likelihood of accidents and thus needs to be repaired.

Street lights even on main roads are either shut or remain defunct, creating problems for the passer by. It is unsafe for women to use the road. We cannot go even early morning walks as many chain snatching incidents have taken place around our community.

Electric Connection: Out of 507 households, 150 houses do not have direct grid electricity connection. As a result of which they share electricity among themselves which is illegal and unsafe even. 4 to 5 households get connected to one main line holder and they pay for it on monthly rental basis.

The households not having legal electricity connection said us that to acquire a formal electricity connection from the municipal authority, they have to provide a formal proof of

address as a common prerequisite in the application process and they are unable to provide that.

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

Cities across our country are increasingly becoming unsafe for women. There is hardly any place in our city where women and girls live free of the fear of violence. Whether walking in streets, using public transport, going to school, college or workplace we women and girls are subject to the threat of sexual harassment and violence.

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.

The safety audit we conducted is a simple and effective way to find out about aspects and places in the community that pose obstacles to safety and access from a woman point of view.



Unsafe Point-1-Mali Sahi Chowk: Mali Sahi is well known as the Red light area of the city where prostitutes gather in the place after evening to sell sex. There are drunkards, pick pockets walking around in search of sex partner.

We find the place unsafe as when we pass through the place after dusk prying eyes of the men hanging around us, which makes us feel unsafe and uncomfortable. The drug addicted people sometimes behave violent and traffickers/sex rackets also visit the place in search of girls whom they can supply to nearby cities for the prostitution business.

Unsafe Point 2- The Dumping Yard: The open space mostly used as dumping ground of the community in the evening time remains unlighted. Women visit there for defecation in the evening time as it is a dark place. Also, the space is occupied by drug addicts and for liquor consumption people gather there for which we feel it unsafe for women,

### Social Issues Related to Youth & Adolescents

To assess the social issues of our community, we the youth leaders sat with other youth members and discussed about the challenges that mostly we face in our day to day life.

Most of the members expressed that the issues around them are by virtue of their religion and their socio-economic status.

Muslim youth are juggling conflicting expectations by peers, the elder generation, religious leaders, and the competitive requirements of the modern employment sector. The interaction highlighted the followings because of the discriminatory behaviour, racism and prejudice prevalent in Hindu dominant society.

- Ignorance/misconception of Islam among the youth
- Muslims are viewed as Terrorist
- Lack of acceptance by society being the minorities
- Stereotyping/generalizing about all Muslims
- Muslim girls face harassment
- Jobs/financial problems
- Lack of representation/community involvement

We the group members of 'Humara Bachpan Pragati Sathi' of Masjid colony further decided to do an exercise to spell out these issues and to identify solutions to address the acknowledged issues.

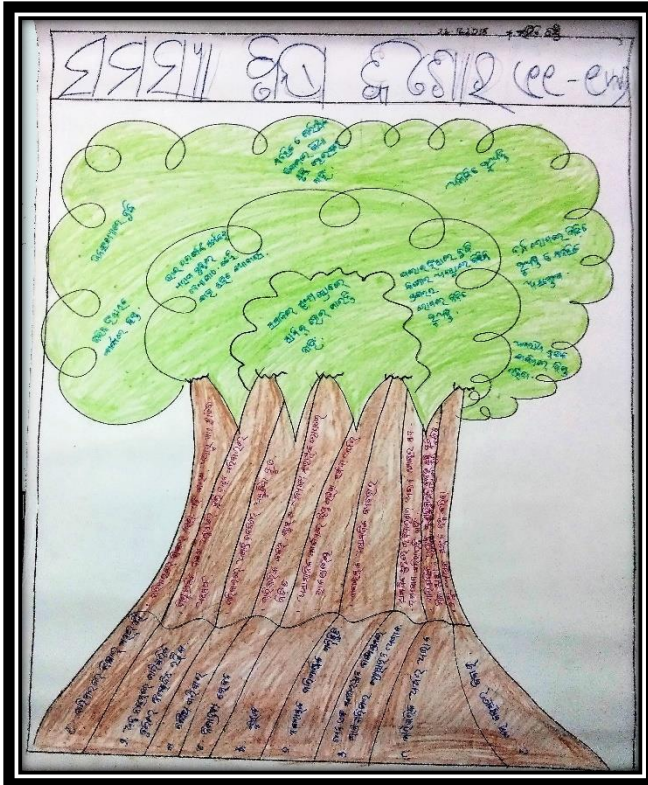
Our work began with defining the social challenges, the gaps in services that we are entitled to and demonstrated through a Problem Tree. What could be done to improve the situation

was discussed among us and a set of recommendations were made and displayed through a 'Solution Tree'.

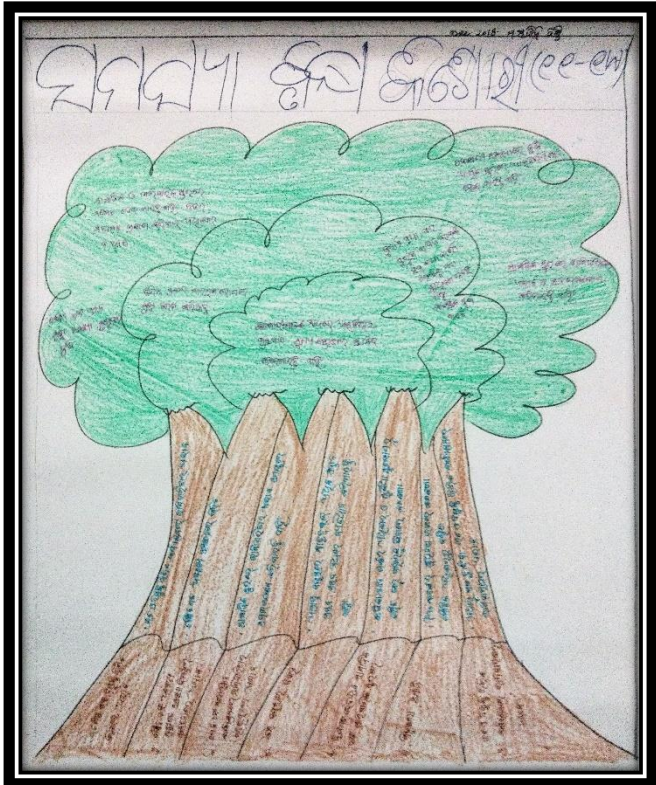
The major social obstacles and their impact on wellbeing were listed out by the adolescent and youth groups are given below.

### ***Social Issues faced by Adolescent***

| Target Group        | Root Causes   | Issues   | Impact   |
|---------------------|---|--|--|
| Adolescent (Male)   | No encouragement for Education continuation after primary level                           | College Drop Out, Poor attainment level in University & technical education stream   | Unemployment<br>Inadequate income generation opportunity   |
|                     | Engagement in family livelihood   | Boys find less motivated in career and less committed towards life   | Low self-esteem, suppressed behaviour  |
|                     | Extended family structure   | Little personal freedom and space to grow, fewer opportunity of expression and exploration, adjustment in health & education standard  | Uneducated, poor health & wellbeing and emotional distress   |
|                     | Lack of positive environment  | Negative/Anti-social/violent attitude  | Increase involvement in crime,<br>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                    |
| Adolescent (Female) | Early Marriage  | Early Pregnancy  | Anaemia, frequent abortion, sexual & reproductive health   |
|                     | Limited access & knowledge to higher/technical education                                  | College Drop Out<br>Poor enrolment in higher & technical education stream  | Unemployment<br>Limited income generation opportunity  |
|                     | Gender based discrimination at family & community level                                   | Girls be deprived of their rights and entitlements<br>Restricted mobility  | Lack of confidence, lack of participation in decision making process<br>No freedom to express themselves |
|                     | Limited knowledge & access to healthcare (Reproductive) information sources               | Onset of diseases & not availing healthcare facilities   | Increased morbidity & mortality related to reproductive health issues among adolescent girls             |
|                     | Patriarchy in family and society (Male still continues to head the family & get priority) | Girls get engaged in cooking and domestic chores, 'overburdened' with the responsibilities of the extended family like elder care, or any other member from a very young age | Little/no scope to utilize the potential, live suppressed life, lower socio-economic stratus             |



Problem Tree of Social Issues  
(Adolescent - Male)

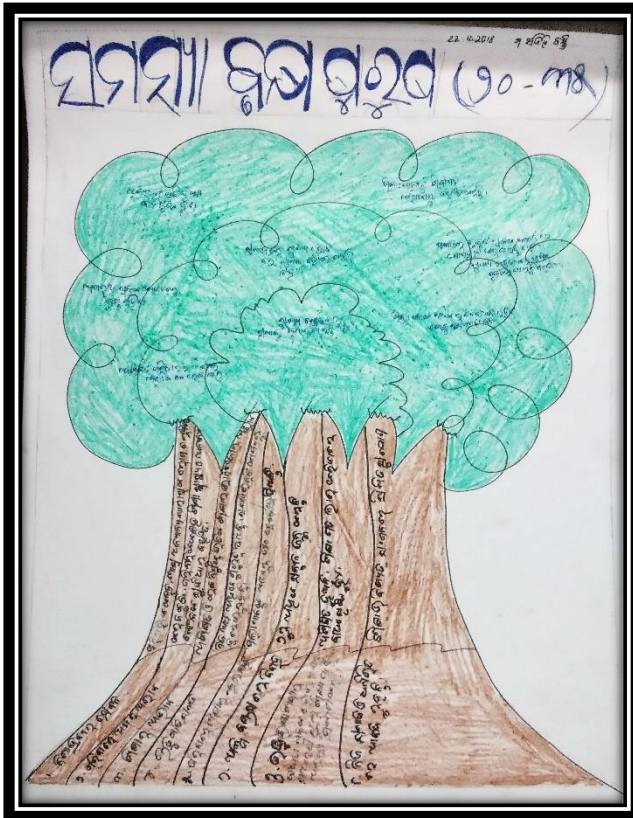


Problem Tree of Social Issues  
(Adolescent - Female)

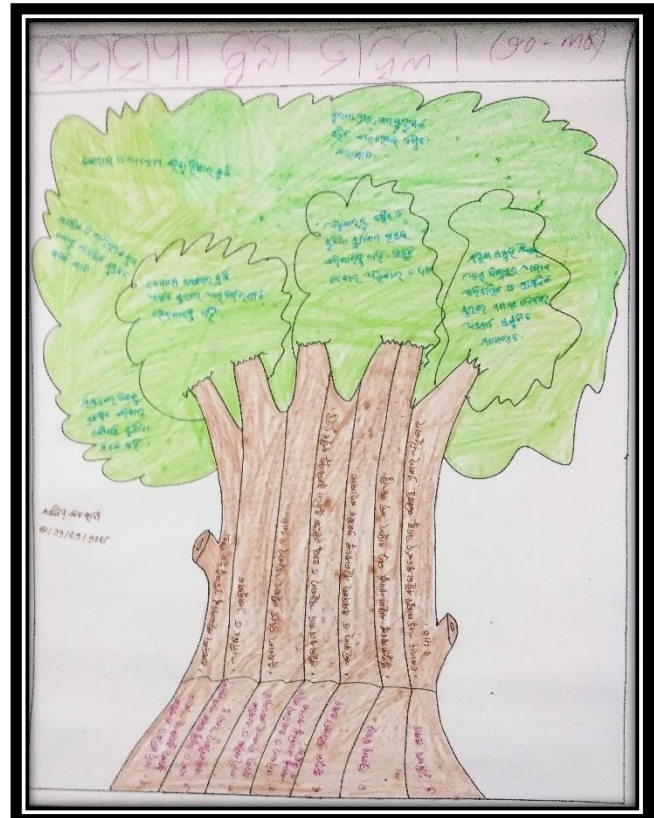
### Social Issues faced by Youth

| 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                           |
|                | Poor Family condition   | Family disturbances, no access to education, health & other basic services, high indebtedness | Uneducated, poor health & well being  |
|                | misconception of Islam  | Extreme behaviour, superstitious beliefs, secular life style                                  | Are not able socialize, behave intolerant to other faith  |
|                | 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.                                     |
|                | Lack of positive environment  | Negative/Anti-social/violent attitude   | Increase involvement in crime, Lack of positive attitude  |
| Youth (Female) | No encouragement for Education continuation, preference to learn Urdu                                   | poor educational attainment and occupational pattern  | Unemployment<br>Limited income generation opportunities<br>Lesser participation of Muslim women in workforce    |
|                | Family restriction/ orthodox set up (Muslim girls were not expected to study, work outside of the home) | Restricted mobility, suppressed behaviour, limited choice/decision making & scope in life     | Not able to exercise their rights<br>Little access to services & entitlements<br>No participation in governance |

|  |   |  |   |
|--|---|--|---|
|  | Multiple Nikah (Marriage) Concept                             | Widespread Polygamy among Muslim families where women have no spousal rights | Polygamy lead to higher Fertility (more children), becoming single (either widow or destitute after 'Talakh') at early age, |
|  | Islamic texts do not specify a minimum legal age for marriage | Early Marriage & Early Pregnancy   | serious health problems leading to high IMR & MMR, detrimental effect on their emotional and psychological wellbeing        |
|  | 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)

### 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), Janani Surakhya Yojana and MAMATA schemes for safe motherhood intervention, free immunization

services and pension scheme for vulnerable population (Madhu Babu Pension Yojana) is very much popular.

The interviewed participants found to be completely 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 though very much popular among people but couldn't avail the benefits because of the tedious process of availing and reaching the proper authorities.

To ensure that the benefits of various government schemes reach the disadvantaged sections of the minority communities, the "15 Point Programme for the Welfare of Minorities" was announced. However, the focused group discussion happened with the people of Masjid colony confirms the fact that there is still information about the benefits of the schemes among the targeted populations and they are far away from availing the privileges.

| SI No | Name of the Scheme   | Do you know about |    | Did you avail the benefits ever |    | Reasons for not availing services |                         |                                     |                       |                      |
|-------|--|-------------------|----|---------------------------------|----|-----------------------------------|-------------------------|-------------------------------------|-----------------------|----------------------|
|       |  | Yes               | No | Yes                             | No | Didn't need yet                   | Too much of formalities | Couldn't reach the proper authority | Services are not good | Tried but didn't get |
| 1     | Nidan scheme for free diagnosis  | 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     | Khusi' - 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  | 18                              | 2  | 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  | 2                                 | 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                       | 2                                   | 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) | 0                 | 20 | 0                               | 0  | 0                                 | 0                       | 0                                   | 0                     | 0                    |
| 18    | About Mamata Diwas, UHND, AWC  | 20                | 0  | 18                              | 2  | 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 Schime/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                    |

## Understanding Health Issues & Challenges Among Youth & Adolescents

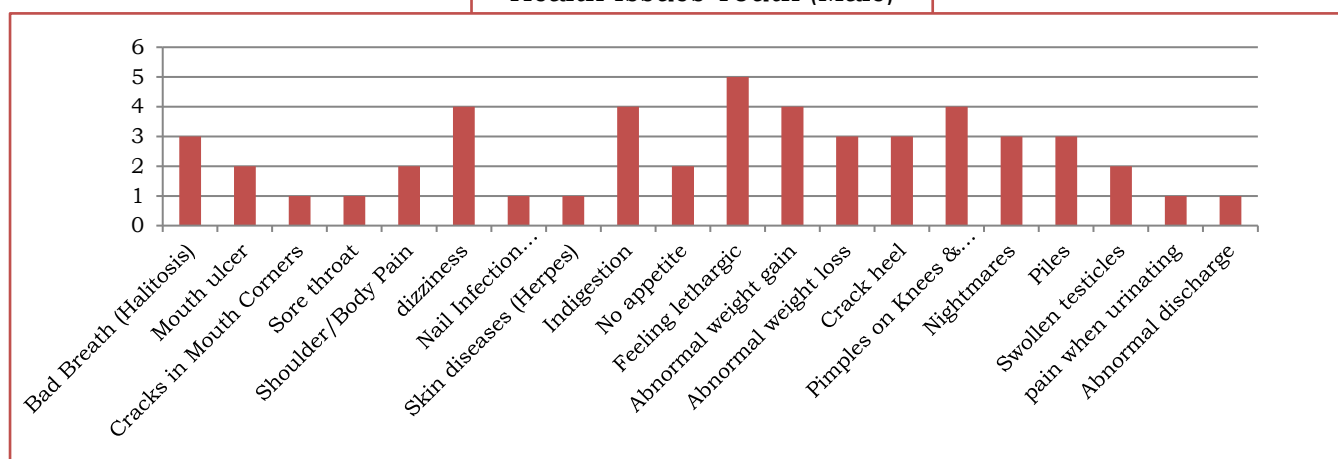
It is commonly believed that young people lead a healthy and active life and diseases incident only when old age approaches. However young people are now days prone to a number of health issues due to unhygienic living conditions, unhealthy food habits, lack of physical activities and lifestyle changes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

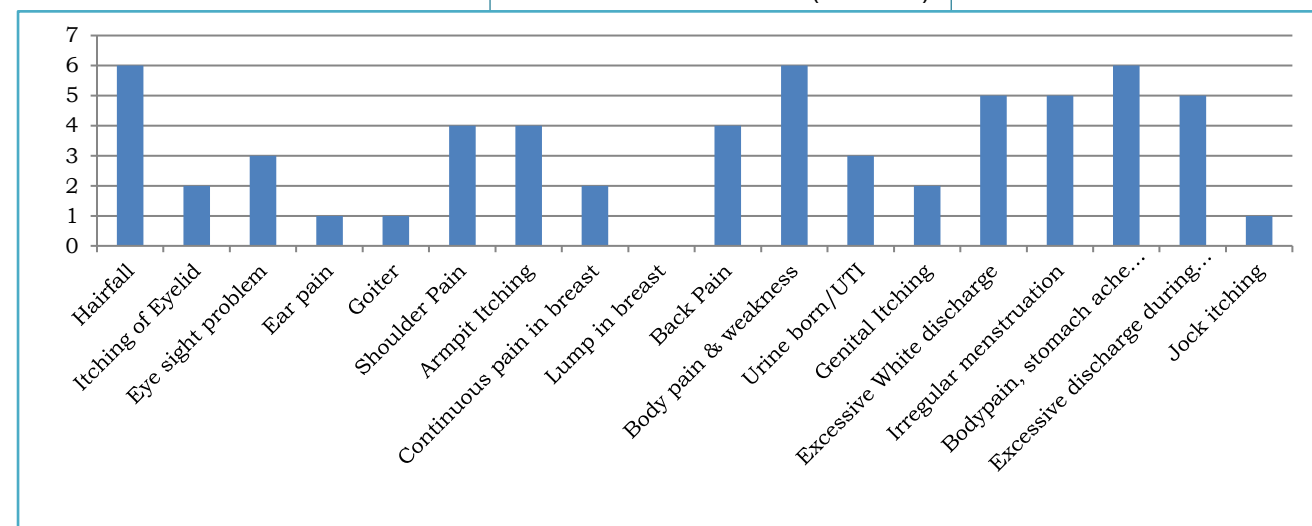
We made the life-size drawing of human body and then started discussing about the health issues we experience in our body parts; started from the head/hair to the toe of the feet. We identified and listed out the health problems mostly we suffer from and thus some health issues that we hesitate to disclose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

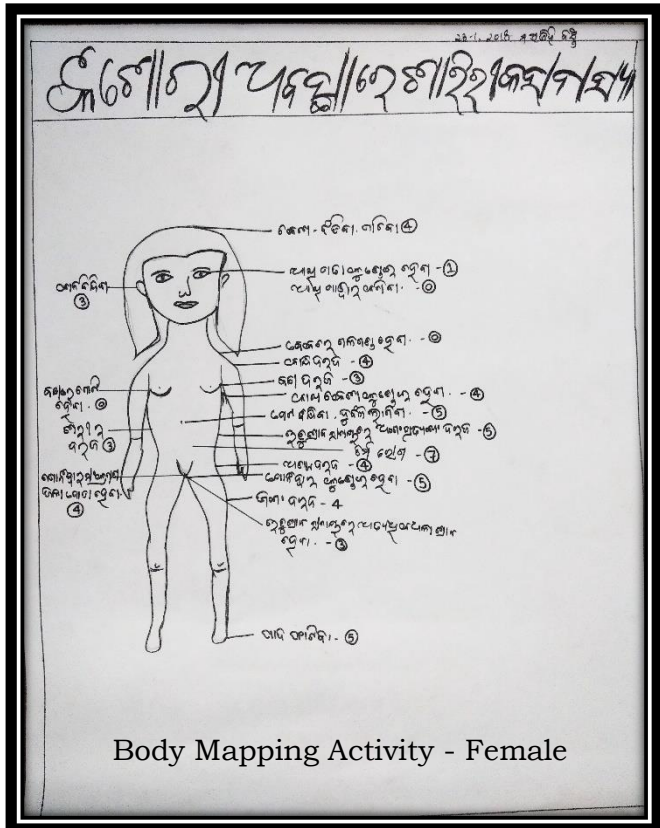
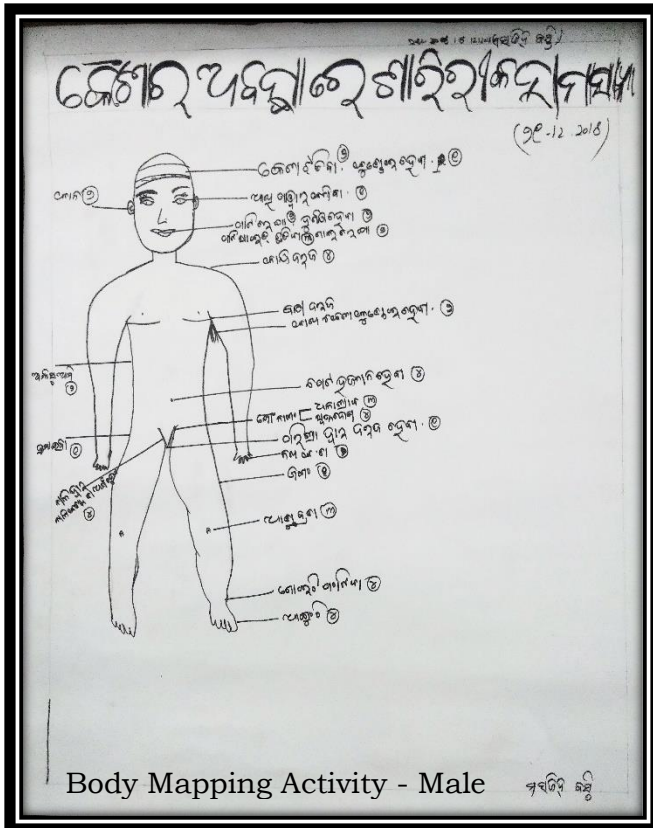
This body mapping exercise was adopted by male and female peer groups separately and the findings are presented below through the graphical presentation.

Health Issues Youth (Male)



Health Issues Youth (Female)





Body Mapping Activity - Male

Body Mapping Activity - Female

## Use of Contraceptives

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

Although use of modern family planning methods has been increased in many Muslim population, but the fertility rate is still higher and contraceptive prevalence is lower as compared to other religious communities.

Islam does not limit the use of contraceptives. However, there exist misconceptions regarding the use of family planning methods in Islam, with many believing that Islam opposes family planning methods. Apart from religious constraints there exist several other factors leading to high fertility rate among Muslim population. Other factors contributing to high fertility among Muslim includes low status of women in society and high son preference. Furthermore, Muslim girls tend to get married at an early age

To understand these factors, the knowledge, attitude and practice study (KAP) was conducted by the youth leaders and Humara Bachapn team members with married couples and single youth of reproductive age also in the community

- ❖ The majority of the respondents (87%) had some knowledge of family planning but only 48% of the ever-married couples have adopted any kind of family planning method as they have the belief that Islam doesn't allow men or women to control child birth.
- ❖ The difference between age at marriage and age at first conception is found to be around 1 year which showed that Muslim women tend to give birth to their first child within 1 year of their marriage.
- ❖ 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.
- ❖ Most of the women reported husband as the sole decision maker for family planning concerns. 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 respondent stated that availing contraceptives in the major hurdle for them.

Nevertheless, the study also draw attention to factors which prevent women from using family planning services such as lack of knowledge about family planning, partner opposition, fear of side effects, and religious constraints. Most female youth think that contraceptives can be unsafe and can cause health complications leading to be barrenness, a perception also shared by their male counterparts, though in a detached manner. The fear of loss of fertility amongst female youth is very significant. On the other hand, the male youth think that making a girl pregnant is a sign of manhood and attracts respect from society.

Adequate birth spacing and lower parity along with improved education levels and improved standard of living will help in minimizing mortality and morbidity related to family planning concerns among Muslim women. Training should be given to reproductive health workers and Islamic teachers (specially catering to adult women) within the context of Islam concerning the use of family planning methods. Muslim women need the opportunity to make an informed decision about their choices regarding reproductive health without having a feeling that they are threatening their spiritual well-being.



### 3. 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                               | Extended family structure   |
| Priority 2                               | Patriarchy in family and society (Male still continues to head the family & get priority) |
| Priority 3                               | Gender based discrimination   |
| Priority 4                               | Peer Pressure   |
| Priority 5                               | Limited knowledge & access to healthcare (Reproductive) information sources               |
| Priority 6                               | No encouragement for Education continuation after primary level                           |
| Prioritization of Infrastructural Issues |   |
| Priority 1                               | Water Issues  |
| Priority 2                               | Electricity Issue   |
| Priority 3                               | Community Toilet  |
| Priority 4                               | Anganwadi Centre  |
| Priority 5                               | Communication Road  |

Prioritization of Social Issues

Prioritization of Infrastructural Issues

## 4. Recommendations & Solution Plan

| Sl No | Social Issue/Challenge  | Proposed Solution  | Outcome   | Stakeholder's Engagement   | Support Required   |
|-------|---|--|---|--|--|
| 1     | No encouragement for Education continuation after primary level | <ol style="list-style-type: none"> <li>Making the adolescents aware about different opportunities for higher and technical education</li> <li>Making the parents aware and conscious about the importance of education &amp; career opportunities</li> <li>Initiatives should be taken that the 15 point programme for the welfare of minorities will reach the target population</li> </ol> | <ol style="list-style-type: none"> <li>Youth will be employed &amp; engaged in IGA</li> <li>More attainment of youth and adolescent of minority community in higher and technical education institutions.</li> </ol>  | <ol style="list-style-type: none"> <li>Skill development institutes, Polytechnics, Model Degree Colleges &amp; Dept of Higher Education should make provisions for reservation as per the PM's 15 point programme for encouragement of minority adolescent and youth.</li> </ol> | <ol style="list-style-type: none"> <li>HBT support for skill training and linkages building</li> </ol>   |
| 2     | Extended Family Structure                                       | <ol style="list-style-type: none"> <li>The youth and adolescent should be involved in different career counselling program which will make them focused in career venture</li> <li>Organizing youth and adolescent in different development initiatives which will give them an environment of likeminded people to explore and grow positive &amp; responsible.</li> </ol>                  | <ol style="list-style-type: none"> <li>The adolescents &amp; youth groups are to be formed in every Muslim community.</li> <li>Increased participation of youth and adolescents in development initiatives</li> </ol>   | <ol style="list-style-type: none"> <li>Youth &amp; Adolescent groups in the community</li> </ol>   | <p>HBT support is required to organize the youth and adolescents, engage them in different development initiatives and also to organize career counselling program for them from time to time.</p> |
| 3.    | Misconception about Islam                                       | <ol style="list-style-type: none"> <li>Awareness programs among youth &amp; adolescents about the verses of Quran to resist stereotypes and examine each situation according to Islamic teachings</li> </ol>   | <ol style="list-style-type: none"> <li>The practices of polygamy, hizzab will be reduced, women will have improved status and freedom in society, Muslim couples will adopt birth control methods and youth and adolescents will be more sociable with their counterparts belonging to other religion.</li> </ol> | <ol style="list-style-type: none"> <li>Qazis &amp; Islamic religious leaders</li> </ol>  |  |
| 5     | Gender based Discrimination                                     | <ol style="list-style-type: none"> <li>Community meeting and planning including both male and female members of the community to reduce discriminatory practices</li> <li>Orientation of Muslim youth members to act as change agent and stop discriminatory practices in their community</li> </ol>   | <ol style="list-style-type: none"> <li>Reduced incidence of discriminatory activities</li> <li>Reduced incidence of gender-based violence</li> </ol>  | <ol style="list-style-type: none"> <li>Adolescent &amp; youth peer leaders &amp; club members</li> <li>SAMBHAVI women's group</li> </ol>   |  |
| 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>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     | Electricity                     | <ol style="list-style-type: none"> <li>All 150 households to be provided with individual electric connection with reference letter from community president or Corporator</li> <li>Open wires should not be left to hang at a lower height.</li> <li>Multiple connections from a single electric pole should be avoided.</li> </ol> | <ol style="list-style-type: none"> <li>All households of the community will be connected with individual grid connection.</li> <li>Accidental hazards reduced.</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  |
| 3     | Anganwadi Centre                | <ol style="list-style-type: none"> <li>The water issue in both the Anganwadi centre's is to be resolved</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>                     | <p>Each one of them gets a permanent place/house.</p> <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>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 Toilet                | <ol style="list-style-type: none"> <li>The infrastructural repairs of the community toilet to be done.</li> <li>Should have electricity facility to make it safe at night.</li> <li>Regular cleanliness and hygiene maintenance to be ensured</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>Bhubaneswar Municipal Corporation</li> </ol>   | HBT to support in preparing the charter of demand and follow up till the solution is achieved  |

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Solution Tree

## 5. 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



# 6. Community Resolution

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# HUMARA BACHPAN

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