

Group 01 Nonedited version –
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Dhampura VCA Report



Consolidation of Field Sessions Exercise



VCA FILED SCHOOL TRAINING 2012 SRI LANKA

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1. Introduction

1.1 Introduction to Dahampura Village

Dahampura is a small Grama Niladhari Division in Western Province of Sri Lanka and located in Colombo, the capital city. This belongs to Kolonnawa Divisional Secretariat with area of 0.75 sq km.

The total population of Dahampura is 5500 (2011 estimate); among them are 1830 children and total of 1850 families. The main ethnic group is the Sinhalese, with a population of 3372 people. The most notable of the other ethnic groups are; the Tamil and the Muslims. Official language is Sinhala Predominantly (over 56%) people are Buddhist plus Islam, Catholic and Hindu Communities.

In Dahampura, life expectancy at birth is 70 years (*source DS, Kolonnawa*). About 90% of the people live in slums. Majority of the people are laborers (40%). About 40% people are illiterate. 90% of people are estimated to be employed in different sectors; own business, government and private sector etc.

The Community is prone to various disasters such as floods (due to water logging), disease epidemics (Skin diseases, dengue, viral fever etc.). In addition of these, social problems such as drug addictions exist in the community. Dahampura is a low land area surrounded with marshy land like a valley.

Because of the demographical nature of the area, Dahampura is highly prone to floods (water logging conditions). The distance from the local river is about 500 m. The Kelani River affects the community and in the last 10 decades this river affected 1000 families and their houses. Also rainy water affected 450 families in the community. Even with a small rainfall for about 1 -2 hours, whole community will get affected with flood water and water will remain for about 2 – 3 hours. Water level rise up to 3 – 4 feet.

Flood rating for Dahampura is considered as “High” compared to the other GN in the Kolonnawa Divisional Secretary area (*source ...*).

There is a huge garbage dumping yard near the community covering more than 5 acres. The garbage not only from Kolonnawa Urban Council, but also from Colombo Municipal and Jayawardhapaura MC also unloaded here from 2007. This is one of the major threats for the day to day life of the people in Dahampura village.

The number of people get affected with communicable diseases has been increasing during last 5 years.

It is reported that significant number of males are addicted to alcoholism and drugs. Especially the youth (15 – 17 years) are addicted to drugs stimulants (prescribed drugs). This is the recent trend among the youth. This is mainly due to the education status of the youths.

The socio economic condition of the people in Dahampura is poor (*source DS Kolonnawa*) Most of them have limited livelihood options and also with low capacity & knowledge to prepared for and respond to disasters. Education level of the community members are low compared to the education standards of Sri Lanka. School dropout rates are very high in Dahampura. Most of the children leave school in grade 8 -9. Even though there are many reasons behind this, the unstable economical situation of the parents, the negligence, lack of knowledge on importance of education are some of the key factors increasing the drop out rates.

The community has wooden houses and roof with iron roofing sheets. The houses are closely situated and none of them have title deeds to their lands. Initially, there were only 10 families inhabiting the area in 1974. At that time this was a paddy land. People started filling paddy fields from 1980s and built their houses.

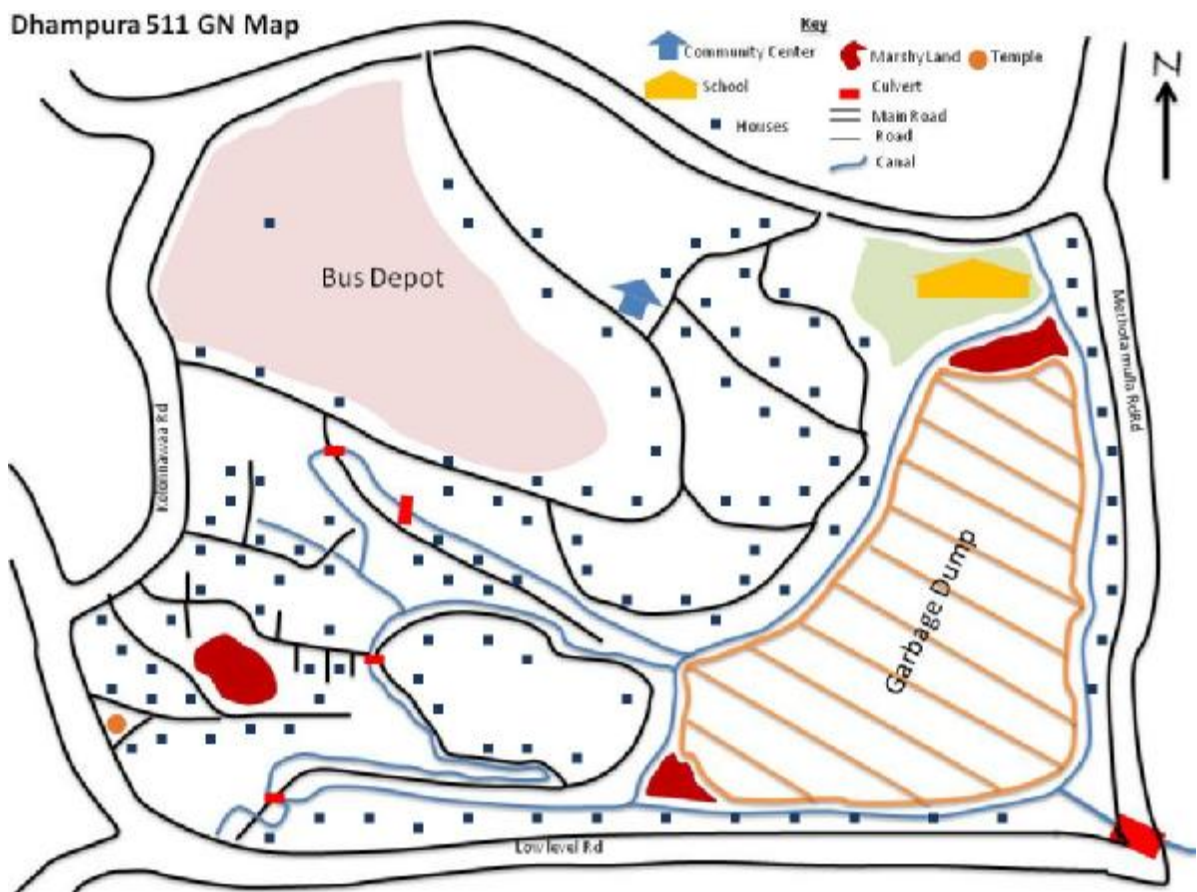
The most vulnerable community groups in the village are those who live in low lands, disabled people, elderly people, children, lactating children, pregnant mothers and drug addicted groups

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The community is about 30 minutes drive from capital of Colombo and road is in good condition to access the community. Community has access to telephone signals, electricity and pipe born water. Community people feel safer. They are not worried about security problem except floods.



Figure 1 – Arial View of Dahampura Village



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1. 2. SLRCS programming

SLRCS has planned to implement Integrated Programme for Community Resilience (IPCR) in 25 communities in 5 districts namely Colombo, Matara, Badulla, Mannar and Kegalle. Within a district, 5 most vulnerable communities will be selected for project implementation. The programme implementation will be done by the respective district branch in each district.

Colombo district branch has selected Dahampura village as one of the 5 villages to implement IPCR programme during next two years. The funding is secured only for one year to complete the 1st stage. The selection of the village is done in consultation with the relevant government authorities.

Colombo branch has experiences in implementing similar project during last 8 years.

2. Assessment

The following are the tools used for assessment in the Dahampura community.

1. Mapping (Risks/ Vulnerabilities/Capacities)

The community members together with the Grama Niladari identified their risks and recourses to draw the village map.

The Risks identified:

- Garbage Dump
- Damaged culverts
- Blocked Canal
- Damaged drainage system
- Water logging area
- The sewerage system connects to the canal

The Capacities identified:

- Community Centre
- Temple
- Evacuation area – pump house
- Schools



2. Seasonal Calendar

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----------------------------|------------|-----|-----|-------------------------------|-------|-------|-----|--------------------------------|-----|------------|-----|------------|
| Flooding/ Rainy Season | | X | | | X | X | | Due to the rain of other areas | | X | | |
| Dry Season / Water shortage | | X | X | | | | | | | | | |
| Diseases | | | | | | | | | | | | |
| -Viral fever | | X | | | | | | | | | | |
| -Dengue fever | | | | | X | X | | | | | | |
| -Skin Disease | | | | | X | X | | | | X | | |
| Festival Season | Thaipongal | | | Sinhala/Hindu new yr festival | Vesak | Poson | | | | Deep avali | | Christ mas |
| School Vacation | | | | X | | | | X | | | | X |
| High Income | X | | | X | | | | | | | | |
| Low Income | | | | | X | | | | | | X | |

- During the months of January and April, there is high income, because the availability of jobs is high and also the motivation to earn more is high due to the upcoming festival seasons.
- Low income during the month of November was noted due to the high expense for school accessories.



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- Flooding periods were noted to be frequent throughout the year. In addition to that due to the rain in other areas, the Dahampura area gets affected.

Seasonal Calendar making by the community

3. Historical Profile

- **1974** - 10 houses / rest of the GND was a paddy field
- **1980** - People started filling paddy fields and building houses
- **1982** - A housing scheme was launched for 72 houses. A loan of 25 ,000 rupees given
- **1986** - Houses were completed with the community hall. The village development society was established
- **1989** - Huge flood – 300 families were destroyed with the properties. They moved to safer places in Kolonnawa area. Also Kolonnawa Urban council started to dump their garbage to the area
- **1992** - Pre school started in the community hall. People protested against the dumping yard because the children started getting sick. The garbage dumping was stopped temporarily because of the protest.
- **2000** - Again the Urban Council started dumping
- **2004** - Since then couldn't use the well water due to contamination with garbage
- **2007** - Colombo Municipality Council started to dump their garbage to the same area.
- **2008** - Plague – rat (leptospirosis)

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- **2010** – 2 children died by dengue fever. About 100 families were affected. About 20 were very serious



Historical Profile illustration with chalk on the floor

4. Pairwise Ranking

| | | H | G | F | E | D | C | B | A | SCORE | RANK |
|---|------------------------|---|---|---|---|---|---|---|---|-------|------|
| A | Flood | A | A | A | A | A | A | A | x | 7 | 1 |
| B | Sanitation (Toilet) | B | B | F | B | B | B | x | x | 5 | 3 |
| C | Diseases | C | C | F | C | C | x | x | x | 4 | 4 |
| D | 23 Watta – Narrow Road | H | G | F | E | x | x | x | x | 0 | 8 |
| E | Alcoholism/Drugs Abuse | E | E | F | x | x | x | x | x | 3 | 5 |
| F | Garbage Dumping | F | F | x | x | x | x | x | x | 6 | 2 |
| G | No community hall | G | x | x | x | x | x | x | x | 2 | 6 |

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| | | | | | | | | | | | |
|---|-------------|---|---|---|---|---|---|---|---|---|---|
| H | Play ground | H | x | x | x | x | x | x | x | 1 | 7 |
|---|-------------|---|---|---|---|---|---|---|---|---|---|



5. Focus Group Discussion

The focus group was a Women Group

Common Problems

1. Diseases – Dengue, Skin diseases, viral fever, frequent headaches, germ infections
2. Sanitation issues –
 - a. Insufficient toilets
 - b. Use of common toilets
 - c. Improper sewerage systems – Sewerage systems are opened to canal
 - d. Un-cleanliness of the toilets
 - e. Use of unsafe water
 - f. Bad smell emanating from the garbage heap
3. Drug addiction
 - a. Significant % of male population addicted to alcoholism/drugs
 - b. Youth are addicted to prescribed drugs
4. High rate of school drop outs
 - a. Most of the children leave school at the age of 14 – 15
5. Insufficient services
 - a. Not enough doctors
 - b. No cleaning services from the UC
 - c. In some areas (101 watta) , in sufficient water supply

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6. Insufficient infrastructure facilities

- a. Narrow roads – difficulty to reach houses, difficulty in transferring a patient to a hospitals
- b. No community centre which is usable

Other findings

1. Most of the males are involved in labour work. Some of them work in government, private organization.
2. Many of the females are not employed. Some of them work in garment factories, as a house maids in nearby villages
3. Garbage is a huge problem for them. They believe that the rate of NCD diseases increase, due to the blockage of canals cause of flooding, headaches due to bad smelling, environment is very unclean. Also many said that the relations do not like to visit their houses due to bad smell.



Focus Group Discussion with women

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6. Institutional Network Analysis

The community members identified fifteen organizations and institutions.

| Institutions & Organizations | Rank |
|---|------|
| Grama Niladari and his office | 02 |
| Divisional Secretariat | 06 |
| Mid Wife and office | 05 |
| Urban council | 03 |
| Rural Development Society | 12 |
| Sports club and preschool (Dhahampura watta) | 14 |
| Prime Gramin Micro Finance (Dhahampura watta) | 15 |
| Government Dispensary | 04 |
| "Diriya Wanitha" women's society | 11 |
| "Diriya Maga" community de velopment foundation | 10 |
| Samurdi Bank | 13 |
| Poloice station and wellampitaya civil security committee | 07 |
| Water board | 08 |
| Electricity board | 09 |
| Wimalaramaya Temple | 01 |



7. Direct Observation



After the community mapping exercise, direct observation was made to cross check the findings made on the map and also to understand the community context such as how big and nearby the dump was. It was observed that many people were scavenging from the dump and found that this was used as a source of income.

8. Key Informant Interviews

We interviewed Grama Niladhari of the village.

Finding from the Key Informant Discussion:

Drama Niladhari mentioned the most pressing needs of the sub segments of the community

1. 101 Watta –
 - a. Development of health infrastructure facilities such as toilets
 - b. Leadership trainings, youth camps, recreational facilities
 - c. Construction of community centre
2. 23 Watta
 - a. Construction of a anicut to regulate the flood water
 - b. Widen the road
3. 97 Watta/Dahampura
 - a. Construction of a wall against the canal

Other points

- Importance of developing the attitudes of the peoples
- Importance of engaging the school leavers
- Developing the skills and knowledge on different aspects which helps to their day to day life (financial management system, savings methodologies etc.)

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- The provision of relief is not worthwhile

3. Situation analysis and Rationality:

Before developing the problem tree we conducted an assessment of the community by using various VCA assessment tools, which are as follows-

- Direct Observation
- Community mapping (including social issues, hazards, risks, vulnerability & capacity)
- Seasonal Calendar
- Focused Group Discussion (FGD)
- Institutional & Organizational Analysis (by using Venn Diagram)
- Historical Profile, and
- Ranking

Above VCA tools has been applied by two consecutive days within the community, where lot of community people from different level joined with us and worked into several groups.

After getting information from above VCA tools we compiled all information and reviewed accordingly, then we finalized following findings as on priority basis-

Findings:

- Land ownership issues
- High risk areas/ community/ seasonal diseases
- Seasonal flood & water logging due to lack of maintenance of channel & culverts/ outlets
- No proper garbage disposal system
- Most of the channel and drainages are blocked due to communal used is a dumping rubbish areas.
- High mosquito breeding places as a result it became malaria and vector-born disease.
- No evacuation area
- No playground and health centers
- People need to walk at least 600 meters away for nearby their health services and to go to Colombo Hospitals they also need to spent Rs.12 per person as travel cost.
- Some of young peoples are drug addicted
- Some families are engaged to sell and deal with Alcohol

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- Scrap scavenge is a good source of income some very little number of families
- Nursery center in a poor conditions
- Some families are using one communal toilet
- There is a public well, which was being used by them, but now it is using to wash vehicles only.
- Pipe Water and electricity available within the community
- Good paved road into the community
- High power voltage went through the community
- Priest are the most respective and influential leader of the community

After that we tried to fit and short out all these findings into the following Program development tools-

- A. Problem Tree
- B. Objective Tree

3.1 Problem analysis:

To find out main problems of the Dahampura community, we the group members sat together and had reviewed and shorted out the issues according to the following steps-

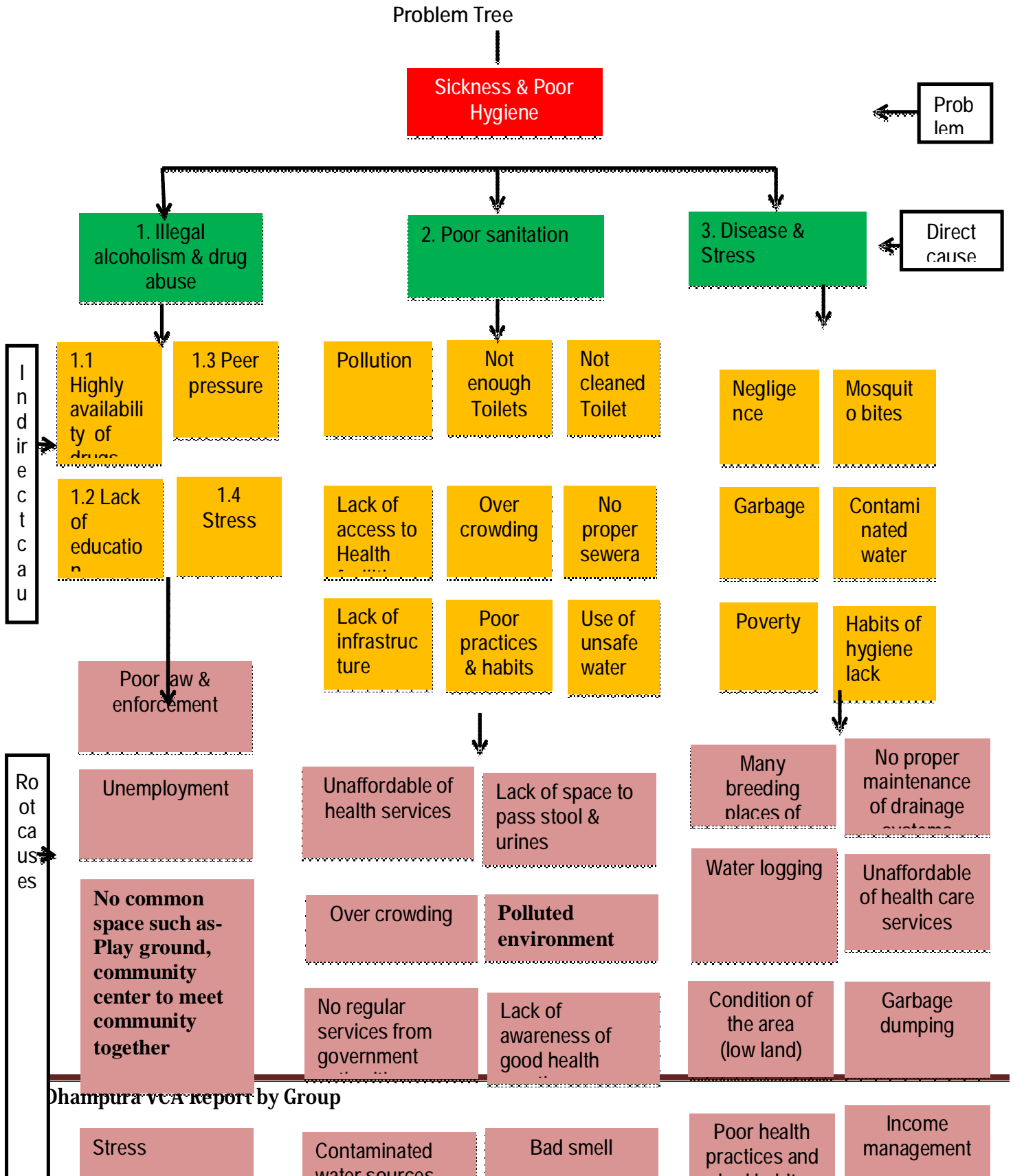
1. Problem statement: "Sickness & Hygiene"
2. Direct causes: we identified three direct causes that we mentioned into the chart of Problem tree under green boxes
3. Indirect causes: Here we tried to find linkages that are laying in between direct causes and root causes, which is called as "Indirect causes" (20 indirect causes has been mentioned into the yellow boxes)
4. Root causes: These are the basic factors which are contributing more to create indirect and direct causes. We found 20 root cause under three groups of indirect causes, which mentioned into the pink color boxes)

3.2 Need Analysis:

To develop Objective Tree, we reviewed the Problem Tree and consider all problems according to steps then we tried to turn problems into the Objective tree." Healthy & Safer Community" is the Goal statement of this objective tree. We found three Objectives as a whole that mentioned into the red box of the figure. These three Objectives have been linked with another nine "Indirect Objectives" which are fitted into the yellow boxes. When we further rethink on these nine indirect objectives we could able to find out thirty activities all together for this Objective tree.

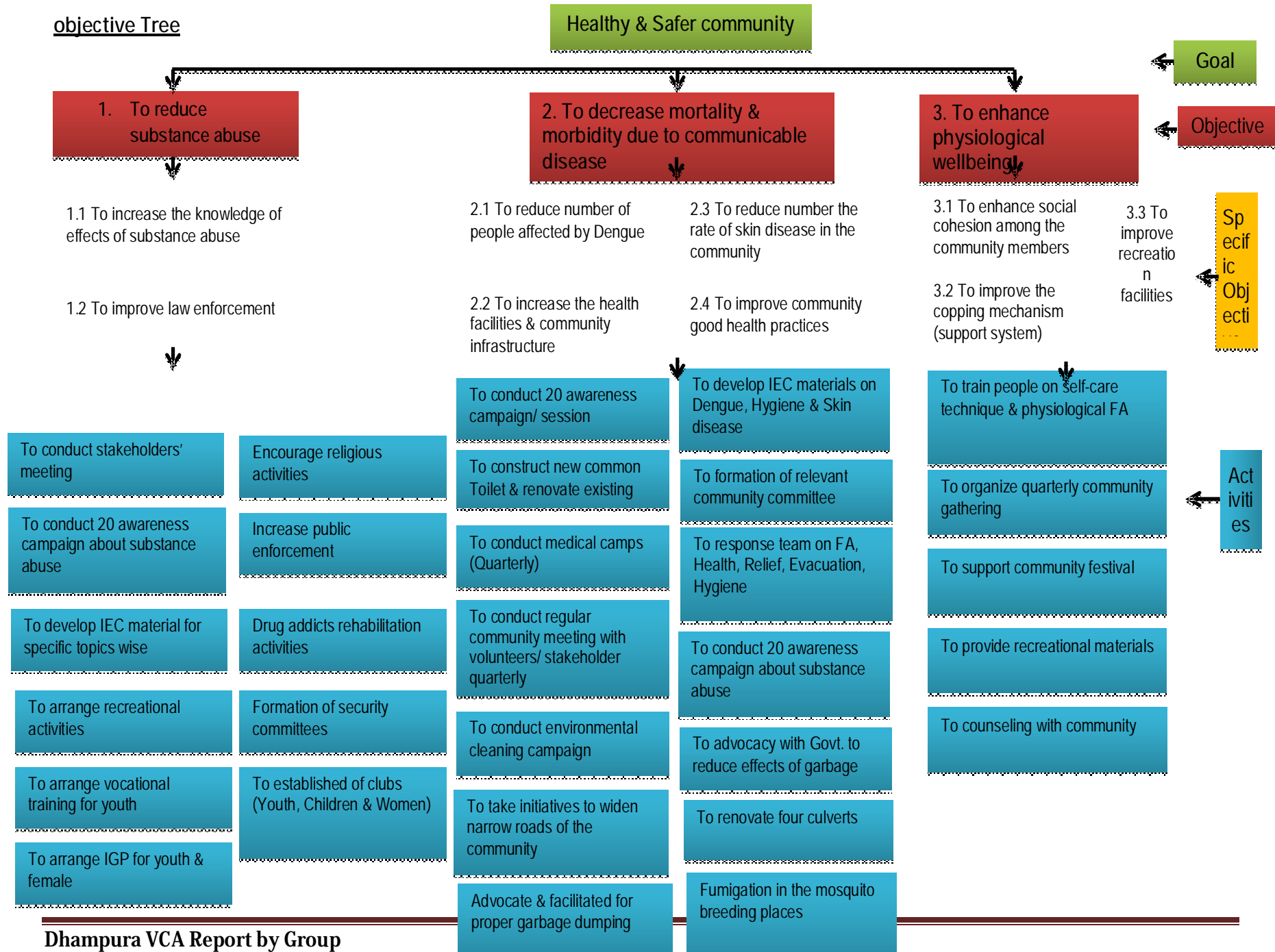
It is mentionable that both the Problem Tree and Objective Tree has been validated by the community before make it final. At last community members were pleased with findings and appreciated. They also find out some new activities w

3.2.3 Problem Tree



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objective Tree



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4. Goal and Objectives

Goal: Healthy & Safer community

Objectives

1. To reduce substance abuse
2. To decrease mortality & morbidity due to communicable disease
3. To enhance physiological wellbeing

5. Program Strategies

1. Community mobilization - organizing communities by formation of committees and teams as well as building their capacities
2. Coordination and corporation with stakeholders – to get the support of relevant stakeholders as well as to share information as well as for resource mobilization
3. Preparedness and mitigation –to reduce the risk of the people through software and hardware programming
4. Advocacy – Influence the government authorities and officials to change or develop and also to implement existing policies.

4. Goal and Objectives

Goal: Healthy & Safer community

Objectives

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5. To decrease mortality & morbidity due to communicable disease
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6. Program Strategies

5. Community mobilization - organizing communities by formation of committees and teams as well as building their capacities
6. Coordination and corporation with stakeholders – to get the support of relevant stakeholders as well as to share information as well as for resource mobilization
7. Preparedness and migration –to reduce the risk of the people through software and hardware programming
8. Advocacy – Influence the government authorities and officials to change or develop and also to implement existing policies.

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7. Plan of action

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| Activities | Target group | Responsible | Internal resource available | External resource needed | Timeframe | | | | | | | | | | | |
|---|---|---|---|--------------------------|-----------|------|------|-----|------|-----|-----|-----|-----|-----|-----|-------|
| | | | | | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April |
| 1. Staff recruitment & Office set up | | | | | | | | | | | | | | | | |
| 2. Conduct stakeholders' meeting | | | | | | X | | | | | | | | | | |
| 3. Formation of Village Disaster Management Committees (VDMC) | Whole community members | Project staff, Grama Niladhari, District Assistant Directors of DMC | Trained staff, good rapport with the government agencies, Logistics | | | | X | | | | | | | | | |
| 4. Conduct awareness campaign | | | | | | | | | | | | | | | | |
| 4.1 Awareness campaign (6 Nos.) on Red Cross dissemination, introduction to DM, Dengue, Skin diseases, Good health habits | Community members | Project Staff, PHI, Community leaders | Trained staff (HR), logistics | | | | | X | | X | | X | | X | | X |
| 4.2 Awareness campaign on substance abuse (3 Nos) | Selected community groups | Project staff, Relevant committees (VDMC) | Trained staff (HR), materials, logistics | | | | | | X | | X | | X | | | |
| 5. Develop package of IEC materials on Dengue, Hygiene & Skin disease and substance abuse | Whole community | Project staff, technical agencies | Experienced staff, logistics | | | | X | | | | | | | | | |
| 6. Conduct monthly meetings of VDMCs | Community members | VDMC | Logistics | | X | X | X | X | X | X | X | X | X | X | X | X |
| 7. Formation and training of village response team on FA, Health, Relief, Evacuation, Hygiene and security committees | Selected community members | Trained RC staff and volunteers | Experienced and trained staff/ Existing committees | | | | | X | X | X | X | | | | | |
| 8. Conduct quarterly stakeholder meetings | All stakeholders (government, non-government organizations, community leaders etc.) | VDMC leaders | Community centre, | | | | X | | | X | | | X | | | X |
| 9. Establishment of youth and children clubs | Youth members and School children as age groups | SLRCS Youth & community members | Youth Committee | | | | | | X | | | | | | | |
| 10. Conduct medical camps (bi-annually) | Elderly people, children and other vulnerable | VDMC & Red Cross Staff | Trained staff (HR), materials, logistics | | | | | | | X | | | | | | X |

Dhampura VCA Report by Group

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| Activities | Target group | Responsible | Internal resource available | External resource needed | Timeframe | | | | | | | | | | | |
|--|--|---|--|--------------------------|-----------|--|---|---|--|---|--|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | community members | | | | | | | | | | | | | | | |
| 11. Conduct environmental cleaning activities regularly | People living around the canal and the drainage system | VDMC & Municipal Council/ Red Cross Staff | Trained staff (HR), materials, logistics | | | | | X | | X | | X | | X | | X |
| 12. Controlling of mosquito breeding places (Fumigation in the mosquito breeding places) | Whole community | Municipal Council/ VDMC and Red Cross Staff | Trained staff (HR), materials, logistics | | X | | X | | | | | | | | | |
| 13. Organize Two community gatherings | Whole community | VDMC & Red Cross Staff | Trained staff (HR), materials, logistics | | | | X | | | X | | | X | | | X |
| 14. Support celebration of community festivals and significant days | Whole community | VDMC & Red Cross Staff | Trained staff (HR), materials, logistics | | | | | | | X | | X | | | | X |
| 15. Renovate existing common toilets | Whole Community | VDMC & Red Cross Staff | Construction Cell/ Skilled & unskilled community members | | | | | | | | | | X | X | X | |
| 16. Renovate culverts | Whole Community | VDMC & Red Cross Staff | Construction Cell/ Skilled & unskilled community members | | | | | | | | | | X | X | X | |

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Risks assumptions

- Political instability of the country
- Government policies and priorities on urban development and land use management
- Impact of climate change relates to unexpected changes to weather patterns, e.g unexpected rainfall
- Community and Red Cross commitments to make this project works and achieved its objectives
- Community politics- e.g new leaders emerged when new project is implemented,
- Red Cross capacity (HR), priority areas and policies may affect the implementation of the project
- Government (local government authority) commitment and financial support
- Length of project (1 year) is not feasible
- Weak or absent of a good monitoring and evaluation framework

8. Budget

Approximately Rs. 10 million

Names of the Group 01 Participants

| | |
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