GYANBODH

ISSN:3048-9792
Volume: 2
Issue: 3
May-June:2025

Gap between what is and what ought to be: Assessing the needs of Bhoomiheen Camp

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Abstract

In this paper, the researcher argues for identification of needs of the community people residing in Bhoomiheen Camp situated in Govindpuri, New Delhi, North East Delhi Locality. The appropriate intervention program should be based on assessed gap between the current (what is) and desired (what ought to be) condition of the community. Data for the study was collected by observing the community and using interview schedule and focus group discussion on Seventy-Five families from this locality which were selected randomly. Thus, the total sample consists of 353 family members of Bhoomiheen Camp. The researcher through this study identifies felt and unfelt needs pertaining to issues related to health, education and environment.

Keywords: Community, Gap identification and Assessment.

Introduction

A nineteenth century sociologist, F. Tonnies, the founder of the theory of community, defined 'community in his book Geminschaft and Gesalbchaft (Community and Society) "as an organic, 'natural' kind of social collectivity whose members are bound together by a sense of belonging, created out of everyday contacts covering the whole range of human activities". "Wherever the members of any group—small or large—live together in such a way that they share, not this or that particular interest, but the basic conditions of life, we call that group a community." (MacIver and Page, 1949). At other place, they have defined it as "a strongly knit group occupying a single geographical area and living a common life". "Community, in the broadest sense of the term, has a spatial and a geographical connotation." (R.E. Park, 1921).

In present study, community refer to the group of people living in a camp with conditions similar to that of a slum, it is an overcrowded, poorly serviced residential area with substandard housing, poor drainage system and lacking basic amenities, therefore unsuited for human habitation. Out of

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ISSN:3048-9792
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the total Delhi population of 1.64 cr as per 2011 Census, 18 lakhs live in slums. DUSIB has identified 685 JJ clusters with 3.50 lakh households occupying 800 hectares of land. Bhoomiheen Camp is one of the Jhuggi-Jhopdi (JJ) clusters existing in North East Delhi. It came in to existence in the year 1979. People who settled here were mostly from West Bengal, Bihar and Uttar Pradesh, who were working as labourers in various factories around Okhla area. Today, Jhuggis of the community had been replaced by semi-pacca and pacca houses.

To appropriately identify the needs/problems of the community it is essential to measure the discrepancy between the current condition (what is) and wanted condition (what ought to be), this is referred to "Gap identification" in present study and the "Assessment" is referred to categorizing these identified needs in to felt needs and un-felt needs and then prioritizing them for conducting the intervention. Appropriate well carried out assessment of needs is very crucial for planning and conducting intervention program for the people of any community. This helps in improving the knowledge of community people, in changing their attitudes and in focusing on skills development, which further leads to improved standard of living.

Objective: To identify and analyze the needs of the people residing in the Bhoomiheen Camp.

Research methodology: A need assessment survey of Bhoomiheen Camp was conducted on Seventy-Five families selected randomly. Data was collected by observing the community and using open ended interview schedule and focus group discussion. Thus, the total sample consists of 353 family members of Bhoomiheen Camp. The interview schedule consists of items related to demography, migration, amenities in the house, availability of water, issues related to sanitation, ventilation, health, immunization, Covid-19 awareness, substance abuse, educational status, occupation, income and need of skill training. Focus group discussion was done to find out their opinion about general health facilities, Mother and Child health services, General hygiene and environmental sanitation conditions, functioning of Anganwadi in the community and their opinion about being vaccinated for Covid-19.

Findings and discussion: Data collected revealed that 89 per cent of the total surveyed population is Hindu with major share of population belonged to General (62%), OBC (12%) and SC caste (26%). Forty-four per cent were Male and 56 per cent were female. Majority of families has

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medium family size (68%) and 39 percent of population lies between 20 to 40 year of age. Seventy-two per cent of the surveyed families reported that they live in single room, 80 per cent of the surveyed houses were observed to have poor ventilation and 82 per cent have open drainage. None of the houses have toilet, community people uses government built Public Toilet and throw waste in open near these toilets. All people in the community collect water for their daily use from municipal tap and also buy water to drink. An open drainage was observed by researcher near this municipal tap. Seventy-two per cent of surveyed population that is currently engage in some occupation says that they are satisfied with their present occupation, 12 per cent wanted to change their occupation and 72 per cent says that they would like to take any skill based training. Twenty-two per cent of surveyed population has per capita income between 2100 to 2500 rupees per month. Twenty-nine per cent children were studying in government school. Sixteen per cent were illiterate, 3 per cent never enrolled, 36 per cent had enrolled and are studying and 45 per cent had dropout. For seasonal sickness 62 per cent take medicine from clinic that is within community, the researcher finds out that the doctor practicing at the clinic does not have any formal degree. For other health issues, 78 per cent of the surveyed families go to government hospitals. When asked about the ailments for which health services are being used data reveals that 40 per cent take medicine for fever, 21 per cent for stomach ache, 5 percent typhoid, 2 per cent jaundice, 9 per cent for cold and cough, 13 per cent for other diseases and remaining 10 per cent avoid taking medicine. Sixty-Eight per cent children are delivered at government hospital, 23 at private hospital and 9 per cent at home. Sixty-two per cent of surveyed children were partially immunized. Eighty-five per cent of the surveyed population don't know what caused Covid-19, 19 per cent don't know the correct home remedies for prevention of Covid-19, 26 per cent people don't want to get vaccinated and 96 per cent people replied that their family members did not suffered from Corona. In focus group discussion also people avoid talking about whether their family members suffered from Corona or not. Thirty-five per cent of the surveyed population is prone to substance abuse and out of this 20 per cent people don't want to quit. When community people were asked about their opinion regarding available facilities within the community, 74 per cent reported that their houses have poor sanitation, 68 per cent were of the opinion that the general hygiene and sanitation

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conditions are poor and 54 per cent reported general health facility to be poor. Although two Anganwadi are functional in the community yet 38 per cent of the surveyed people says that the Mother and Child Health Services are 'average'.

Analysis of the results highlighted a number of issues related to education, health and environment that has been arranged under two categories- felt needs and unfelt needs in the given table 1 and 2 respectively.

Table 1. Identified felt needs

Sl.no	Identified felt needs	Description
1	Poor sanitation	74% of the surveyed population reported that their houses have poor sanitation. None of the houses have toilet, community people uses government built Public Toilet and throw waste in open near these toilets. 68% of the surveyed people were of the opinion that the general hygiene and sanitation condition in the community is poor. Same was also observed by the researcher
2	Skill training	72% of the surveyed population engage in some occupation says that they would like to take any skill based training. Only 8% of the surveyed people are skilled workers, 28% are Labours and 17% are unemployed. 88% of the surveyed population come under low to low middle income group hence, there is a need for skill training.
3	Lack of General health facilities within community	54 % of the surveyed people were of opinion that general health facility within community is poor. There is only one clinic within community run by quack doctor (doctor without degree)

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4	Lack of Mother and Child Health Service	Although two Anganwadi are functional in the community yet, 38% of the surveyed people says that the Mother and Child Health Services are 'average' data also reveals that 9% children are delivered at home.
5	Non- availability of clean drinking water	All people in the community collect water for their daily use from municipal tap and also buy water to drink. An open drainage was observed by researcher near this municipal tap. When asked about the ailments for which health services are being used data reveals that 20% take medicine for stomach ache and 5% for typhoid, 2% for jaundice, which may be due to the water they are drinking.
5	Congested Houses	72% of the surveyed families reported that they have single room 68% of the surveyed population has medium size family

Table 2. Identified unfelt needs

Sl.no	Identified unfelt needs	Description
1	Covid-19 awareness	85% of the surveyed population don't know what caused Covid-19 19% of the surveyed population don't know the correct home remedies for prevention 26% of the surveyed population people don't want to get vaccinated In focus group discussion people don't want to talk about whether their family members suffered from Corona. Data collected through interview reveals that 96% people replied that their family members did not suffered from Corona.
2	Prevention of substance abuse	35% of the surveyed population is prone to substance abuse and out of this 20% people don't want to quit.

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3	Education	No one in the community is graduate or post graduate There are 45% dropout persons in the community of which 26% are Males and 19% are Females
4	Immunization	62% of the surveyed children were partially Immunized
5	Ventilation	80% of the surveyed houses were observed to have poor ventilation
6	Drainage	82% of the surveyed houses were observed to have open drainage

Table 2. Arranging identified needs for conducting intervention program.

All the felt and unfelt needs require immediate attention but arranging these needs on priorities for planning the intervention program for the community, it would be:

Sl.no	Proposed topic for conducting intervention on the basis of identified need	Description
1	Covid-19 awareness	Living conditions, congested houses, poor ventilation and lack of awareness about causes and home remedies that can be used for prevention reflects urgency to conduct intervention on this topic, the data collection also reflects that 26 per cent of the surveyed population don't want to get vaccinated.
2	Skill training	Major population of the community works in unorganized sector and about 19 per cent are unemployed. Development of skill based training program will not only help in employment generation but will also save youth and adults from falling prey to Anti-Social activities as they will be engaged in doing some work or job.

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3	Dropout at School	Reasons for dropout at school should be addressed as it has serious consequences for both students and their families. Dropout students face social stigma, lower salaries, fewer job opportunities. Few may end up working in unorganized sector and girls maybe forced for early marriage.
4	Environment sanitation and Hygiene	Poor attitude of community people toward, personal hygiene, sanitation and waste management–leads to many health related issues, it also leads to pollution and environmental degradation.
5	Clean Drinking Water	Study reveals that all people in the community collect water for their daily use from municipal tap which is near to open drainage. They also buy water to drink. So, it is essential to conduct some program to teach them affordable practical methods for making water drinkable. This will help in minimizing their vulnerability to water borne diseases.
6	General health services	Pragmatic barriers for health services must be addressed. Because of multi factorial reasons people are ignoring the utilization of health services. Analysis of data collected for 'the ailments for which health services are used' reveals that 10 per cent of the community people avoid taking medicine. The absence of health seeking behavior of community people adds to the risk of sickness and death in some cases. Good health is also requisite for retention rates of students, productivity at work and happy family.

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7	Mother and child health	Intervention program to sensitize the mothers about the women and child health need to be addressed as study reveals that 9 per cent child are delivered at home and 62 per cent of surveyed children were partially immunized. The well-being of mothers, infants, and children is important.
8	Prevention of Substance Abuse	Substance Abuse leads to bad health, financial problems, domestic violence, homelessness and crime. Study reveals that 35 per cent is prone to substance abuse and out of them 20 per cent don't want to quit. Hence, an intervention is required.

Conclusion: Proper Identification and analysis of felt needs and unfelt needs will help the community worker in planning the intervention program that is the need of the hour. The community worker can plan and conduct the intervention based on the identified felt needs and slowly- slowly take the community people towards the identified unfelt needs. This helps in building the connection between the community people and the subject matter of the intervention program. The community people will be motivated for participation in the program voluntarily. Voluntarily participation increases chances of improving the knowledge of community people, in changing their attitudes and skills development, this leads to improved standard of living of the community people.

Suggestion: The metropolitan cities are full of resources, but the Slums and JJ Clusters existing here are usually neglected. Though efforts are being made, yet Government and Non-Governments Organizations need to think more specifically about existing issues in the community and come with applicable interventions based upon identified Gaps.

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References:

Community: Definitions, Bases and Changing Concept of Community by Puja Mondal. Retrieved from: https://www.yourarticlelibrary.com/sociology/community-definitions-bases-and-changing-concept-of-community/35065

Building Healthy, Equitable Communities. Retrieved from: http://www.gethealthysmc.org/10-key-components-healthy-equitable-communities

How India Is Serving The Growing Delhi Slum Population, Retrieved from : https://borgenproject.org/growing-delhi-slum-population/

http://pincodeaddress.com/locality/Bhoomiheen-Camp-,-Govindpuri-,-New-Delhi_North-East-Delhi

http://www.onefivenine.com/india/villages/North-East-Delhi/North-East-Delhi/Bhoomiheen-Camp

Ministry of Housing and Urban Poverty Alleviation, Retrieved from : https://pib.gov.in/newsite/PrintRelease.aspx?relid=114374