



Commitments towards hand hygiene at the state level: An analysis of Odisha state

INTRODUCTION

Hand hygiene is the most inexpensive intervention for improving public health. It finds a mention in various development policy and programmes across sectors. However, prioritization of hand hygiene interventions in plans, budgets and implementation is still lacking.

As per JMP, 65% of the population has access to Basic hygiene services, that is access to handwashing facility on premises (in household) with soap and water (rural India - 60%, urban India - 82%). 29% of India's total population (37% of rural and 16% of urban India) has access to handwashing facility on premises, however, lack either soap or water in the same, falling in the Limited category. Around 3% of total and rural India population and 2% of urban India population have access to no hand washing facility on premises.

To understand the gaps and to highlight the need to invest in the promotion and practice of hand hygiene, a series of small studies were initiated to capture the existing commitments at the national level and at the state level, and the implementation of the same at the district level. The assessment focussed on 4 departments in Odisha, namely the Departments of Panchayati Raj and Drinking Water; Health and Family Welfare; School and Mass Education; and Women and Child Development and Mission Shakti.

This brief focuses on the findings from the state level analysis of hand hygiene policies and budgets and puts forth recommendations to address the issues that have come out in the same.

KEY FINDINGS

As part of the national level assessment, a comprehensive review of all existing schemes of 4 selected Departments was carried out. The analysis revealed that 5 specific schemes, namely BASUDHA, Ama Gaon Ama Bikash, National Rural Health Mission, MO School Abhiyan and MAMTA have components which could be leveraged for of Hand Hygiene (Table 1.).

The parameters are -

- Explicit mention of hand washing in policy
- Explicit interventions for hand washing in the programmes of the ministry
- Dedicated budget line for hygiene/handwash/hand hygiene/wash basin
- Targets for handwashing
- Monitoring indicators for handwashing

The colour ranking given in Table 1. is based on 5 parameters.

FOCUS ON HAND HYGIENE SCALE

Color Coding is based on the numbers of parameters met by the ministry/schemes/programme

VERY HIGH / All 5 parameters met

HIGH / 4 parameters met

MODERATE / 3-2 parameters met

MILD / 0-1 parameters met

Table 1 shows that none of the Departments and their State level schemes meets the green criteria (where all the hand hygiene parameters are met). Only the Department of PR &DW, meets 4 hand hygiene parameters and hence gets a yellow ranking. The Women and Child Development and Mission Shakti scheme – MAMTA – is red in colour as it does not meet any of the parameters but has components with the potential to be leveraged for hand hygiene.

TABLE 1. PRIORITY TO HAND HYGIENE IN 4 STATE DEPARTMENTS AND RELEVANT SCHEMES

Department	Scheme	Focus on Hand Hygiene
Panchayati Raj and Drinking Water	BASUDHA	a, b, d & e
	Ama Gaon Ama Bikash	a, b & e
Health and Family Welfare	National Rural Health Mission	a, b & e
School and Mass Education	MO School Abhiyan	a, b & e
Women and Child Development & Mission Shakti	MAMTA	a

KEY RECOMMENDATIONS (1/3)

RECOMMENDATIONS FOR STATE GOVERNMENT:

The analysis of the programmes and schemes of the four selected Departments revealed the potential for hand hygiene interventions. However, rigorous efforts are required to realise the goal of safe and sustainable hygiene for all. The following section provides recommendations towards the same.



POLICY & LEGISLATION

A COMPREHENSIVE STATE LEVEL STRATEGY ON HAND HYGIENE THAT CUTS ACROSS SECTORS WHICH INCLUDES IDENTIFYING A NODAL DEPARTMENT FOR PLANNING AND CONVERGENCE TO LEVERAGE EFFORTS NEEDS TO BE DEVELOPED AT THE STATE LEVEL

- / The Odisha Rural Sanitation Policy 2020, aimed at encouraging hygienic behaviour, including handwashing in household and institutions, is an effort towards the same for rural Odisha. A comprehensive policy is required, addressing the rural and urban population in total.
- / Monitoring of hand hygiene activities within the schemes should be done so as to ensure that outcomes on hand hygiene are met. Although the Rural Sanitation Policy was brought out at an opportune time (during the Covid-19 pandemic), initiatives on hand hygiene should not be seen as a one - time effort to combat the pandemic rather a long-term strategy to incorporate hand hygiene in schemes and programmes.
- / A phased approach is needed for sustained action on hand hygiene in all schemes of the relevant Departments. These can be seen in three phases:
 - 1. RESPONSE PHASE** – There would be immediate short-term targets for the next 6 months to one year such as controlling the COVID-19 outbreak and ensuring that hand hygiene infrastructure is available in schools, health centers, AWCs and public spaces.
 - 2. REBUILD PHASE** – The criticality of hand hygiene would be reinforced through specific budget lines on hand hygiene in all relevant schemes of the Departments selected as well carrying out surveys to assess hand hygiene indicators in all States. This would be a medium term (2-3 years) strategy for tackling the gaps in hand hygiene infrastructure and resources.
 - 3. REIMAGINE PHASE** – To strengthen the gains made in the earlier two phases, the focus in this phase would be to inculcate and sustain a culture of hand hygiene through SBCC and IPC for 5 years.



FINANCE

HAND HYGIENE INTERVENTIONS SHOULD BE REFLECTED IN THE STATE GOVERNMENT BUDGET.

- / **TRANSPARENCY ON HAND HYGIENE BUDGETS:** More transparency in state budgets is required so that hand hygiene components are visible, can be tracked and monitored in case there are any issues of utilization.
- / **INCREASE BUDGETARY ALLOCATIONS FOR HAND HYGIENE WITHIN EXISTING SOCIAL SECTOR PROGRAMMES/SCHEMES:** The State government should increase budgetary allocations for hand hygiene across schemes and programmes in the social sector, especially the Departments of Health and Family Welfare and Women and Child Development.
- / **NEED FOR TRACKING IEC BUDGETS:** An assessment of the IEC budgets – trends on allocation, expenditure and nature of expenditure- needs to be conducted. An analysis of bottlenecks and recommendations under the IEC component need to be included in this assessment.

KEY RECOMMENDATIONS (2/3)

 FINANCE

HAND HYGIENE INTERVENTIONS SHOULD BE REFLECTED IN THE STATE GOVERNMENT BUDGET.

- / **NEED FOR BUDGETARY PROVISIONS TO INCREASE ACCESS TO PHYSICAL INFRASTRUCTURE AND INCULCATION OF HAND HYGIENE BEHAVIOUR AND PRACTICE:** Budgets for hand hygiene should cover hardware costs such as installation of handwashing facilities and the costs for maintaining them, including operations and maintenance costs, minor and major repair costs, as well as costs of promotion of hand hygiene through information, education and communication initiatives.


INSTITUTIONS (institutional arrangement, capacities):

INCREASE AND IMPROVE CONVERGENCE AMONGST THE DEPARTMENTS TO LEVERAGE HAND HYGIENE INTERVENTIONS IN SCHEMES

- / Since hand hygiene cuts across various schemes and departments, better and greater convergence between departments where there is a possibility to share similar responsibilities can be a viable solution to enhance existing schemes that leverage hand hygiene interventions. For instance, the Anganwadi services and NRHM from the departments of WCD and HFW are two schemes where frontline workers -ASHAs and AWWs can mutually join hands to share hand hygiene activities. For planning and implementation of hand hygiene interventions comprehensively in a state, the Planning and Convergence Department needs to play a key role. The State Institute for Rural Development (SIRD), Odisha, can be further engaged in developing IEC material on hand hygiene.

ODISHA SHOULD INVEST IN THE FIVE THE KEY 'ACCELERATORS' IDENTIFIED UNDER THE UN-WATER SDG 6 GLOBAL ACCELERATION FRAMEWORK

- / Odisha should invest in the five the key 'accelerators' identified under the UN-Water SDG 6 Global Acceleration Framework to achieve hand hygiene for all and adapt it to its local context. This can be achieved in the following manner:
 - 1. GOVERNANCE:** State and local governments should establish clear policy that relates to both service availability that facilitates hand washing, including readily available water, and the behaviours required to ensure hand hygiene is common practice in all relevant settings.
 - 2. FINANCING:** State and local governments should seek ways to ensure public spending has the maximum impact possible and stimulates investments from households, private sector, and CSR funds.
 - 3. CAPACITY DEVELOPMENT:** State and local governments should assess current capacity with respect to their hand hygiene policy and strategies identify gaps and develop capacity-building strategies based on the rigorous application of best practice.
 - 4. DATA AND INFORMATION:** State and local governments should address the need for collecting consistent data on hand hygiene in order to monitor and hence inform decision-making and make investments strategic. This should be available in the public domain.
 - 5. INNOVATION:** State and local governments should encourage innovation, particularly within the private sector to roll out hand hygiene for all, in all settings. Such as, the Happy Tap, the SATO Tap, Lifebuoy's bar soaps which are priced at 20 per cent less than the average price of other brands.

KEY RECOMMENDATIONS (3/3)


INSTITUTIONS (institutional arrangement, capacities):

PRIVATE ORGANISATIONS/MULTILATERAL AGENCIES/INTERNATIONAL AND NATIONAL LEVEL NGOS CAN PLAY A KEY ROLE IN LEVERAGING HAND HYGIENE IN THE COMMUNITY

- / Initiatives on hand hygiene, undertaken by various organizations - private, multilateral agencies, international and national level NGOs - either as part of their corporate social responsibility (CSR), in collaboration with the government or as stand-alone events (celebrating the GHD in numerous districts) should be encouraged and supported by the state and district governments and to overall widen the scope and ambit of hand hygiene in the community. A landscape study to identify the potential private sector partners at the state level for hand hygiene interventions should be taken up.

THERE IS A NEED TO IDENTIFY A NODAL DEPARTMENT TO LEAD HAND HYGIENE IN THE STATE

- / There is a need for a nodal Department of the state to set the agenda for hand hygiene promotion at the state level, and foster collaboration across Government and non-Government stakeholders. The nodal department is to also steer monitoring of hand hygiene in the state. The Planning and Convergence department or the Department of Panchayati Raj and Drinking Water in Odisha should be the nodal department to facilitate the process as well as oversee the convergence of hand hygiene amongst all the Departments.

USE OF MULTI-LEVEL COMMUNICATION CHANNELS TO REACH ALL SECTIONS OF THE SOCIETY

- / For strengthening hygiene promotion, multiple channels of communication need to be used such that the messages reach far and wide. Care should be taken to make information, education and communication products available in all languages as well as in formats suitable for non-literate, deaf and blind people.


MONITORING

- / There is a need for a comprehensive monitoring framework to measure hand hygiene. A comprehensive framework, comprising of indicators ranging from infrastructure (existence, access, and functionality), behaviour and practice, policies, impact, and more, for households, institutions and public places, will be useful to determine gaps to inform development programmes and engage with the government to address the bottlenecks in the system.


INFRASTRUCTURE

- / There is a need to increase access to physical infrastructure for adoption of hand hygiene behaviour. Physical infrastructure includes handwashing facilities/ structures or even a designated space, equipped with water and soap, within the premises of a household, institution, or public place. It is important to ensure that the facilities are durable and remain functional. Therefore, it is critical that routine operations and maintenance of the same is carried out. Additionally, there must be drainage of grey water from the handwashing infrastructure such that it does not collect. Lack of drainage and consequent stagnation of grey/ wastewater may be unpleasant and so deter users from practicing handwashing with soap. The stagnant water may also become breeding grounds of other vectors and thereby counter the health benefits of handwashing with soap.

RECOMMENDATIONS FOR SPECIFIC DEPARTMENT OF STATE GOVERNMENT (1/4)



DRINKING WATER

POLICY

- / The BASUDHA scheme's significance towards leveraging hand hygiene needs to be further reinforced in the Guidelines with sufficient budgetary provisions.

FINANCE

- / The 2-3 percent IEC budget for the State under SBM-II should be adequately channelized for promoting hand hygiene awareness in households and community. Flexibility should be given to increase the 3 percent in the IEC budget, whenever required. Also, measures must be undertaken to ensure that allocations are utilized effectively.

INSTITUTIONS

- / The Swachhagrahis (at the village level) can play an effective role in spreading the message on hand hygiene through SBCC and IPC in other line departments and be the liaison point of contact.

MONITORING

- / The Village Water and Sanitation Committee (VWSC) can be the nodal body which can monitor the status and progress in hand hygiene in their respective GPs with respect to hygiene facilities and hygiene promotion.



PANCHAYATI RAJ

POLICY

- / The Gram Panchayat should be the focal point for leveraging hand hygiene activities and it should be a year-long exercise rather than short term activity. Hand hygiene should be incorporated in the GDPs of the State.

FINANCE

- / The 15th FC funds can be a possible funding source for to set up hand hygiene infrastructure in villages. These efforts should not be limited only as a response to the COVID-19 pandemic, but rather be a part of enabling the respective Gram Panchayat's vision for a clean and healthy village.

RECOMMENDATIONS FOR SPECIFIC DEPARTMENT OF STATE GOVERNMENT (2/4)



PANCHAYATI RAJ

INSTITUTIONS

- / Hand hygiene behavior and practice as well as availability of water and soap should be institutionalized at the level of the GP itself. The Gram Panchayat Development Plan (GDP)/ Ama Gaon Ama Yojana can be an effective tool towards getting hand hygiene practices incorporated. As part of the orientation of PRIs and trainings beyond, hygiene should be made into a regular part of the training curriculum (including in the Ama Gaon Ama Yojana). The elected representatives at the district, block and GP (with the support of line departments like health) should be responsible for supervising the celebration of Global Hand washing Day on a continuous basis every year with more focus on meeting the gaps in hand hygiene prevalent in their districts.

MONITORING

- / The Village Water and Sanitation Committee (VWSC) can be the nodal body which can monitor the status and progress in hand hygiene in their respective GPs with respect to hygiene facilities and hygiene promotion.



Department of HEALTH & FAMILY WELFARE Government of Odisha

POLICY

- / The Department should, via a government order or advisory, make it mandatory that all Sub-Centres, PHCs, CHCs and District hospitals have hand hygiene facilities and hand hygiene behaviour promotion for the staff (administrative and medical) and the patients. There should be an Assessment of the VISHWAS initiative across districts to understand the progress/impact of the same.

FINANCE

- / The Department of H&FW should be given a higher allocation of budget than what it is currently receiving. There needs to be a tracking of budgets of the NHM Odisha to understand the possible budgets and spending for hand washing facilities. Additionally, there should be a component of hand hygiene in all the relevant health schemes of the State.

INSTITUTIONS

- / The Chief Medical Officer (CMO) of the district should ensure that regular training is given to frontline workers such ANM and ASHAs on appropriate hand hygiene practices.

RECOMMENDATIONS FOR SPECIFIC DEPARTMENT OF STATE GOVERNMENT (3/4)



MONITORING

- / Monitoring of the hand washing facilities and behaviors in healthcare centres should be part of regular monitoring from the district. The Rogi Kalyan Samitis (RKS) can monitor whether the necessary hand hygiene infrastructure is in place or not in all health centres.

POLICY

- / Hand hygiene should be incorporated in the Guidelines of the Mo School Abhiyan. The implementation of the same needs to be regularly reiterated.

FINANCE

- / There is a need for a separate budget line for hand hygiene in the Department. The AWPB could be an effective mechanism through which hand hygiene interventions can be demanded in the budget for education.

INSTITUTIONS

- / Cluster coordinators should impart training to their own department staff including teachers on hand hygiene. These trainings should be made a regular part of their Annual Work Plan and Budget (AW&PB).

MONITORING

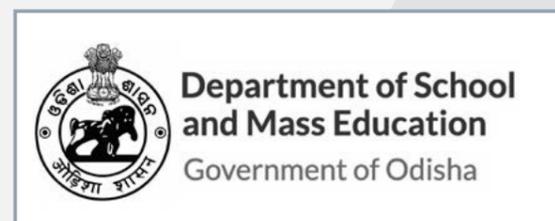
- / In addition, to the district/block officials, the School Management Committee (SMC) can be the nodal body that can monitor the hand hygiene status and gaps in their respective schools.

POLICY

- / For all institutions (AWCs, Swadhar Grehs, CCIs, etc.) under the Department (residential or non-residential), the provision of hand hygiene facilities and promotion should be mandatory

FINANCE

- / Overall, greater budgetary allocations are required for the Department of WCD. Specifically for hand hygiene, there should be adequate budgetary provision for the facilities (creation and maintenance), promotion for changes in behavior/practice, capacities of the stakeholders, and for monitoring.



RECOMMENDATIONS FOR SPECIFIC DEPARTMENT OF STATE GOVERNMENT (4/4)



INSTITUTIONS

- / The frontline workers such as the AWW, AWH, ASHA, cook cum helper, counselors in the Swadhar Grehs and CCIs should be given the necessary trainings on a regular basis on hand hygiene so that they can further train the community, women and children on safe hand hygiene practices. Further, functional facilities for hand hygiene needs to be present in all AWCs, Swadhar Grehs, CCIs and community centres.

MONITORING

- / Regular monitoring of the availability of hand hygiene facilities and behaviors across these settings/institutions is crucial by the department.

REVIEWED DOCUMENTS OF THE FOCUS DEPARTMENTS OF THE GOVERNMENT OF ODISHA

I. Department of Panchayati Raj and Drinking Water

1. Guidelines for Implementation of the scheme, 'Ama Gaon, Ama Bikash', 2018

II. Health and Family Welfare

1. Record of Proceedings 2021-22, National Health Mission, Odisha

III. School and Mass Education

1. Outcome Budget, 2019-20, School & Mass Education Department Government of Odisha

2. Activity Report for 2019-22, School & Mass Education Department, Govt. of Odisha
3. MDM, Annual Work Plan & Budget, 2021-22, School & Mass Education Department, Govt. of Odisha

III. Women and Child Development & Mission Shakti

1. Training and Awareness Generation material on Hand Hygiene, Department of Women & Child Development, Mission Shakti, Govt. of Odisha

RESOURCES

1. UNICEF, 2021. Hand Hygiene for All Country Roadmap Guidance Document. Available at <https://globalhandwashing.org/wp-content/uploads/2021/09/Guidance-to-HH4A-country-roadmaps-.pdf>
2. UNICEF, 2021. 2021 Factsheet: GLOBAL HANDWASHING DAY. Available at <https://globalhandwashing.org/wp-content/uploads/2021/08/GHD-2021-Fact-Sheet.pdf>
3. UN Water and WHO, 2021. Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. Available at <https://www.unwater.org/app/uploads/2020/06/GLAAS-hygiene-highlight-2020.pdf>
4. WHO and UNICEF, 2021. State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice. Available at <https://www.unicef.org/media/108356/file/State%20of%20the%20World%E2%80%99s%20Hand%20Hygiene.pdf>

JUNE 2022

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