

Mapping Policies and Tracking Budgets for Hand Hygiene

A Study of Select Departments in Odisha



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June 2022

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Abbreviations

ABHR	Alcohol-based Hand Rub
ASHAs	Accredited Social Health Activist
AW&PB	Annual Work Plan & Budget
AWH	Anganwadi Helper
AWWs	Anganwadi Worker
BASUDHA	Buxi Jagabandhu Assured Water Supply to Habitations
BDO	Block Development Officer
BE	Budget Estimate
BSKY	Biju Swasthya Kalyan Yojana
CCI	Child Care Institutes
COVID-19	Coronavirus disease-19
CSR	Corporate Social Responsibility
CSO	Civil Society Organization
CSS	Centrally Sponsored Scheme
Deptt.	Department
ECCE	Early Childhood Care & Education
FC	Finance Commission
GHD	Global Handwashing Day
GoI	Government of India
GP	Gram Panchayat
GPDP	Gram Panchayat Development Plan
H&FW	Health & Family Welfare
HH	Hand Hygiene for All
HWS	Handwashing station
HWWS	Handwashing with Soap
ICU	Intensive Care Unit
IEC	Information, education, communication
ICDS	Integrated Child Development Services
IPC	Inter-Personal Communication



MDM	Mid-day Meal
NSS	National Sample Survey
NGO	Non-Governmental Organization
NHM	National Health Mission
ODF	Open Defecation Free
OT	Operation Theatre
PRI	Panchayati Raj Institution
PR & DW	Panchayati Raj & Drinking Water
RE	Revised Estimate
RIDF	Rural Infrastructure Development Fund
RKS	Rogi Kalyan Samiti
S&ME	School and Mass Education
SBCC	Social and Behaviour Change Communication
SIRD	State Institute of Rural Development
SMC	School Management Committee
SMSA	Samagra Shiksha Abhiyan
SOP	Standard Operating Procedures
UNICEF	United Nations Children's Fund
VWSC	Village Water and Sanitation Committee
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Development
WHO	World Health Organization

Introduction

1. Setting the context of Hand hygiene in Odisha

The COVID-19 pandemic has highlighted the critical role hand hygiene plays in disease transmission. It provides a reminder that a seemingly simple act as washing hands with soap is an easy, effective, and affordable way to prevent diseases and ensure better health outcomes overall. Hand hygiene is the first line of defense and essential against the spread of COVID-19. The all India status of hand hygiene can be ascertained by the information given in Table 1.1. which shows that around 36 percentage of households wash their hands with soap and water before meals, however, 26 percentage of households do not wash their hands with soap and water after defecation. Amongst the states, the situation varies starkly where on one hand states like Himachal Pradesh and Sikkim have a high percentage of households that wash hands with soap and water before meals (87.6 & 85.4 respectively) and after defecation (97.6 & 100 respectively). On the other hand, Jharkhand and Odisha have one of the lowest percentages of households that wash hands with soap and water before meals (3.3 and 9.2 respectively) and after defecation (50.6 and 46.3 respectively)¹. Undoubtedly, the availability of water and soap in toilets leads to better hand hygiene practices, however, one needs to take into consideration the prevailing practices that exist. The 'Drinking Water, Sanitation, Hygiene and Housing Condition' NSS 76th Round Survey by the National Statistical Office, Government of India, November 2019 considers households following the practice of hand washing if majority of the household members usually washed their hands. Information was collected in terms of the four categories viz. (i) wash hands with water and soap/detergent, (ii) wash hands with water and ash/mud/sand etc., (iii) wash hands with water only and (iv) do not wash hands. It is pertinent to note that in Odisha, 43.1 percent of households wash their hands with water and ash/mud/sand.

¹ NSS Report No. 584: Drinking Water, Sanitation, Hygiene and Housing Condition in India, July 2018-December 2018, Ministry of Statistics & Programme Implementation, GoI



Table 1.1: Percentage distribution of households by practice of washing hands before meal and washing hands with soap and water after defecation

States	Households washing hands before meal (%)	Households washing hands with soap and water after defecation (%)
All India	35.8	74.1
Bihar	12.2	66.6
Chandigarh	100	100
Himachal	87.6	97.6
Jharkhand	3.3	50.6
Odisha	9.2	46.3
Sikkim	85.4	100
Tamil Nadu	13.2	30.7

Source: 'Drinking Water, Sanitation, Hygiene and Housing Condition', National Statistics Office, November, 2019

While Odisha has made progress in access to drinking water and sanitation, however, hand hygiene practices leave a lot to be desired in the state. The hand washing behaviour of people in Odisha is depicted in Table 1.2. especially handwashing at critical times such as before preparing food, feeding a child. A large percentage of population (85 percent) does not wash hands with soap and water before meals. Similarly, only a small percentage of the population in Odisha wash hands with soap and water before feeding a child and breast feeding. (12.2 percentage and 4.9 percentage respectively). In fact, a dismally small population of 7.3 percentage washes their hands with soap and water after disposing child's faeces. This bleak picture of the state of hand hygiene in Odisha is further exacerbated in the context of the pandemic wherein hand wash has been the first line of defense against COVID-19.



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Table 1.2. Hand Hygiene practices followed in Odisha

Hand Hygiene practices	Percentage
Population using soap/detergent with water to wash hands before meals	15
Practice of handwashing at critical times	
Before preparing food	54.5
Before serving food	35.9
Before eating	93.4
Before feeding a child	12.2
Before breast feeding	4.9
After defecation	98.3
After cleaning child's bottom	7.6
After disposing child's faeces	7.3
After any other polluting activity	66.9

Source: *Spotlight on Handwashing in Rural India, WaterAid India 2017*

2. Hand Hygiene Policy Measures in Odisha

Odisha's diverse topography and socio-economic profile combined with its susceptibility to natural disasters, like cyclones and floods, pose critical challenges in ensuring continued access to water supply services, access and usage of toilets, availability of solid and liquid waste management services, and social and gender equality. However, efforts from the government have been made towards celebrating Global Handwashing Day (GHD) on 15th October since the last few years. In 2020, government officials, NGOs and UNICEF came together to celebrate on Global Handwashing Day 2020 by launching a campaign for school students to promote hand hygiene and awareness on handwashing. The importance and need for minimal touch handwashing stations especially at the time of COVID-19 at schools and other public institutions was emphasised². **UNICEF Odisha WASH hosted a virtual state-level dialogue on hygiene to set and accomplish aspirations for including tribal populations, including children in ashramshalas (residential schools), in the larger WASH programming of the state in 2020.** The theme for 2021 is, "Our Future is at Hand – Let's Move Forward Together." The theme highlights collective and coordinated efforts for working towards hand hygiene globally. The day was celebrated all over the state by the government supported by state level NGOs, international NGOs and other private agencies.³

² <https://orissadiary.com/odisha-stsc-minister-jagannath-saraka-launches-water-sanitation-and-hand-hygiene-campaign-for-school-students/>

³ <https://sambadenglish.com/achand-hygienei-aadat-drive-held-in-12-sates-including-odisha-on-intl-hand-washing-day-eve/>



3. Objectives

Given the above context, the present attempt is to map the policy focus and the fiscal interventions on addressing the issue of hand hygiene in the state of Odisha – since 2017. The more specific objectives of the present exercise are to:

-  Map and explore the possibilities in government programmes that can be leveraged for hand hygiene promotion in select Departments at the Odisha state government level;
-  Capture and analyse the fund flow and budgets under these government programmes;
-  Identify existing budget lines (in case if any) where hand hygiene work (promotion, infrastructure, monitoring, capacity building) exists or/and can be added in the flagship programmes of select Departments; and
-  Provide suggestions on hand hygiene leveraging actions in Departments/schemes for the relevant State government level stakeholders.

4. Scope and Methodology

The methodology for this paper entailed an extensive and thorough secondary review of hand hygiene promotion activities of State government's schemes in Odisha in select Departments followed by detailed budget tracking and analysis at the State government level. The selected Departments were- Department of Panchayati Raj and Drinking Water; Department of Health and Family Welfare; Department of School and Mass Education; and Department of Women and Child Development and Mission Shakti. Budgetary allocations and expenditure of these Departments for last five years i.e. 2017-18 (Actuals), 2018-19 (Actuals), 2019-20 (Actuals), 2020-21 (Revised Estimates), and 2021-22 (Budget Estimates) were assessed. This also included a thorough review of budget line items on relevant schemes spanning across these abovementioned administrative departments. Relevant secondary literature and policy documents on the situation of hand hygiene promotion at the State government prior to and during the COVID-19 pandemic (2017-18 to 2021-22) was analysed. Efforts made by State government to address challenges in hand hygiene promotion activities through an examination of relevant Government Orders (GOs), Standard Operating Procedures (SOPs), and advisories were also being documented.

Limitations

The study is based entirely on secondary data sources and as such is more of a scoping/diagnostic study on hand hygiene interventions in select relevant Departments in the state of Odisha. Due to COVID-19 there was no travel or meetings planned. Budgetary data on hand hygiene were not only difficult to track at the State government level but also not available exclusively and in form that can be used for the purpose of analysis. Specific recommendations on budgets for proved to be a challenging exercise. The insights and findings presented here are majorly focused on select Departments and do not necessarily provide a State level picture.

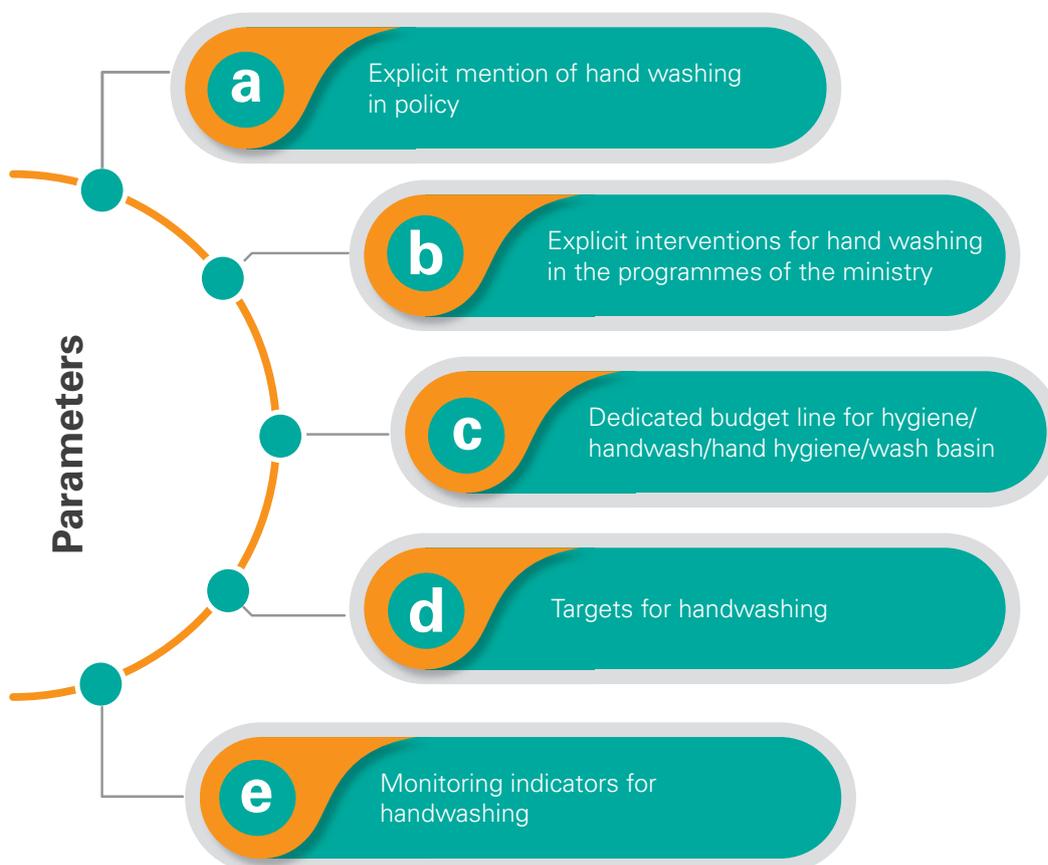


SECTION II:

Review of policies and budgets leveraging hand hygiene activities/ interventions in select Departments and schemes in Odisha

This section provides broad findings from the review of policies, scheme guidelines and budgets of four departments with respect to hand hygiene. It does not include the Centrally Sponsored Scheme (except for NHM), which are captured in the report of national review of schemes.

In Odisha, the four departments selected are given in Table 2.1 with the level of hand hygiene focus. Although, the focus on hand hygiene is not implicit in these departments, yet they all indirectly through their schemes address hand hygiene. The color ranking given in Table 2.1 is based on 5 parameters. If a Department or its corresponding scheme achieves all the 5 criteria then it would get the green ranking, for achieving 4 criteria it would get yellow, for meeting 3 and 2 it would get amber ranking and if it meets only one criteria then it gets the red color ranking.



Focus on Hand hygiene	Very High	High	Moderate	Mild
Code – this is based on the numbers of parameters met by the ministry/schemes/ programme	5 parameters met	4 parameters met	3-2 parameters met	1 parameter met

Table 2.1. Priority to hand hygiene in 4 state Departments and relevant schemes

S.No.	Department	Scheme	Focus on Hand Hygiene (parameters met)
1.	Panchayati Raj and Drinking Water	BASUDHA	a, b, d & e
		Ama Gaon Ama Bikash	a, b & e
2.	Health and Family Welfare	National Rural Health Mission	a, b & e
3.	School and Mass Education	MO School Abhiyan	a, b & e
4.	Women and Child Development and Mission Shakti	MAMTA	a

The Table 2.1 shows that none of the Departments and their State level schemes meet 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. Although there is no separate budget allocated for hand hygiene initiatives, there is scope for budgets to be leveraged under the IEC component which will be discussed in the following sections



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1. A review of select State schemes⁴ in the Departments of Panchayati Raj and Drinking Water, Health and Family Welfare, School and Mass Education, Women and Child Development and Mission Shakti for hand hygiene

Department of Panchayati Raj and Drinking Water

The Department other than implementing the JJM and SBM⁵ (CSS schemes) also implements the BASUDHA scheme. The Buxi Jagabandhu Assured Water Supply to Habitations (BASUDHA) was launched by the Chief Minister of Odisha in 2017-18. The objective of the scheme is to provide safe and adequate water through piped water Supply Systems to every rural household. The drinking, cooking and other domestic needs will be met through an enhanced supply of 70 LPCD (liter per capita per day). The scheme also focuses on enhancing water quality and empowering community for ownership of water assets to ensure operation and maintenance sustainability. Although, hand hygiene is not stated in the scheme, however, the importance of this scheme cannot be discounted especially since water is a critical component for hand washing. The communication on water supply in communities can include the importance of hygiene (water handling) that would include hand hygiene.

The recently launched Odisha Rural Sanitation Policy in 2020 was brought out with the aim of creating awareness to encourage households to adopt hygienic behaviour, especially the practice of hand washing at critical times and the safe disposal of child faeces, to ensure behavioural shifts for continued toilet usage and the practice of hygiene, including hand-washing, by awareness building of and sustained engagement with communities through innovative campaigns and positive reinforcements. The policy also addresses all institutions/commercial complexes/schools/anganwadis/health centres/residential educational institutions, etc. in terms of ensuring access to toilet facilities accompanied by an appropriate containment system and adequate hand-washing facilities. These facilities should specifically address the need of adolescent girls, children, transgender people, women, old age, persons with disabilities (PwDs), and other vulnerable groups through an inclusive design in accordance with the relevant guidelines. The policy also directs the state to ensure increased community awareness on issues of sanitation and hygiene. It is expected that the various stakeholders would use advocacy as an effective tool to mobilize government, media, civil society, implementing agencies and other stakeholders for strengthening related policies, programmes and implementation. **The introduction of this policy is surely a step in the right direction and puts into focus the criticality of hand hygiene. However, since it has only been recently launched, its implementation needs to be monitored so as to accrue hygiene benefits in the long run.**

Various initiatives on hand hygiene have also been undertaken by CSOs in Odisha amongst other private and multilateral agencies (Refer to Box 1.)

⁴ The selection of State schemes has been done keeping in consideration the prevalence of the scheme and the magnitude of its budget.

⁵ CSS such as SBM (R) and JJM



Box 1. Initiatives on hand hygiene by CSOs in Odisha

Odisha Youth for Hand Hygiene for All

The Youth4Water volunteers reached out to more than 1000 youth directly and about 5000 youth through social media to spread the message – “handwashing, best defence against Covid”. Youths and students of various schools and colleges across the state reached out to over 6,000 people to raise awareness on this topic to mark the Global Handwashing Day. These youths, known as ‘Handwashing ambassadors’, are volunteers of #Youth4Water, a youth-led campaign on water, sanitation and hygiene being run by several organisations including Water Initiatives, Odisha (WIO), Patang, Gram Swaraj, Young India with support from UNICEF Odisha. The campaign aims at reaching out to each youth of the state by 2024 with the messages of water/river conservation; sanitation; hygiene and climate change awareness. Volunteers of the campaign, apart from directly interacting with 1000 community members belonging to 11 villages in 5 districts, also involved over 5000 people through social media posts.

Source: Odisha Diary 2020, News excerpts collected from various online sources

In the CSS- SBM-II, the 3 percent of the budget earmarked for IEC (in the State component of SBM) has been in the form of wall paintings etc., however, the focus had been on water, sanitation, solid and liquid waste management. The village/panchayat level gatherings (specifically mela) were targeted to create awareness on sanitation. Even SBM stalls are arranged to create awareness on use of toilet, negative impacts of open defecation etc. For this purpose, the Block Development Officers (BDOs) were instructed to keep a separate budget of Rs. 10,000 per month for IEC activities. With the outbreak of COVID 19, IECs on Hand hygiene (leaflets & posters) were developed by UNICEF and distributed widely across the state.⁶ The IEC activities for both the JJM and SBM-II should have components of hand hygiene. These need to be planned in a coordinated manner in the department to supplement and not duplicate efforts.

The ‘Ama Gaon Ama Bikash’, scheme was launched on March 5th, 2018, and aimed at reaching out to the people in rural areas in order to involve them in developmental activities. As per the guidelines, local people, community organisations, public representatives, government officials and other stakeholders will identify and can suggest the required projects to bridge the gap and missing link in infrastructure development which are not taken out of any other State or Central Government schemes.⁷ As per the scheme Guidelines, the civic amenities category, has a provision for sanitation. **Although, there are no visible components of hand hygiene in the scheme, but there can be scope for including it as part of the sanitation facilities. The efforts to strengthen local government/PRI on the importance of hand hygiene, in the scheme would consequently have an indirect impact on leveraging hand hygiene in the villages.**

⁶ Discussions with Deptt. of PR& DW officials, Bhubaneshwar, Odisha, January 2022

⁷ <https://drdakoraput.org/guidelines/AGAB%20guideline.pdf>



Department of Health and Family Welfare

Since the onset of COVID-19, the department has been at the forefront of all activities pertaining to the prevention and containment of the virus. Hand hygiene protocols were strictly implemented and followed by the Department. The National Health Mission, Odisha under Covid Emergency Relief Fund has stressed on the need to ramp up health infrastructure with focus on Paediatric Care Units with a proposed budget of Rs. 58,617.47 lakhs⁸ in 2021-22. No other state level schemes on health were found to have any hand hygiene components. The NHM, despite being a CSS, can effectively channelize efforts to leverage hand hygiene in the State, especially ensuring hand hygiene facilities in health care centres in a way that are accessible to all. Further, the VISHWAS campaign under NHM focused on bringing about synergies in health, water and sanitation at the village level, hand hygiene was a key part of the campaign. This was an effort in convergence with SBM, to be implemented by the Village Health Sanitation and Nutrition Committees (VHSNC) and has been found to be prevailing in Odisha. For this to be strengthened, regular assessment and monitoring should be carried out in the State by the Department of Health and Family Welfare.

Department of School and Mass Education

The department besides implementing the major CSS such as SMSA and MDM also run some state specific schemes such as the MO School Abhiyan. The scheme aims to bridge infrastructural gaps e.g. hostels, laboratories, libraries, toilets, clean drinking water, boundary walls, wheelchair ramps, etc., improve mid-day meal and other nutritional initiatives, develop sports infrastructure and coaching support, ensure physical and mental well-being of students with annual health check-up, doctor and counselor visits, improve teaching learning materials and learning processes, foster human and technology-enabled interventions, facilitate exposure visits, exchange programmes, participation in national and international sports/ literary/cultural events and foster a maker and DIY (Do-It-Yourself) culture where students learn how to work with their hands to build, clean and fix things, whether in a laboratory or a workshop or their homes or school premises⁹. The MO School Abhiyan does not have any direct hand hygiene components in its programmatic objectives (Table 2.1). However, the schools that are included in this programme get a flexi fund which they can use to introduce hand hygiene components. Greater awareness and capacity building for this component at the district and block level need to be done.¹⁰ Also, **being a scheme that supports required infrastructure and services in schools, this scheme can be leveraged for handwashing infrastructure.**

Other than this, the focus on hand hygiene is reflected in the Activity Report of 2019-20 wherein Hand wash Abhiyans (Annexure I, Box 2) have been carried out in various districts. The MDM Annual Work Plan & Budget (AW&PB) of 2021-22 also mentions the setting up of hand washing stations with 'Multi Tap Multi Cap System' for children to wash their hands before eating the mid-day meal. (Annexure II, Box 3). At the time of schools reopening in the State in 2021, Standard Operating Procedures on hand hygiene were brought out such as the provision of adequate soap (solid/liquid)

⁸ Record of Proceedings 2021-22, National Health Mission, Odisha

⁹ Outcome Budget, 2019-20, School & Mass Education Department Government of Odisha Bhubaneswar

¹⁰ Discussions with line department officials, Ganjam, Odisha, January 2022



and running water in all washrooms and toilets, hand sanitizers for teachers, students, and staff must be available mandatorily in each classroom. Additionally, students should be encouraged to sanitize their hands when entering and leaving classrooms and toilets.¹¹

Department of Women and Child Development and Mission Shakti

The Department of WCD and Mission Shakti has a crucial role to play in the awareness and practice of hand hygiene behavior in the community. This is reflected in the state level scheme MAMTA- a conditional cash transfer maternity benefit scheme for pregnant women and lactating mothers which was launched by the Government of Odisha to alleviate the issue of maternal and infant undernutrition. This scheme provides monetary support to the pregnant and lactating women to enable them to seek improved nutrition and promote health seeking behaviour. Even though the scheme does not have hand hygiene elements, nevertheless various other policies of the state relevant to women and children and implemented by the department of WCD and Mission Shakti such as the Odisha State Policy on Early Childhood Care and Education 2017 (1st Draft), Odisha State Policy for Girls and Women-2014 and the Odisha JJ (Care & protection of children) Rules 2018 , NOTIFICATION, 21st July 2018 all give significant attention to hand hygiene measures and practices. (Annexures II & III) Hence, hand hygiene promotion through the various schemes of this department is crucial.

In the Anganwadi Services (erstwhile ICDS) scheme, Project Implementation Plans at the block level are prepared for every AWC. Within the PIPs, hand hygiene components with a specific budget should be included.

The Table 2.2 gives a snapshot on the potential opportunities that the selected Departments can utilize to strengthen hand hygiene at the state level.

Table 2.2: Summary on potential opportunities to strengthen hand hygiene at the state level

Department	Opportunities to include/emphasis on hand hygiene
Department of Panchayati Raj and Drinking Water	<ul style="list-style-type: none"> • BASUDHA- The communication on water supply in communities can include the importance of hygiene (water handling) that would include hand hygiene for households. • Odisha Rural Sanitation Policy – hand hygiene nudges (in facilities planning/placement and through promotion) • JJM and SBM: the IEC budgets from both JJM and SBM-II can have components for promotion of hand hygiene. • Ama Gaon Ama Bikash: In the provision of infrastructure, especially with regard to toilets, the provision of hand hygiene facilities in institutions/public spaces needs to be considered.

¹¹ Discussions with line department officials, Ganjam, Odisha, January 2022



Department	Opportunities to include/emphasis on hand hygiene
Department of Health and Family Welfare	<ul style="list-style-type: none"> • Prioritization for hand hygiene facilities at all health care centres along with the hand hygiene promotion needs to be made mandatory • Impacts of initiatives like VISHWAS need to be assessed and strengthened (or dropped accordingly)
Department of School and Mass Education	<ul style="list-style-type: none"> • MO School Abhiyan: There are possibilities to include hand washing facilities and promotion, especially to make these inclusive with respect to differently-abled children and for children speaking different local languages
Department of Women and Child Development and Mission Shakti	<ul style="list-style-type: none"> • Hand hygiene promotion through the various schemes of this department is crucial • The PIPs should include budgets for hand hygiene promotion, constructing new facilities and maintaining existing ones.



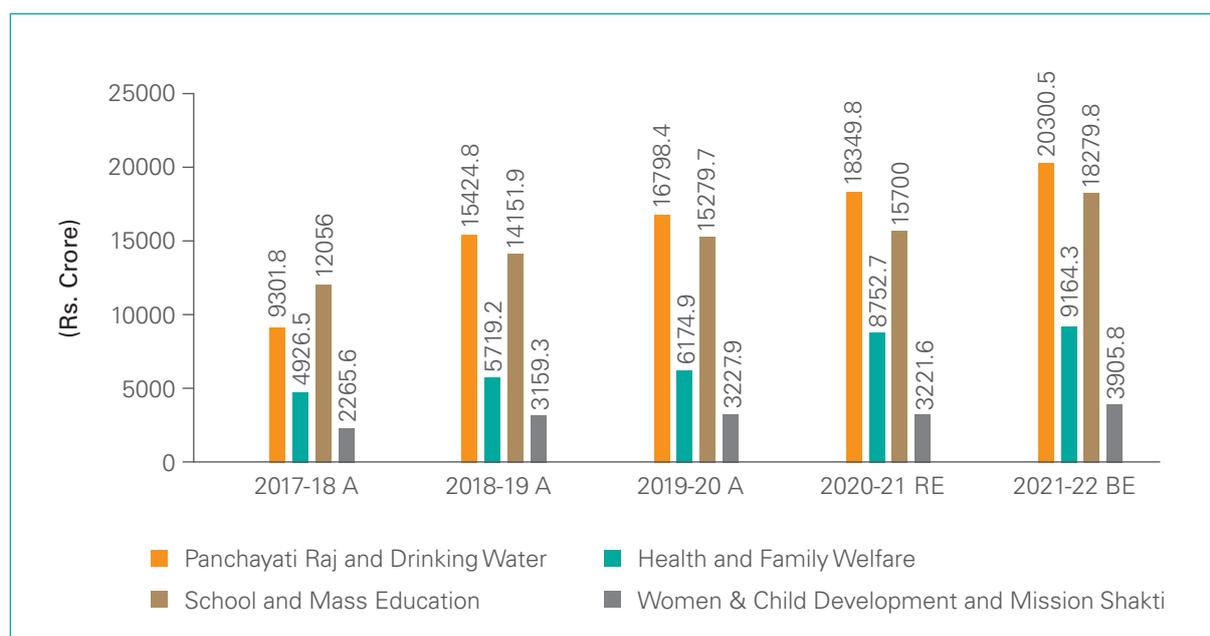
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2. Analysis of budgetary trends in select departments of Odisha

A close look at the state budgets did not reveal any dedicated budget lines for hand hygiene or hand wash; nonetheless it would be useful to assess the budgetary allocations and expenditures of the select departments from 2017-18 to 2021-22. Figure 2.1 shows that the Panchayati Raj & Drinking Water (PR& DW) department as well as the department of School and Mass Education (S&ME) has the larger share of budgets¹². The budgetary expenditures and allocations for the Dept. of H&FW shown an increase marginally over the years, with a 41 percent increase from 2019-20 (A) to 2020-21 (RE). It would be expected that due to the pandemic, there would have been an increase for H&FW in 2021-22, though it was not the case. Findings from the field have revealed a lack of hand washing stations in public health facilities which is a serious cause for concern adding to the already declining budget of the H&FW Department. The Deptt. of WCD and Mission Shakti, despite its pivotal role in spreading awareness on hand hygiene amongst women and children, has one of the lowest expenditures and allocations from 2017-18 (A) to 2021-22 (BE) (Figure 2.1). In fact, the budgetary expenditures have largely remained stagnant from 2018-19 (A) to 2021-22 (BE).

Figure 2.1 Budgetary Allocation & Expenditure of select Departments in Odisha, 2017-18 to 2021-22



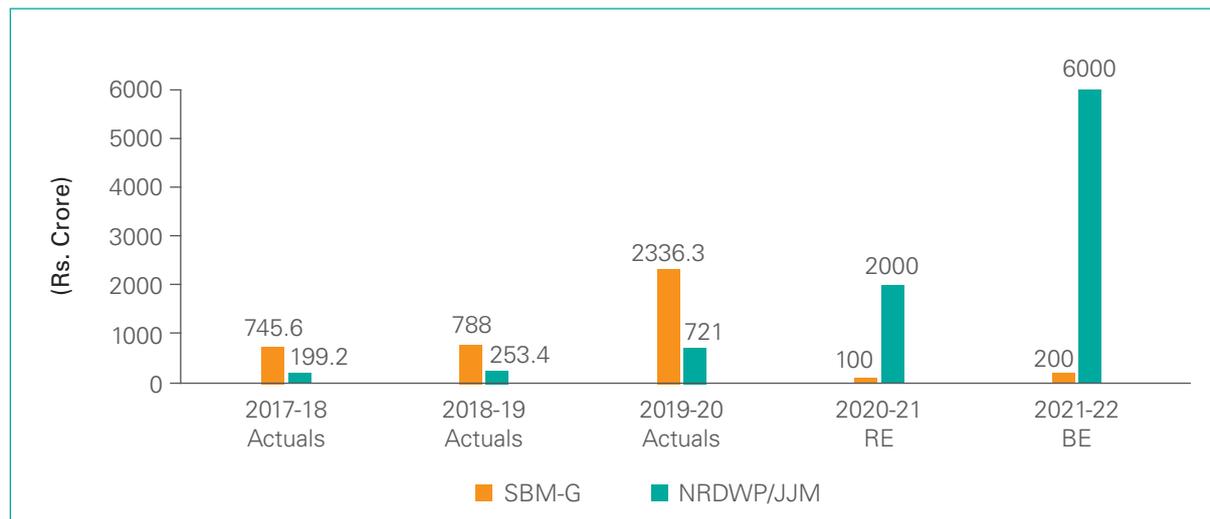
Source: Compiled by CBGA from Odisha State Budget Documents, various years.

¹² The PR&DW department is actually 2 departments merged into one, hence registers a significant share of the budget



Budgetary expenditures have consistently increased in the last 4 years for Department of PR&DW, however, it has remained almost stagnant for the Dept. of S&ME from 2019-20 (A) to 2020-21 (RE). Here, it would be worth mentioning that the state share of the budgets for both the SBM (G) and NRDWP/JJM which are implemented by the Dept. of PR&DW have consistently risen in the last 4 years except for SBM (G) which took a dip in 2020-21 (RE) (Figure 2.2). This was mainly because Odisha had reached its sanitation targets and goals and the attention was now on JJM.

Figure 2.2 State Budget share of SBM-G and NRDWP/JJM in Odisha



Source: Compiled by CBGA from Odisha State Budget Documents, various years.

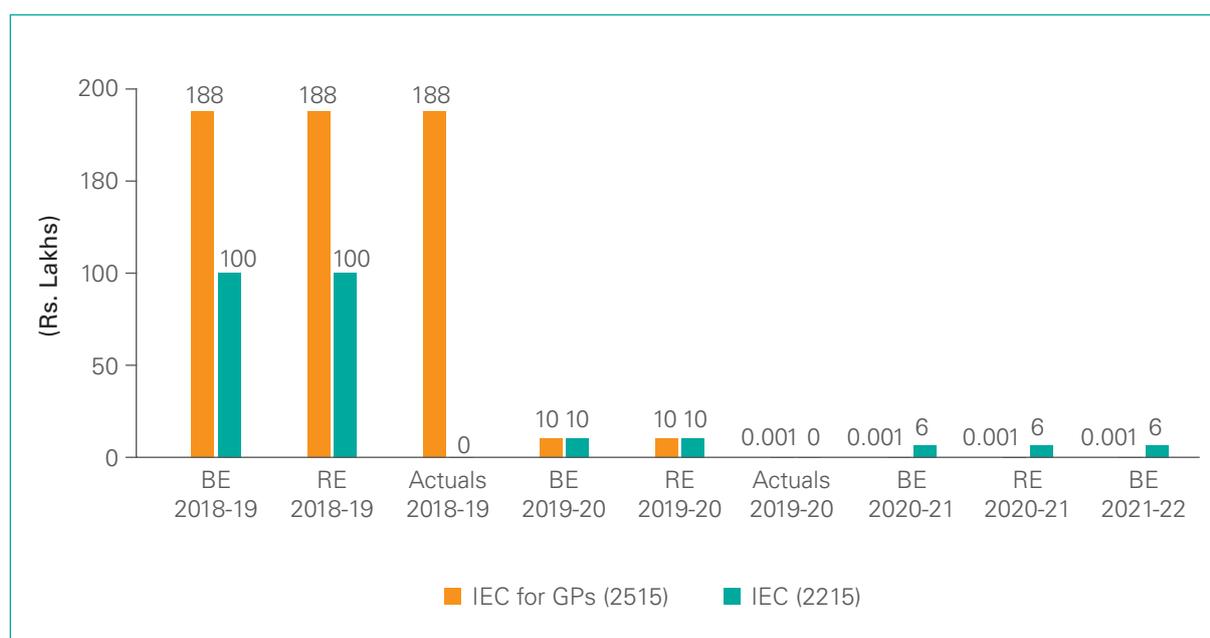


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Out of the total budget for JJM and SMB-II, 2-3 percent is usually earmarked within the programme expenditure towards IEC. The IEC component in water and sanitation schemes, were usually found to be used for the development of short videos and posters. Figure 2.3 shows the budget allocation for IEC under Major Heads 2515 (IEC for Gram Panchayats) and 2215 (IEC) of the Deptt. Of PR and DW, Odisha. It can be observed that since 2018-19 (BE) the allocation for both the heads of IEC has decreased in the last four years. A point to note also is the lack of spending for the IEC budget head 2215 in the years 2018-19 and 2019-20 highlighting the shortfalls in capacities. This is a serious cause of concern for the department and has bearing on future allocations under the IEC heads.

Figure 2.3 Budgetary allocation and expenditure on IEC under Major Heads 2515 and 2215, Deptt. Of Panchayati Raj & Drinking Water, Odisha



Source: Compiled by CBGA from Odisha State Budget Documents, various years.

2.3 Analysis of budgetary trends in select state schemes of Odisha

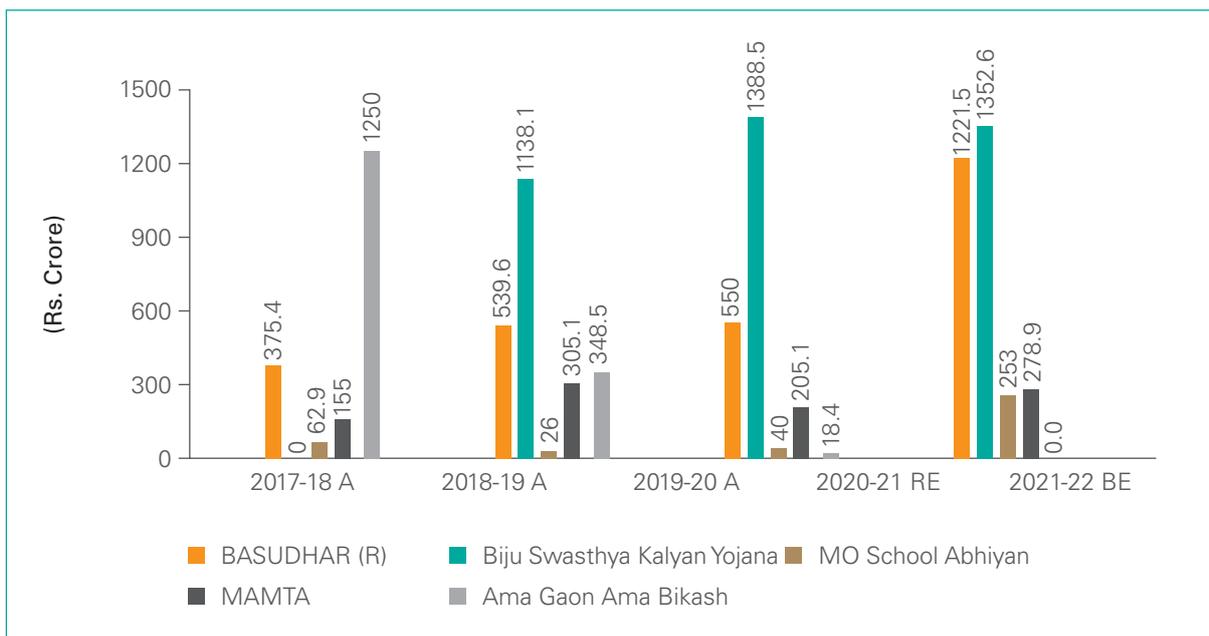
An analysis of budgetary allocations and expenditures for state level schemes has revealed that the one of the larger shares of the budget has gone to BASUDHA (R)¹³ scheme in 2021-22 (BE) (Figure 2.4). This is surely a welcome step since availability of water is a crucial aspect in hand hygiene. Budgetary priorities for BASUDHA (R) significantly rose up since 2019-20 Actuals. Budgetary expenditures for Biju Swasthya Kalyan Yojana (BSKY)¹⁴ have remained constant since 2019-20 (A) and budgetary allocations for MO School Abhiyan increased significantly from 2019-20 (A) to 2021-22 (BE). For MAMTA scheme, the expenditures and allocations increased significantly in 2019-20 (A) as compared to 2018-19 (A), but they reduced from 2020-21 (RE) onwards. The Ama Gaon Ama Bikash scheme had considerable budget expenditure in 2018-19 (A) of Rs. 1, 250 crores, however, it registered a decline in 2020-21(RE) of Rs. 18.4 crores.

¹³ BASUDHA (R) is the amount for BASUDHA under Rural Infrastructure Development Fund (RIDF)

¹⁴ The Biju Swasthya Kalyan Yojana has been taken for this analysis as it is a State health scheme for the purpose of maintaining consistency



Figure 2.4 Budgetary Allocation & Expenditure of select state Schemes in Odisha, 2018-19 to 2021-22



Source: Compiled by CBGA from Odisha State Budget Documents, various years.



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Key Findings and Policy Recommendations

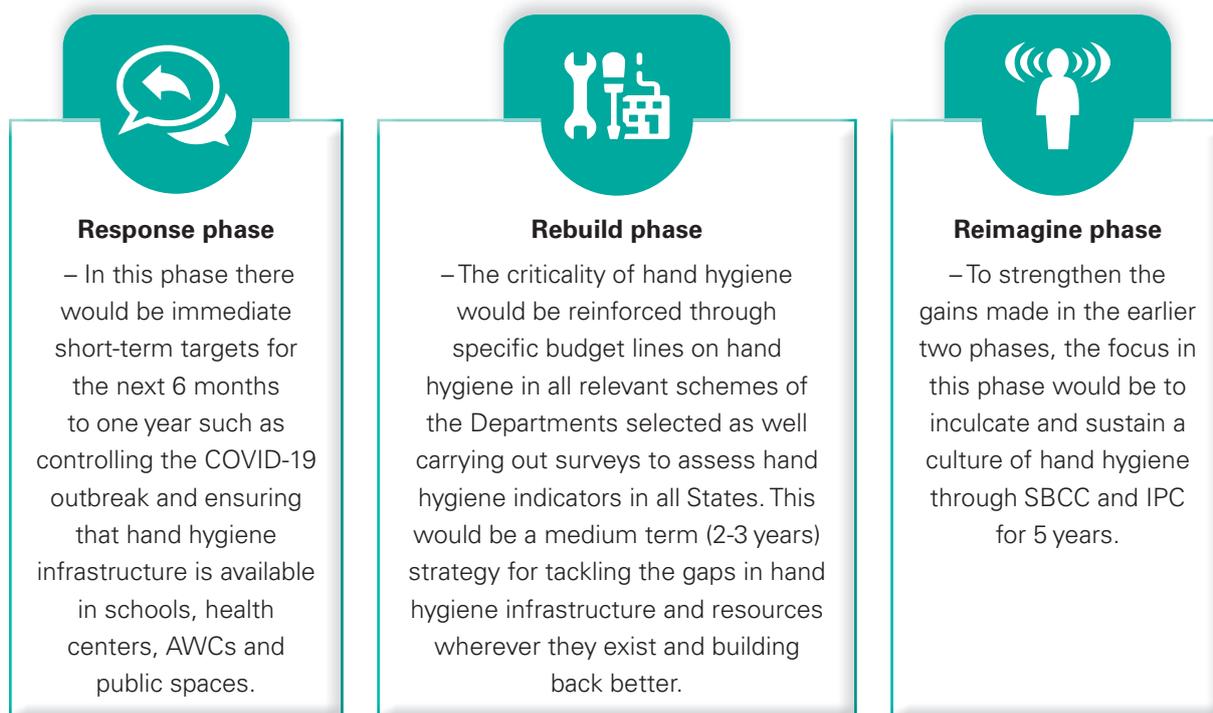
1. Recommendations for State government:

A. POLICY:

Need for effective implementation and monitoring of schemes/programmes that have components of or mention hand hygiene. 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. This strategy should provide direction on the components for hand hygiene that need to be incorporated in the different schemes for the relevant Departments. A positive development in the state has been the introduction of the Odisha Rural Sanitation Policy 2020, hence showing that Odisha has good hand hygiene policies in place, however, it would need to be effectively factored into schemes of the 4 departments, especially the PR&DW department. In addition to the 4 departments, the Housing & Urban Development Department should be included so that the urban population also gets coverage for hand hygiene interventions. It should be time bound and implemented in a phased manner. The hand hygiene interventions need to be mainstreamed/explicitly mentioned in the existing programmes/schemes of the select Departments with adequate budget provision. 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) it 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 evolving from an emergency response to hand hygiene being integrated and mainstreamed as a sustained component in all schemes of the relevant Departments. These can be seen in three phases:





B. FINANCE: Hand hygiene interventions should be reflected in the State government budget.

- (i) **Transparency on hand hygiene budgets:** The recognition of hand hygiene interventions is reflected in several schemes of the Departments, but not visible in the State government budget. The terms ‘hand wash’ or ‘hand hygiene’ do not appear in the state government budget. The budget break-up for hygiene interventions is not available at the level of the State government. Therefore, more transparency in state budgets is required so that hand hygiene components are visible so as to be able to track and monitor the budget in case there are any issues of utilization.
- (ii) **Increase budgetary allocations for hand hygiene within existing social sector programmes/schemes:** In the current budget of the State government 2021-22, except for the budget under Deptt. of PR&DW and School and Mass Education, the allocations for the social sectors such as health, women and children have been reduced. Hence, 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.
- (iii) **Need for tracking IEC budgets:** An assessment of the IEC budgets – trends on allocation, expenditure and nature of expenditure- need to be conducted. An analysis of bottlenecks and recommendations under the IEC component need to be included in this assessment.
- (iv) **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.

C. INSTITUTION (institutional arrangement, capacities):

- (i) **Increase and improve convergence amongst the departments to leverage hand hygiene interventions in schemes.** Hand hygiene cuts across various schemes and departments. It has been observed in scheme guidelines that many schemes converge while being implemented at key points. For instance, the Anganwadi services and NHM 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. Hence, 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 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, which had developed IEC material in the form of animation, short videos, WhatsApp videos and success stories for various programmes and schemes can be further engaged in developing IEC material on hand hygiene.
- (ii) **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.** The UNICEF and WHO, 'State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice'¹⁵ Report lays down the five key accelerators – governance, financing, capacity development, data and information, and innovation which could be a pathway to achieve hand hygiene for all. 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:



Governance: State and local governments should establish clear policy that relates to both service availability that facilitates handwashing, including readily available water, and the behaviours required to ensure hand hygiene is common practice in all relevant settings.



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.



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.

¹⁵The United Nations Children's Fund and World Health Organization, State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice, UNICEF, New York, 2021





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.



Innovation: State and local governments should encourage innovation, particularly within the private sector to roll out hand hygiene for all, in all settings. Some of the examples in India are: the Happy Tap, the SATO Tap, Lifebuoy's bar soaps which are priced at 20 per cent less than the average price of other mass-market brands (INR 5 and INR 10). Unilever has also experimented with small bar sizes, as small as 25 grams to facilitate affordability.

- (iii) Private organisations/multilateral agencies/international and national level NGOS can play a key role in leveraging hand hygiene in the community. These efforts should be encouraged and supported at various levels of the state government.** Various organizations - private, multilateral agencies, international and national level NGOs, were found to have undertaken initiatives on hand hygiene, 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). These 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. As a start, a landscape study to identify the potential private sector partners at the state level for hand hygiene interventions should be taken up. This, ideally, should feed into the hand hygiene strategy for the state.
- (iv) 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.
- (v) 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.

D. 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.





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E. 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.

2. Recommendations for specific Departments in the State government:

a) Department of Panchayati Raj and Drinking Water

Drinking Water

Policy: Despite the relevance of the BASUDHA scheme in leveraging hand hygiene, however, its significance needs to be further reinforced in the Guidelines with sufficient budgetary provisions.

Institution (institutional capacity, arrangements): The Zila Swachand hygiene Bharat Preraks



(at the district level) and Swachand hygieneagrahis (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. The inclusion of hand hygiene is needed in the capacity building initiatives. There is a possible role of ISAs or Sector Partners in this. **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. In cases, where the States feel the requirement for spending on IEC especially on hand hygiene, messaging needs to be increased, when required flexibility should be given to increase the 3 percent in the IEC budget. Also, underutilization of the IEC budget came out as a cause for concern in the department. Measures must be undertaken to ensure that allocations are utilized effectively. **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 GPDPs of the State. **Institution (institutional capacity, arrangements):** Hand hygiene behavior and practice as well as availability of water and soap are both necessary to bring about hygiene outcomes. These practices can be institutionalized at the level of the GP itself. The **Gram Panchayat Development Plan (GPDP)/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 Handwashing Day on a continuous basis every year with more focus on meeting the gaps in hand hygiene prevalent in their districts. **Finance:** Although some GPs were found to be using their own source funds to set up hand hygiene infrastructure (field findings from Ganjam and Mayurbhanj districts), the 15th FC funds can be a possible funding source for this purpose. 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 – which would include having facilities and behaviors amongst citizens to maintain hand hygiene amongst other cleanliness requirements. **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.

b) Department of Health and Family Welfare

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 medicals) and the patients. There should be an Assessment of the VISHWAS initiative across districts to understand the progress/impact of the same. **Institution (institutional capacity, arrangements):** 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. **Finance:** The Department of H&FW received less



budgetary allocation in the last few years as compared to other departments. Further, field evidence shows that hand hygiene facilities were either not available or scarce in public health centres. The department 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 handwashing facilities, promotions, to propose relevant suggestions. Additionally, there should be a component of hand hygiene in all the relevant health schemes of the State.

Monitoring: Monitoring of the handwashing facilities and behaviors in healthcare centres is crucial should be part of regular monitoring from the District. For a user perspective, the Rogi Kalyan Samitis (RKS) can monitor whether the necessary hand hygiene infrastructure is in place or not in all health centres.

c) Department of School and Mass Education

Policy: Hand hygiene should be incorporated in the Guidelines of the state initiative (Mo School Abhiyan), the implementation of the same needs to be regularly reiterated. **Institution (institutional capacity, arrangements):** 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. **Finance:** There is a need for a separate budget line for hand hygiene in Deptt. of School and Mass Education. For hand hygiene in schools to become prevalent, States need to demand for a separate budget for hand hygiene in schools under SMSA through the Annual Work Plan and Budget. The AWPB could be an effective mechanism through which hand hygiene interventions can be demanded in the budget for education. **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.



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d) Department of Women and Child Development

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.

Institution (institutional capacity, arrangements): 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. **Finance:** The Department of WCD has policies and agencies in place to carry out hand hygiene activities, however budgets are not commensurate. Overall greater budgetary allocations are required for the Department of WCD 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.

Monitoring: Regular monitoring of the availability of facilities and behaviors across these settings/ institutions is crucial by the department.



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ANNEXURE I

Box 2. Activity Report, 2019-20, School & Mass Education Department

ACTIVITY REPORT FOR THE YEAR 2019-20 SCHOOL & MASS EDUCATION DEPARTMENT

MDM has taken steps to look after health and hygiene of the students. So Hand Wash Abhiyan and Anaemia control program has been integrated with MDM. This not only increases the hygienic attitude of the child but also takes the message beyond school boundary. Under the Hand Wash Abhiyan, children are given Hand Wash liquid to wash hand before and after taking food. Multi Tap and Multi Cap system is an innovative step in this direction. Rs.45.00 lakhs has been sanctioned for installation of MTMC for 3000 schools. Out of the total 1987 MTMC have been installed. During the current financial year 2018-19, 590 mini hand wash stations are provided to schools of five blocks (115 to Baranga block of Cuttack district, 160 to Khordha block of Khordha district, 105 to Jhumpura Block of Keonjhar district, 105 to Gurundia Block of Sundargarh district, and 105 Ambabhona Block of Bargarh district, from CSR activities to facilitate Handwash in Mid-Day Meal programme.

For hygiene, hand wash Abhiyan has been taken schools. Health and hygiene, both contribute to the nutrition of students. A bar of soap or a bottle of handwash liquid is very insufficient to cater to the need of hand washing and dish cleaning of so many students within the lunch break. So the disposed off, the thrown away cold drinks plastic bottles have been collected. Two to three small holes have been made on the cap of the bottle. The hand wash liquid (Dettol or Lifebuouy) purchased from the market is diluted with the water and 20 to 30 plastic bottles filled with diluted hand wash liquid are kept ready for use by 200 children or students.

Benefit: It is cost effective. It saves the time of the children It reduces the rush and congestion among students. It ensures protection of environment by reuse of the plastic bottles.

Source: Extracted from Activity Report for 2019-22, School & Mass Education Department, Govt. of Odisha



Box 3. MDMS, AWP&B 2021-22

**National Programme of MID DAYMEAL in Schools
Annual Work Plan & Budget 2021-22
SPMU, MDM, Govt. of Odisha**

On Multi Tap Multi Cap System.

Children need water for drinking purpose and washing purpose while taking mid-day meal. But a school having a single tube tap-water source purpose for 100 or more children. The innovative device of multi the pipe source point has been introduced with little expenditure of a plastic pipe, few taps and if required a rubber pipe. With the help of this rubber pipe the multi-tap water source can be installed in any suitable place. 2,000 model Hand wash stations have been set up.

In 2021-22, mini hand wash stations were provided to schools of Nayagarh district from CSR activities to facilitate Handwash in Mid-day Meal Programme.

Benefit: It is cost effective. It saves the time of the children. It reduces the rush and congestion among the students. It is so flexible that with a pipe the multi-tap water source can be extended from the water source to any convenient place.

Salient features of the SMS Application are as follows:

Odisha is the first and only state so far which has implemented NFSA Act in Mid Day Meal and disbursed food security allowance to the children.

Multi Tap & Multi Cap and Mini Hand Wash Stationary being provide to the schools to inculcate hand washing practices among the students.

Source: Extracted from MDM, Annual Work Plan & Budget, 2021-22, School & Mass Education Department, Govt. of Odisha



ANNEXURE II

Box 4: Training and Awareness Generation material on Hand hygiene, Department of Women & Children & Mission Shakti, Govt. of Odisha

Training and Awareness Generation material on Hand Hygiene

1. Kishori-Barta: Take Home Messages for Adolescent Girls

Make your habit of washing your hand often, wash your hand with soap and water at least 40 seconds or use a hand sanitizer to rub your hand until then you feel dry, clean you hand even it looks clean and clear. (Page number: 46)

2. Mo Bikash Patra

Before eating wash your hands and make yourself clean

3. Gunatmaka Aadya Saibaka Jatna aau Shikya

 ECCE center has water and Soap for washing hands after using the toilet (Page Number 19)

 Caregivers and children wash hands using soaps before and after meals, when they use the toilet, cover their mouth when they have cough. (Page Number 49)

4. Aadya Saibaka Divas Sahayak Pustika

 Develop Good Habits Make your habits of washing hands (Page Number 19)

 When Do You Wash Your Hands

- Wash hand before and after eating
- After going to the toilet
- After cleaning house
- After touching pet animal and birds
- After coming from the hospitals
- After playing, gardening etc.
- After coughing, sneezing and giving hand on mouth



Process of Washing Hands

- Wash your hands either with warm or cold water
- Take soap or powder on your hands while washing hands
- Apply soap or powder on both the hands
- Properly rub the hands at least for 20 seconds
- Wash out your hands properly then wipe hands properly

Benefits of Washing Hands

- It is necessary to wash your hand to protect yourself from the visible and invisible bacteria.
- We can stay away from the infectious diseases by washing hands
- To stay healthy water and sanitation plays the important role



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ANNEXURE III

1. Odisha State Policy on Early Childhood Care and Education 2017 (1st Draft), Women and Child Development Department, Government of Odisha

The indicators of early childhood development depend on psychosocial care, the early learning environment and the quality of caregiver interaction, nutrition, as well as upon health, drinking water, sanitation, female literacy, empowerment, etc.

Policy Directives: In line with the National ECCE Policy, ECCE Curriculum Framework and Quality Standards for ECCE prescribed by Govt. Of India, the state shall ensure that in all ECCE centres both run under ICDS and private agencies, the minimum standards shall be maintained. These include: Adequate and separate child-friendly toilets and hand wash facilities for girls and boys

Biju Kanya Ratna (Scheme from 2016-17 to 2018-19)

-  Creating an enabling environment for the survival and development of the girl child and secure her dignity.
-  Provide girls toilets in every school in every district

2. Odisha State Policy for Girls and Women-2014

-  Provide basic amenities for girls and women at health facilities like drinking water, separate toilets, safety, security and privacy
-  Provide access to potable water and sanitation with time bound targets to cover rural and urban habitations
-  Work towards flexible work schedules, maternity benefits, childcare support, separate toilets and crèche facilities.
-  Take steps to set up basic amenities such as barrier free ladies toilets, restrooms, nursing corners and security features in the transport systems, highways, tourist, and other public places

3. The Odisha JJ (Care & protection of children) Rules 2018, NOTIFICATION, 21st July 2018

-  Every resident of the Child Care institution shall be issued oil, soap and other material as per the following scale
-  The daily routine may provide, inter alia, for a regulated and disciplined life, personal hygiene and cleanliness, physical exercise, yoga, educational classes, vocational training, organised



recreation and games, moral education, group activities, prayer and community singing and special programmes for Sundays and holidays and national 42 holidays, festive days, birthdays.

- ✋ **Management Committee:** The Management Committee shall meet at least once every month to consider and review: (i) care in the institution, housing, area of activity and type of supervision or interventions required; (ii) medical facilities and treatment; (iii) food, water, sanitation and hygiene conditions
- ✋ **Duties of the Person-in-charge of a Child Care Institution.**
 - Maintain proper hygiene in the home
 - The Person-in-charge shall inspect the Child Care Institution as often as possible but not less than twice a day. He shall make a record of the timings of his inspection and also note his observations in a separate book maintained for the purpose, especially with regard to: (i) maintenance of hygiene and sanitation. Hygienic maintenance of food articles and other supplies, (ii) hygiene in the medical centre and provisions for medical care,
- ✋ **Duties of the House Mother or House Father-** (i) Every house father or house mother shall abide by the directions of the Person-in-charge (ii) Ensure that the children maintain personal cleanliness and hygiene
- ✋ **Child Welfare Officer or Case Worker** shall familiarise every newly admitted child with the Child Care Institution and its functioning, particularly in the following areas- (a) personal health, hygiene and sanitation
- ✋ **Daily Routine in the Child Care Institution:** The daily routine shall include, inter alia, for a regulated and disciplined life, personal hygiene and cleanliness, physical exercise, yoga, educational classes, vocational training, 68 organised recreation and games, moral education, group activities, prayer and community singing and special programmes for Sundays and holidays



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Reviewed Documents of the focus Departments of the Government of Odisha

1. Department of Panchayati Raj and Drinking Water
 - a) Guidelines for Implementation of the scheme, 'Ama Gaon, Ama Bikash', 2018.
2. Health and Family Welfare
 - a) Record of Proceedings 2021-22, National Health Mission, Odisha.
3. School and Mass Education
 - a) Outcome Budget, 2019-20, School & Mass Education Department Government of Odisha.
 - b) Activity Report for 2019-22, School & Mass Education Department, Govt. of Odisha.
 - c) MDM, Annual Work Plan & Budget, 2021-22, School & Mass Education Department, Govt. of Odisha
4. Women and Child Development & Mission Shakti
 - a) 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>



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