



POLICY BRIEF | JUNE 2022

# Commitments towards hand hygiene: A District level analysis

## INTRODUCTION

Hand Hygiene (HH) 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 handwashing 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.

This assessment focused on five ministries, namely the Ministry of Jal Shakti, Ministry of Health and Family Welfare, Ministry of Education, Ministry of Women and Child and the Ministry of Panchayati Raj. The state studied for this Assessment is Odisha. At the state level, the relevant departments i.e. Panchayati Raj & Drinking Water, Health & Family Welfare, Women & Child Development & Mission Shakti and School & Mass Education were assessed.

## HAND HYGIENE SCENARIO OF THE STATE OF ODISHA

Amongst the 36 states and union territories of India, Odisha ranks the 32nd in terms of hand hygiene before taking food.<sup>1</sup>

As per the National Sample Survey Report 584 (2019), in Odisha, 79.1% of the households wash hands with only water before meals. Only 15.1% of the households wash hands with soap or detergent before meals. While 53% of the households practice handwashing with soap or detergent after defecation,

37.6% use ash/ mud/ sand with water to wash their hands after defecation, and 9.4% only use water.

This policy brief focuses on the findings from the assessment carried out in two districts (Ganjam and Mayurbhanj) to identify the stakeholders and capacities required for the roll out of hand hygiene initiatives at the state level and below.

### KEY FINDINGS (1/2)



#### INFRASTRUCTURE

##### LACK OF HAND HYGIENE INFRASTRUCTURE IN PUBLIC PLACES

/ Despite being the most crowded areas with high possibility of contamination, the public spaces like marketplaces and bus stops were not found in possession of functional hand washing stations in any of the districts. In one of the districts, the Panchayat Bhawan was found to lack functional hand washing station/s.

##### EXISTENCE OF HAND HYGIENE INFRASTRUCTURE IN SCHOOLS

/ Reportedly, every school<sup>2</sup> had functional hand washing points with soap and water, and the teachers along with the students practiced hand washing regularly. Schools were also engaged in monitoring children's hand washing behaviour.

##### LACK OF HAND HYGIENE INFRASTRUCTURE IN ANGANWADI CENTRES (AWCs)

/ Anganwadi workers were found to be knowledgeable of the importance of hand washing with soap. They had received training on the procedure involved in the same. In one of the districts, however, the Anganwadi Centre was found to lack functional hand washing points with soap and water.

##### LACK OF HAND HYGIENE INFRASTRUCTURE IN HEALTHCARE INSTITUTIONS

/ In both the districts, the Community Health Centres (CHCs) were found to lack functional hand washing stations. Still the workers of all these health centres along with the medical officer in charge were adequately aware of and well trained on the importance and the practices of hand hygiene. They, however, lacked the facilities to actually practice it.

<sup>1</sup> [https://www.thehinducentre.com/resources/article30979980.ece/binary/Report\\_584\\_final\\_0\\_compressed.pdf](https://www.thehinducentre.com/resources/article30979980.ece/binary/Report_584_final_0_compressed.pdf)

<sup>2</sup> At the time of the assessment, the primary and upper primary schools were closed because of the pandemic. High schools, however, were operating as usual, as per the government notice.

### KEY FINDINGS (2/2)



#### INSTITUTIONS

##### COMMUNITY HAS KNOWLEDGE OF AND PRACTICES HANDWASHING WITH SOAP

/ In both the districts, the community was found to be aware of the importance of hand hygiene with respect to the ongoing situation, i.e., the Covid-19 outbreak. The community, reportedly, believed that the practice of washing hands with soap could help in preventing various germs, bacteria and viruses causing diseases and therefore help lead a healthy life. It was claimed that this knowledge was used by the community to practice hand washing using soap and water regularly.

##### PANCHAYATI RAJ INSTITUTIONS (PRIs) LACK CAPACITIES TO PLAN AND BUDGET FOR HAND HYGIENE PROMOTION

/ In both the districts, the PRI members had not taken any initiative towards the promotion of hand hygiene in the gram panchayat through the Gram Panchayat Development Plans (GPDs). The elected representatives reported that they lacked knowledge on how to do so and that they had not received any training on the same.

##### PROVISION OF TRAININGS TO FRONTLINE WORKERS

/ As a consequence of the Covid-19 pandemic, in both the districts the frontline workers (ASHA, Anganwadi worker, Anganwadi helper, Auxiliary Nurse Midwife (ANM)) had received trainings or instructions on ways to maintain hygiene. This included information regarding the importance of hand washing with soap, especially during different critical moments, and encouraging the use of masks and sanitizers. In one of the districts, such trainings had been given by the block office to the frontline workers even prior to the outbreak of the pandemic. The trainings were found to have contributed to the frontline workers' knowledge as well as practice of hand washing with soap.

##### KEY ROLE PLAYED BY CSOs IN RAISING AWARENESS ON HAND HYGIENE

/ In both the districts, CSOs were found to play a critical role in dissemination of knowledge and information regarding handwashing with soap. Such awareness raising activities were in the form of one-off events, triggered by the pandemic. Awareness raising by CSOs was also in the form of capacity building activities held over years.

##### LIMITED ROLE OF HEALTH WORKERS IN AWARENESS RAISING ON HAND HYGIENE

/ In one of the districts all CHC workers were found to be engaged in Covid-19 prevention awareness programmes, including on hand hygiene. However, this was not found to be true in the case of the other district.

## CHALLENGES FACED IN PROMOTING HAND HYGIENE

### LACK OF ADEQUATE WATER AND SOAP

/ Promotion of hand hygiene with members of communities that do not have adequate access to water and soap was reported to be a challenge. During the pandemic, the frontline workers reported to be often approached by community members unable to afford disinfectants such as soaps and hand sanitizers for free samples.

### LANGUAGE BARRIER

/ Lack of IEC material and frontline workers fluent in local languages proved to be a challenge in delivering hand hygiene messages to certain sections of the population. This was particularly reported by teachers in both the districts who faced a challenge in communicating with children of tribal communities or speakers of languages other than the majority populations’.

### LACK OF HANDWASHING FACILITIES FOR PEOPLE WITH DISABILITIES

/ In one of the districts the need for facilities, such as sensor sprayers, for people with disabilities was reported, to facilitate their adoption of the practice of handwashing with soap.

### NEED FOR ADDITIONAL RESOURCES

/ From both the districts, the need for additional resources in terms of IEC material, trainings, human resources to spread awareness and dedicated budgets for promotion of hand hygiene was reported.



## KEY RECOMMENDATIONS (1/3)

### POLICY & FINANCE

#### HAND HYGIENE INFRASTRUCTURE FOR PUBLIC PLACES NEEDS TO BE CONSIDERED

/ As per the 15 (latest) Finance Commission’s instructions, panchayats must spend 60 percent of their grants on WASH (Water, Sanitation and Hygiene) aspects. Depending on the need, the percentage of panchayat grants can increase from 60 to 70 percent. With scope to integrate the different aspects of WASH into the annual plan, the Gram Panchayats may initiate some steps to provide handwashing facilities in public places by spending the Finance Commission’s grant. Adequate guidelines/instructions on the placement of these facilities to the Gram Panchayat need to be provided, taking into consideration long term requirements, beyond the pandemic. Additionally, to ensure functionality of the facilities, there should be budgets to cover the costs of minor and major repairs, regular operations and maintenance of the handwashing facilities. In the same vein, budget for promotion of hand hygiene through information, education and communication should be considered.

### PLANNING

#### INCLUSION OF HAND HYGIENE IN GPDP

/ There is need to create awareness on the importance of hand hygiene at the handwashing points, especially in institutions like schools, health centres and public places such as marketplaces, AWCs, panchayat offices etc. As panchayats are responsible to ensure hand-hygiene in public and institutional spaces, provisions may be made to capacitate the GPs to include hand hygiene component into its plans and budgets. It is important to mention that budgets for hand hygiene should include costs of sustaining the handwashing facilities as well; costs for minor and major repairs, and regular operations and maintenance of the facilities need to be taken into consideration in the plans.

### MONITORING

#### COLLECTION AND TRANSPARENCY OF DATA

/ Data on infrastructure and practice of hand hygiene should be collected and made publicly available. The data should be used by the Gram Panchayats and the relevant government departments to guide plans, budgets and implementation of hand hygiene promotion, as required.

## KEY RECOMMENDATIONS (2/3)



### INSTITUTIONS (institutional arrangement, capacities):

#### CAPACITY BUILDING OF THE DUTY BEARERS AND KEY FUNCTIONARIES

/ There have been trainings on hand hygiene conducted as a response to the pandemic; there is a need, however, for regular trainings on the importance of hand hygiene. Hand hygiene should be included in the training manuals of the duty bearers and functionaries on a continuous basis. Further, this may be included in SBM II, which looks at ensuring the overall cleanliness of a village.

#### CLEARLY DEFINED ROLES AND RESPONSIBILITIES

/ The community, elected representatives, duty bearers, all have a role to play in promotion of hand hygiene. It is very important, thus, that the roles and responsibilities of all the stakeholders in promotion of hand hygiene should be clearly defined and made available to them – to avoid confusion and duplication of efforts and ensuring accountability.

#### ELICIT SUPPORT OF LEADERS

/ Further, for hand hygiene behaviour to be widely inculcated in the community, it is crucial that leaders from the community, politics, bureaucracy, and other fields, are visible endorsing the same. It is, thus, important to elicit their support through regular communication and their engagement in the awareness generation/promotion activities.

#### INCLUSIVE AND MULTI-LEVEL COMMUNICATION TO PROMOTE HAND HYGIENE

/ For strengthening hygiene promotion, the channel of communication and the language being used need to be paid attention to. The tribal children would benefit immensely if the IEC processes and packages made use of the vernacular languages. Similarly, children with disabilities would benefit from IEC material developed and circulated appropriately. Appropriate nudges in the communication, and in the planning of hand hygiene (location) need to be considered.

/ Further, to ensure that reach is maximum and to the various groups in a community, it is important that different types of communication channels are used to promote hand hygiene behaviour.

#### DEPARTMENTAL CONVERGENCE IS AN IMPORTANT ASPECT

/ To promote hand hygiene at the community level, an approach of convergence can be adopted such that the ground level staff of different departments are involved in spreading awareness on hand hygiene. For instance, as suggested by the Block Education Officer (BEO) and the Additional Block Development Officer (ABDO) of Chhatrapur block, Ganjam, the staff of the Odisha Livelihoods Mission (OLM), who work at the village level in close coordination with the community, can be capacitated to promote hand hygiene among the community.

#### COMMUNITY ENGAGEMENT

/ Awareness generation initiatives are crucial for the promotion of handwashing with soap. Community based groups, such as youth groups and self-help groups, should be provided with the necessary skills and resources to carry out such awareness raising activities in the community.

## KEY RECOMMENDATIONS (3/3)



### INFRASTRUCTURE

#### THE HEALTH CENTRES NEED FUNCTIONAL HANDWASHING FACILITIES

/ There should be durable and functional handwashing with soap facilities in all health centres. The maintenance cost of hygiene infrastructure at the public health centres needs to be included in the maintenance grant of public health centres. Further, more budget should be allocated for the minimal grant that is available for the maintenance of public health centres. Even the Rogi Kalyan Samiti (RKS) fund may be used to install handwashing points at the public health facilities.

#### HANDWASHING POINTS IN VILLAGE LEVEL INSTITUTIONS & PLATFORMS

/ As the AWCs and VHND sites bear immense importance in ensuring physical and mental development along with good health, basic hand hygiene facilities need to be ensured in the respective villages.

#### GREY WATER MANAGEMENT

/ It is important to have proper 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. If no drainage is possible on site, soakaway pits to pour or pipe the wastewater into should be built using rocks/coarse gravel.

#### ASSET MANAGEMENT

/ Gram Panchayats should maintain an asset registry of all public and private facilities, with date of installation, due dates maintenance and repairs as well as the person responsible for the same.

## 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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