

# Identifying Stakeholders and Capacities Required for the Roll-out of Hand Hygiene Initiatives at State Level and Below

Mayurbhanj  
and Ganjam,  
Odisha



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# Abbreviations

<b>ABDO</b>	–	Additional Block Development Officer
<b>ANM</b>	–	Auxiliary Nurse Midwife
<b>ASHA</b>	–	Accredited Social Health Activists
<b>AWC</b>	–	Anganwadi Centre
<b>AWH</b>	–	Anganwadi Helpers
<b>AWW</b>	–	Anganwadi Worker
<b>BDO</b>	–	Block Development Officer
<b>BEO</b>	–	Block Education Officer
<b>CAS</b>	–	Common Application Software
<b>CD</b>	–	Centers for Disease Control and Prevention
<b>CHC</b>	–	Community Health Centre
<b>CRC</b>	–	Cluster Resource Coordinator
<b>CSO</b>	–	Civil Society Organisation
<b>FGD</b>	–	Focused Group Discussion
<b>GP</b>	–	Gram Panchayat
<b>GPDP</b>	–	Gram Panchayat Development Plan
<b>HH</b>	-	Household
<b>ICDS</b>	–	Integrated Child Development Services
<b>IEC</b>	–	Information, Education and Communication
<b>KII</b>	–	Key Informant Interview
<b>MDM</b>	–	Mid Day Meal
<b>MHM</b>	–	Menstrual Hygiene Management
<b>MNREGS</b>	–	Mahatma Gandhi National Rural Employment Guarantee Scheme
<b>MO</b>	–	Medical Officer
<b>NQAS</b>	–	National Quality Assurance Standards
<b>NRC</b>	–	Nutrition Rehabilitation Center



<b>NREGS</b>	–	National Rural Employment Guarantee Scheme
<b>NSS</b>	–	National Sample Survey
<b>PDDRDA</b>	–	Project Director, District Rural Development Agency
<b>PEO</b>	–	Panchayat Executive Officer
<b>PHC</b>	–	Primary Health Centre
<b>PRI</b>	–	Panchayati Raj Institutions
<b>RBSK</b>	–	Rashtriya Bal Swasthya Karyakram
<b>RKSK</b>	–	Rashtriya Kishor Swasthya Karyakram
<b>RWSS</b>	–	Rural Water Supply and Sanitation
<b>SBA</b>	–	Swachh Bharat Abhiyan
<b>SBM</b>	–	Swachh Bharat Mission
<b>SOP</b>	–	Standard Operating Procedure
<b>SSS</b>	–	Self Sufficiency Scheme
<b>THR</b>	–	Take Home Ration
<b>TMC</b>	–	Teachers Monitoring Committee
<b>UNICEF</b>	–	United Nations Children's Fund
<b>VHND</b>	–	Village Health Nutrition Day
<b>VHSNC</b>	–	Village Health Sanitation and Nutrition Committee
<b>VISHWAS</b>	–	Village based Initiative to Synergise Health, Water and Sanitation
<b>WHO</b>	–	World Health Organisation

# Introduction

## 1. The Context

Hand hygiene implies the practice of keeping the hands clean and free from disease-causing microorganisms either by regular washing of hands or by applying antiseptic hand-rubs. As defined by Unicef, hygiene is a comprehensive word and includes several activities. It comprises hand hygiene (both hand washing and the use of hand sanitizers such as alcohol-based hand rubs (ABHRs)), menstrual hygiene, oral hygiene, environmental cleanliness in health care facilities and food hygiene. However, the fact that there is no clear, agreed-upon, internationally recognized definition of hygiene<sup>1</sup> poses one of the biggest challenges.

Hand hygiene is considered one of the most essential elements of infection control activities. With thousands of deaths around the globe reportedly caused by 'health care associated infections', severity of illness, and complexity of treatment, the health care practitioners are placing a great deal of emphasis on the basics of infection prevention including hand hygiene<sup>2</sup>. A strong argument behind this is that as per scientific evidence, hand hygiene alone can reduce the threat of infection<sup>3</sup> to a great extent.

### Why Wash Hands?

Washing of hands significantly prevents the transmission of infection from one person to another and among entire communities, (i.e. community includes home, work place, childcare facilities and health care institutions) and helps the community to stay healthy.

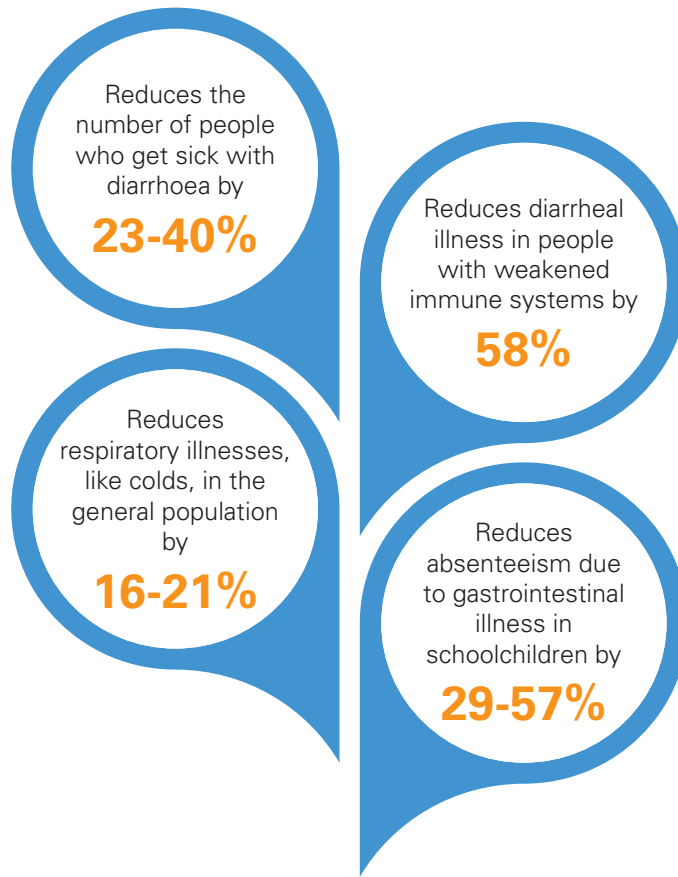
<sup>1</sup> State of the World's Hand Hygiene, Accessed from <https://www.unicef.org/media/108-356/file/State-of-2019-the-World-2019-Hand-Hygiene.pdf>

<sup>2</sup> Mathur, P, Hand hygiene: Back to the basics of infection control, Indian Journal of Medical Research, 2011 Nov; 134(5): 611–620.

<sup>3</sup> Guide to implementation of the WHO multimodal hand hygiene improvement strategy. [Accessed on November 25, 2021]. Available from: <http://www.who.int/patientsafety/en/>



Hand washing alone can greatly mitigate the severity of illness in the following<sup>4</sup> four segments by:



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<sup>4</sup> <https://cws.auburn.edu/rms/pm/handwash>



## Key Times to Wash Hands

Washing of hands at certain key times can help reduce the spread of infection to a great extent. During the COVID-19 pandemic, there has been significant emphasis on washing hands frequently beyond these critical times. The following figure depicts the key/ critical times for hand washing.

**Figure 1.1:** Critical Times for Hand Washing



## Scenario of Hand Hygiene in India

The National Sample Survey (NSS), 76th Round Report, 2019 reveals that around 25.3 per cent of households in rural India and 56 per cent households in urban habitations follow the practice of washing their hands with soap or detergent before a meal. Around 2.7 per cent of households



wash hands with ash, mud, and sand before meals. Of them, in rural areas, 70 per cent of people wash hands with water without soap or detergent before a meal, and in urban areas, nearly 42 per cent of populations are practicing this. One of the most striking features in this context is that while two-third toilets in India have water and soap/detergent available in or around the toilets, approximately 26 per cent people do not wash their hands with soap or detergent after defecation. In addition to this, nearly 13.4 per cent households (15.2 per cent rural and 9.8 per cent urban) wash hands only with water after defecation.

## The Context of Odisha

Amongst the 36 states and union territories of India, Odisha ranks the 32nd in terms of hand hygiene before taking food. As reported by National Sample Survey (NSS) 2019, in Odisha, around 64.3 per cent of households are having water with soap or detergent in or around their toilets. While 53 per cent people wash their hands with soap or detergent after defecation, nearly 37.6 per cent households (43.1 per cent rural and 12.6 per cent urban) wash their hands only with water after defecation. While 12 per cent of households are having water with ash/mud/sand in and around the toilets, 10.6 per cent households have only water, and 13.1 per cent households do not have water connection in or around their toilets. It is alarming to observe that, in the urban part of Odisha, only 15.1 per cent households wash their hands with water and soap/ detergent before a meal. In the same vein, only 3.4 per cent households demonstrate the practice of hand washing with water and ash/mud/sand etc. and 2.4 per cent households wash their hands only with water. Around 0.2 per cent households do not wash their hands at all before taking a meal.

## 2. Rationale

Against such a background, the current report makes an attempt to examine and assess the existing initiatives of the government and the issues in relation to the institutional mechanism of, the procedures of, and the resource allocation and expenditure for hand hygiene at all levels (from state to village) in Odisha. The broader objective of the assessment is to develop an in-depth understanding on the current processes and mechanisms, identify the bottlenecks, and suggest a set of policy/ programme recommendations for strengthening hygiene practices in the state of Odisha.

## 3. Objectives

The key objectives of the assessment are

- i. To identify the critical stakeholders (at the state, district and block levels of the government) having pivotal responsibilities in the roll out/implementation of hand hygiene initiatives.
- ii. To conduct a needs assessment of the identified stakeholders (what needs to happen to reach everyone with hand hygiene services, including both promotion and facilities) leading to an identification of capacity gaps/systems gaps.





## 4. Scope of Work

The scope of the assessment is to make a gap analysis and provide recommendations for building the capacities of the relevant stakeholders in planning and monitoring of hand hygiene, including at the times of disaster response.

The main target group of the assessment comprised a wide range of actors including the service providers, i.e., the government officials (block and district level), the frontline workers (ASHA, AWW, and AWH), the panchayati raj institution (PRI) representatives, village health sanitation and nutrition committee (VHSNC) members, school teachers, and the community people. The assessment covered two districts, four panchayats (details are given in Table 2.1). The reference period of the assessment is October-December, 2021.

The entire data collection process was carried out following all the Covid-19 appropriate behavior.



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## Methodology

The assessment used a mixed method approach, which included quantitative and qualitative data collection methods to capture the primary level information. While the quantitative method aimed at getting the numbers and the subsequent percentage share, the qualitative method aimed to dig deeply into the issues and understand the underlying reasons, so as to be able to provide necessary recommendations and the way forward.

### 1. The Sample

The study was conducted in two districts (one being tribal dominated and the other from coastal regions) of the state, i.e., Mayurbhanj and Ganjam. Further, one block in each district was selected. From each block, two panchayats were selected.

District	Block	Panchayat	ASHA	AWW	AWH	Community People	VHSNC Members	BDO	BEO	PRI Members	School Teachers	MO I/C CHC	RWSS
Ganjam	Chhatrapur	Agasti Nuagaon	4	4	4	60 (4 numbers)	4	1	1	8 (1 Sarpanch, 2 Ward members, 1 samiti sabhya & 1 naib sarpanch)	4	1	1
		Aryapalli											
Mayurbhanj	Thakurmunda	Kendujiani	4	4	4	60 (4 numbers)	4	1	1	8	4	1	1
		Padiabeda											



## 2. Tools and Techniques

The assessment employed the following data collection methods:



**Data Collection Tools:** Eight sets (five Key Informant Interviews and three Focused Group Discussions) of data collection tools were developed. The schedules are semi-structured in nature. The focus group discussion (FGD) schedules were developed to conduct FGDs with frontline workers, community members and VHSNC members. In addition, five types of key informants interview (KII) tools were prepared to conduct interviews with the PRI members, BDOs, BEOs, school teachers and MO I/C of community health center (CHC) and primary health center (PHC). The tools are provided in Annex 1.



**Orientation of Surveyors:** Four numbers of field volunteers – all local youth and from the same community, were oriented on conducting the KIIs and administering the FGD tools. The orientation covered the methods and processes of interaction to extract information from the community, panchayat representatives, village level institution members, school teachers and frontline workers.



**Interaction with Government Officials:** Interactions with the government officials such as the BEO, BDO and MO I/C of CHC and PHC were done by the senior staff/s of CYSD.



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### 3. Data Collection and Analysis

For data collection, the existing partnership of IRC with CYSD was leveraged. At present CYSD in partnership with IRC is implementing a pilot project aiming to strengthen local leadership of women in promoting WASH practices (hand washing, improving sanitation in villages, promoting personal hygiene and engaging in WASH related enterprises) in Chhatrapur block of Ganjam district, Odisha. CYSD has a strong network in Odisha, including in the most remote areas of the state. CYSD was responsible for identifying the respondents for the HH survey. For data collection, four volunteers were identified from the two districts. These volunteers helped in identifying the target respondents willing to participate in the survey. The field volunteers of CYSD acted as enumerators to facilitate the field based FGDs. The KIIs with the district and block level informants and the interactions with the government officials such as the BEO, BDO and MO I/C of CHC and PHC were done by the senior staffs of CYSD. The idea behind selecting two districts (one coastal and the other one from tribal regions) was to facilitate a comparison of the situations in both districts, so that responses can be triangulated and complemented. Further, separate analysis frameworks were developed for each of the tools (FGDs and KIIs) and the field level qualitative data were subjected to the frameworks for detailed analysis.

### 4. Limitations

The limitations of the assessment are listed below.

-  The assessment adopted a purposive sampling approach in the selection of districts and panchayats. To ensure that comprehensive data is collected from all kinds of stakeholders, the FGDs and KIIs covered relatively small sample sizes, giving rise to the possibility that the findings might not be representative and adequate for making generalisations for the whole state of Odisha.
-  In relation to the FGDs with community members, it must be noted that the responses about hand hygiene may have been based on the extent of their awareness/knowledge and their own perceptions. The responses, therefore, may not depict a representative picture of the community situation and may not necessarily provide a status of the actual hygiene practices/ behaviours of the respondents.



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# Key Findings and Policy Recommendations

This chapter captures the findings from the field data collection in two districts of Odisha. The contents of this chapter stand presented analyzed in four sections, i.e., i) the status of hand hygiene infrastructure and knowledge/ practices; ii) the initiatives taken by PRI members, village level institutions and block level institutions; iii) the existing capacities of duty bearers and key functionaries; and iv) the challenges faced by the key functionaries while promoting hand hygiene at the community level.

## 1. Status of Hand Hygiene Infrastructure and Practices

This section deals with the findings from the field level assessment of the existing infrastructure and the knowledge/practices of hand hygiene at different levels like household, public areas, institutions, etc. in the two districts of Mayurbhanj and Ganjam.

### A. Existing infrastructure and knowledge/practices at the community level

It is evident from the field that residents of both Kendujani and Padiabeda panchayat of Mayurbhanj district have a fair access to water for hand washing in their homes. While the people of Kendujani have tube wells, open wells, and a pond serving as their basic sources of water, the people of Padiabeda have only open well and tube well as the water sources. However, in neither of the Gram panchayats (GPs) the water sources are able to provide sufficient water round the year. In Ganjam district, the residents of both Agasti Nuagaon GP and Aryapalli GP have water sources such as tap water, pipe line, tube well, hand pump, etc. in their homes. All these water sources adequately provide sufficient water throughout the year.

In both the districts, the community seems somewhat aware of the importance of hand hygiene with respect to the ongoing state of affairs, i.e., the Covid-19 outbreak. The community believes that the practice of

*Women have a proficient understanding of the hand wash behavior mainly at the most critical moment for them, i.e., while feeding their babies. The women do follow all the required steps of hand washing before feeding their children (including breastfeeding)- ASHA of Aryapalli Panchayat, Chhatrapur, Ganjam*



washing hands can help in preventing various germs, bacteria and viruses causing diseases and therefore help them lead a healthy life and that is why they practice hand washing using soap and water regularly. The representatives of the community who were interviewed reported knowledge regarding the behavior of hand washing, particularly at the critical moments like before eating food, after using toilet, before preparing the food and serving it as well. On inquiring further, it was found that prior to the outbreak of Covid-19, the situation was not the same; the community members did not practice hand-washing during each of the said critical moments. Some changes in the hand washing behavior of the community have occurred since the outbreak of Covid-19; now the community is following all the required steps of hand washing (including 20 seconds rubbing of hands with soap or hand wash) and that too often on a daily basis.

## B. Existing Infrastructure and Status of Hand Hygiene in Public Places

Despite being the most crowded areas with high possibility of contamination, the public spaces like marketplaces and bus stops do not possess any functional hand washing stations in any of the districts. The panchayat bhawans of Mayurbhanj district do have functional hand washing stations with soap and water, but when one comes to Ganjam district, there is no functional hand washing station in the panchayat bhawan of Agasti Nuagaon panchayat. However, all the bank offices in both districts have functional hand washing points with water and soap. All the PRI members were found to be aware of the importance of hand wash practices and they claimed to practice it regularly.

### Public places observed:

- ✓ Panchayat Bhawan
- ✓ Market places
- ✓ Bus stops
- ✓ Banks

## C. Existing Infrastructure and Status of Hand Hygiene in Schools and AWCs

Maintenance of hygiene in institutional premises like schools and anganwadi centers (AWCs) has a lot of importance for the community as they depend on these institutions for both the physical and mental development of their children. Accordingly, the hygiene maintained in these institutions directly affects the health of children. At the time of the assessment, it is found that while the primary and upper primary schools are not working, the high schools are operating as usual, as per the government notice. However, the schools in both districts are found to be strictly following the rules and regulations of Covid-19 and accordingly managing all their institutional functions as well as curriculums. Reportedly, every school has functional hand washing points with soap and water, and the teachers along with the students practice hand washing regularly. Even all the schools do monitor their children's hand washing behaviour. Coming to the AWCs, reportedly, every AWC of Mayurbhanj district has functional hand washing points with soap and water. Whereas in Ganjam, the AWCs of Agasti Nuagaon panchayat do not have hand washing points. However, the anganwadi workers are well educated about the importance of hand washing and adequately trained in the procedure of the same. Though the pre-school children are not coming to the AWCs because of covid 19 restriction, the anganwadi workers reportedly

### Institutions covered:

- Primary and upper primary schools
- High schools
- Anganwadi centres



wash their hands with soap after using toilet, before having food, before distributing the food, after coming from outside, etc.

## D. Existing Infrastructure and Status of Hand Hygiene in Healthcare Institutions

Keeping the current Covid-19 situation in view, the health centres bear immense importance in a panchayat. Accordingly, the maintenance of hygiene in those health centres also holds great importance. But reportedly there are no functional hand washing stations in any of the observed Community Health Centres (CHCs), either in Dumurdiha in Kendujiani panchayat of Mayurbhanj district or in Chhatrapur block of Ganjam district. Still the workers of all these health centres along with the medical officer in charge are adequately aware of and well trained on the importance and the practices of hand hygiene; unfortunately, they lack the facilities to actually practice it.

## 2. Initiatives taken by PRI Members, Village and Block Level Institutions

The PRI members have a vital role in the development of a village or panchayat, including its health and hygiene, as mentioned in the 11th schedule of the Constitution of India. Consequently, the PRI members must be the first in the line to take some initiatives regarding the health and hygiene, essentially for promoting hand hygiene in their jurisdiction in this crucial moment of Covid-19. In Mayurbhanj, the PRI members of Kendujiani and Padiabeda have taken some notable initiatives for promoting hand wash behaviour with soap in their respective panchayats. Their initiatives include loud-speaker announcements, rallies, arrangement of different village meetings, door-to-door awareness by ASHA, etc. On the contrary, no such initiatives have been taken by the PRI members of Ganjam district.

*In Kendujiani Panchayat of Mayurbhanj district, a separate budget provision for hand washing with soap has been made, mainly in terms of awareness generation and installation of hand washing stations in the GPs.*

### A. Initiatives taken by Block and Panchayat Level Institutions

The block offices are found to be actively promoting hand wash behaviour. With the outbreak of Covid-19 pandemic, the Block Development Officers (BDOs) have also started some initiatives or trainings to promote the practice of hand washing with soap at the critical moments (like before eating, after using toilet, while coming from outside etc.) at the different institutional levels. The initiatives include the swachhata rally and awareness through information education and communications (IECs) and placement of banners on vehicles. The block officers interviewed in both the districts reported to have initiated some special awareness programmes to promote hand washing with soap particularly after the outbreak of Covid-19. All the block offices have introduced IECs like posters, banners, leaflets, seminars, etc. since the advent of the pandemic in order to make the community aware of the importance of hand hygiene. The frontline workers have been monitoring the hand washing practices twice a week since 2020. In Ganjam, different



aspects of water management, micro compost, soak pit by MGNREGS are monitored to keep the surroundings hygienic, and the monitoring data is shared with the district (PD DRDA). Also, the medical officers along with other CHC members have taken many initiatives for ensuring hand hygiene practices. Most of the CHC members have been providing trainings or awareness to the community people on the importance of hand washing with soap for more than two years. At the time of the assessment, almost all of their training activities included the component of hand hygiene and basic cleanliness.

### **Initiatives Taken for Schools**

Schools constitute a significant institution as they play a vital role in adapting the children's behaviour. In Mayurbhanj, with the surge of the pandemic, the high schools have introduced trainings to promote the practice of hand washing with soap. The teachers have been trained on the proper methods of maintaining hand hygiene that include steps like 20 seconds hand rubbing. However, in Ganjam, only a few schools have taken some initiatives in promoting hand washing. In addition, the block education officers (BEOs) in both the districts reported to have taken some initiatives for the schools being supervised by them since 2020. The initiatives taken include observation of the hand washing day, demonstration of 20 seconds of hand washing, installation of hand washing points in schools, and awareness campaigns to make the teachers and students aware about the importance of hand washing during the critical moments etc. Even prior to Covid-19, hygiene had been a part of the school curriculum, covering hand washing, brushing and sanitization in the schools of Mayurbhanj, while in Ganjam no such initiatives had been made. The block level officials used to visit the villages and schools to monitor hand washing practices among the teachers and students on a weekly basis.

### **Initiatives taken by the Panchayat Level Institutions**

The VHSNC has the basic responsibility of motivating village organizations and bringing the community together for collective action on the subject of health; this could be done by inspiring volunteerism for community mobilization and leveraging the support of community for organizing cleanliness drives, improving village sanitation etc. in a village. It is important to note that in both the study districts, the committees are not active in terms of taking any initiatives on hand hygiene. Even the committee members are not involved in the preparation of village health plans. Coming to the frontline workers, they are actively providing trainings or awareness on hand washing with soap since more than a year. They train the villagers regarding hand hygiene and wearing of masks. Prior to the Covid-19 outbreak, the awareness programmes conducted by the frontline workers concentrated only on mother and child health. And since the Covid-19, their focus has shifted to entire communities with a prioritization of creating awareness on hygiene and sanitation.





### 3. Capacities of Duty Bearers and Key Functionaries

Acquiring detailed knowledge about the existing capacities of the duty bearers and the key functionaries is a necessity while donning the armour of hand hygiene and sanitation to combat the current Covid-19 situation. Duty bearers like the frontline workers, VHSNC members, school teachers and headmasters/ headmistress, etc. have a vital role in this aspect.

#### A. Capacities of Frontline Workers

In Mayurbhanj, all the frontline workers have received some trainings or instructions regarding the importance of hand washing during different critical moments, the importance of using masks and sanitizers, and how to maintain hygiene after the outbreak of Covid-19 pandemic. They received these trainings from the medical authorities and other CSOs, and noticeably this information has been very useful in changing their understanding about hand hygiene and their practices in relation to the same. In Ganjam also, the frontline workers have received some trainings on the importance of hand washing from the block office, both prior to and during the Covid-19 pandemic days. Through these trainings, the frontline workers got to know about the proper process of hand washing and now they practice hand washing often on a daily basis and mainly at the critical moments like before eating, after using toilet, before THR distribution, etc. Currently all the AWCs are working with certain restrictions. To name a few, the provision of cooked food has been replaced with the delivery of dry rations to the houses of the children in both the districts. All the frontline workers are reportedly engaged in many kinds of Covid-19 awareness programmes such as regular check-ups, screening of people, vaccination, etc. at the household level.

#### B. Capacities of VHSNC Members

The VHSNC members in Mayurbhanj district have received some training regarding the importance of hand washing with soap through some one-off events, which were conducted by the government and some CSOs during the Covid-19 pandemic. However, in the district of Ganjam, the VHSNC members have not received any training. Rather, the VHSNC members in Aryapalli were aware about hand hygiene aspects because of the presence of some CSOs who have been making the community aware about the same during the pre-Covid-19 pandemic years. At present, the committee is providing some training to the community regarding hand hygiene. The committees in Mayurbhanj are engaged in some Covid-19 awareness programmes on subjects such as the management of temporary medical camps, the Covid-19 guidelines on vaccination, mask wearing, hand washing and door-to-door awareness, etc. In both the districts, the committees are supervising the functioning of AWCs in the villages regularly. The committee in Mayurbhanj is not conducting any hand-wash related programme with an aim to disseminate any information on the subject to the community. The VHSNC meetings and the village health & nutrition days (VHND) are being conducted regularly in three (except in the GP of Kendujani in Mayurbhanj) of the four selected GPs of both the districts.






## C. Capacities of Key Functionaries

The key functionaries also possess a significant role in this context. It is mainly the BEO, BDO and MO of the block who have a heap of responsibility towards the maintenance of health and hygiene in their respective blocks. In both the districts, the CHCs are working with some sort of restrictions in terms of the number of patients allowed at a time. At the time of study, the 'per-day patient load' in the CHCs of Ganjam was around 15 in number, while in Mayurbhanj, it crossed 50 per day. In Ganjam, the CHC members have received some training or orientation on hand washing and the importance and procedures of hand hygiene during Covid-19 times. They received these trainings from the district medical staff and this became helpful for them in changing their behaviour in terms of maintaining hand hygiene. In Mayurbhanj, however, only a few CHC members have received some trainings or orientations on hand washing during Covid-19 which focused on the importance and procedures of hand hygiene. And this became helpful in providing them with some additional information regarding the procedure of hand washing. Notably, all the CHC members in Ganjam are actively engaged in some Covid-19 awareness programmes, while most of the CHC members in Mayurbhanj are not engaged in any of the same. In case of PRI members, they have not taken any initiative towards ensuring hand hygiene in the gram panchayat development plans (GPDPs). Even they have not received any training on hand hygiene.

## 4. Challenges Faced by the Functionaries

During the interview, the functionaries cited a number of challenges faced by them while promoting hand wash practices, both at the panchayat and block level.

-  Most of the frontline workers face some challenges in promoting the practice of hand washing with soap in communities that are not able to afford sanitary material such as soap. The frontline workers are often approached for free sanitary materials (like soap, sanitizer, etc.) by the community and that is why they require some support in terms of provision of free sanitizing products.
-  In Mayurbhanj, the teachers need some support for the differently-abled and tribal students studying in their schools. As the visually challenged children are not able to read or see the hand hygiene promotion exercises or the related IEC processes and packages, the teachers suggested designing some IEC material using braille letters. Both in Ganjam and Mayurbhanj, some of the teachers stated to have faced challenges in communicating with certain sections of children. For example, in Ganjam some children belong to Telugu communities and in Mayurbhanj there are children who belong to the tribal communities. For them, language constitutes the central obstacle in communication.
-  In Mayurbhanj, some of the PRI members and PEOs stated to have faced challenges in promoting hand-washing behaviour at the community. They expressed the need of some support in terms of spreading awareness programmes in their panchayats. Some communities have remained backward in this practice due to the unavailability of adequate water and hand washing infrastructure. They too need some support to be able to address their respective concerns.



- 👤 In Thakurmunda block of Mayurbhanj the need for additional trainings and technical support, financial assistance, and provision of more IEC materials was stated by the BDO for promoting the practice of hand-washing efficiently. In case of Ganjam, as stated by the ABDO (Additional block development officer), they are facing some challenges in promoting the practice of hand-washing with soap in the community as the TMC staffs are not willing to visit the places properly. Additional support like committed funding for cleanliness and separate budget allocation for facilitating proper hand-washing is needed.
- 👤 In Mayurbhanj, the CHCs need support, this has been sought from the NGOs, for conducting awareness programmes on hand hygiene; while in Ganjam, the MO seeks additional staff for the PHCs in order to be able to promote the soap-use behaviour more efficiently.
- 👤 The BEOs expressed the need for support from the private organizations and NGOs for spreading awareness about hand-washing in the current situation of Covid-19 times. In Mayurbhanj, some differently-abled and tribal students need some technical support like sensor sprayer, which would be helpful to them to a great extent in adopting the practices.



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## Stakeholder map based on findings

Based on the interviews and the information collected the stakeholders directly/indirectly responsible and can influence handwashing (infrastructure and promotion) in rural communities include:

Administrative Level	Stakeholder	Roles, initiatives taken
<b>Local Government</b>	Gram Panchayat	<ol style="list-style-type: none"> <li>1. The present assessment shows that, out of the four panchayats of both the districts collectively, it is very distinct that in three of the GPs there have not been any GP plans or budgets made on the promotion of hand washing practices or on the construction of hand washing points except of Kendujani panchayat under Mayurbhanj District.</li> <li>2. Majority of the PRI members, and PEOs have received capacity building trainings as well as attended some related workshops in regard to the hand washing with soap.</li> <li>3. In Mayurbhanj, the PRI members of Kendujani and Padiabeda have taken some notable initiatives (such as loud-speaker announcements, rallies, arrangement of different village meetings, door-to-door awareness by ASHA, etc.) for promoting hand wash behaviour with soap in their respective panchayats.</li> <li>4. The panchayat bhawans of Mayurbhanj district do have functional hand washing stations with soap and water, but when one comes to Ganjam district, there is no functional hand washing station in the panchayat bhawan of Agasti Nuagaon panchayat.</li> </ol>
<b>Committees at Gram Panchayat Level</b>	VWSC/VHSNC	<ol style="list-style-type: none"> <li>1. In both the study districts, the committees are not active in terms of taking any initiatives on hand hygiene. Even the committee members are not involved in the preparation of village health plans.</li> <li>2. The VHSNC members in Aryapalli were aware about hand hygiene aspects because of the presence of some CSOs who have been making the community aware about the same during the pre-Covid-19 pandemic years.</li> </ol>
	SMC	<ol style="list-style-type: none"> <li>1. In Mayurbhanj, the teachers need some support for the differently abled and tribal students studying in their schools. As the visually challenged children are not able to read or see the hand hygiene promotion exercises or the related IEC processes</li> </ol>



Administrative Level	Stakeholder	Roles, initiatives taken
<b>Frontline Workers</b>	ASHA	<ol style="list-style-type: none"> <li>1. ASHAs visit door-to-door to create awareness on hand washing after the outbreak of COVID 19.</li> <li>2. ASHAs face some challenges in promoting the practice of hand washing with soap among the community because they are asked for adequate sanitizing stuffs such as soap and sanitizer which they rarely possess</li> </ol>
	AWW/AWH	<ol style="list-style-type: none"> <li>1. The anganwadi workers reportedly wash their hands with soap after using toilet, before having food, before preparing and serving the food, after coming from outside, etc.</li> </ol>
	ANM	<ol style="list-style-type: none"> <li>1. The frontline workers are often approached for free sanitary materials (like soap, sanitizer, etc.) by the community</li> </ol>
	School Teachers/ Heads of schools	<ol style="list-style-type: none"> <li>1. The schools in both districts are found to be strictly following the rules and regulations of Covid-19 and accordingly managing all their institutional functions as well as curriculums.</li> <li>2. Reportedly, every school has proper functional hand washing points with soap and water, and the teachers along with the students practice hand-washing regularly.</li> <li>3. Both in Ganjam and Mayurbhanj, some of the teachers stated to have faced challenges in communicating with certain sections of children. For example, in Ganjam some children belong to Telugu communities and in Mayurbhanj there are children who belong to the tribal communities. For them, language constitutes the central obstacle in communication.</li> </ol>
<b>The block and district administration</b>	BEO	<ol style="list-style-type: none"> <li>1. The BEOs in both the districts reported to have taken some initiatives for the schools being supervised by them since 2020. The initiatives taken include observation of the hand washing day, demonstration of 20 seconds of hand washing, installation of hand washing points in schools, and awareness campaigns to make the teachers and students aware about the importance of hand washing during the critical moments etc.</li> </ol>
	BDO	<ol style="list-style-type: none"> <li>1. With the outbreak of Covid-19 pandemic, the Block Development Officers (BDOs) have started some initiatives or trainings to promote the practice of hand washing with soap at the critical moments (like before eating, after using toilet, while coming from outside etc.) at the different institutional levels. The initiatives include the swachhata rally and awareness through IECs and placement of banners on vehicles.</li> </ol>





Administrative Level	Stakeholder	Roles, initiatives taken
		<ol style="list-style-type: none"> <li>2. All the block offices have introduced IECs like posters, banners, leaflets, seminars, etc. since the advent of the pandemic in order to make the community aware of the importance of hand hygiene.</li> </ol>
	MO I/C of CHC/PHC	<ol style="list-style-type: none"> <li>1. There are no functional hand washing stations in Community Health Centres (CHCs) of Mayurbhanj (Dumuridiha CHC) and Kendujhar districts respectively</li> <li>2. The workers of all these health centres along with the medical officer in charge are adequately aware of and well trained on the importance and the practices of hand hygiene; unfortunately they lack the facilities to actually practice it</li> <li>3. In Ganjam, the CHC members have received some training or orientation on hand washing and the importance and procedures of hand hygiene during Covid-19 times. They received these trainings from the district medical staffs and this became helpful for them in changing their behaviour in terms of maintaining hand hygiene.</li> </ol>



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# Reflection on the Findings

Hand washing is one of the easiest ways to prevent and control the spread of many illnesses. Good hand hygiene has always had an important role in reducing the risk of flu, food poisoning and many contagious infections or diseases. The present research reveals that prior to Covid-19, the community had not been practicing hand hygiene/hand washing, in spite of having the basic knowledge about the importance of the same. However, the outbreak of Covid-19 brought a radical change in the behavior of the whole community. The community began practicing and witnessed how a simple practice of hand washing can save an abundance of people from a fatal pandemic.

The present chapter is divided into four sections. The first section reviews government initiatives to promote hand hygiene at the village and panchayat level; the second section describes the impact of Covid-19 on community from a hand hygiene perspective; the third section deals with the impact of Covid-19 on hand hygiene at panchayat level institutions; and the fourth section is about the wide spectrum of hand hygiene initiatives taken in response to the Covid-19 pandemic.

## 1. Government Initiatives to Promote Handwashing

Though the practice of hand washing has been much reinforced after the outbreak of Covid-19, there have been a lot of initiatives to promote hand washing even prior to the pandemic. These initiatives are captured in the box below.

### A. Present situation at the village and panchayat

During the field assessment, all the initiatives and activities were enquired into. Some activities such as keeping the school environment clean and ensuring hand-washing by the students prior to taking food were reported to be in existence prior to the Covid-19 outbreak. Further, the workers of Dumurdiha in Kendujani panchayat of Mayurbhanj district or in Chhatrapur block of Ganjam district along with the medical officer in charge are adequately aware of and well trained on the importance and the practices of hand hygiene; unfortunately, they lack the facilities to practice it.

However, the schools in both districts are found to be strictly following the rules and regulations of Covid-19 and accordingly managing all their institutional functions. Reportedly, every school has



functional hand washing points with soap and water, and the teachers along with the students practice hand washing regularly.

Coming to the AWCs, the anganwadi workers are well educated about the importance of hand washing and adequately trained in the procedure of the same. So, the anganwadi workers reportedly wash their hands with soap after using toilet, before having food, before preparing and serving the food, after coming from outside, etc.

Presence of the initiatives mentioned in the box below were not found in either of the districts.

## VISHWAS campaign

The most significant step taken by the Government of India in this aspect was the VISHWAS campaign proposed in June of 2017. The campaign 'VISHWAS' (Village based Initiative to Synergise Health, Water and Sanitation) was an initiative for Swachhta and Swasthya which was to be carried out under the leadership of VHSNCs. The VISHWAS campaign was expected to build a collective initiative at the community level, for improving Water, Sanitation and Hygiene situation and its impact on the health and quality of life. It also sought to strengthen convergent action in integration with various initiatives under Swachh Bharat Mission (SBM), and to build the institutional capacity of VHSNCs to fulfil their roles. As per standard operating procedure (SOP), on the campaign day, some important information was disseminated on regular hand washing with soap in critical moments. In addition, a local culture of hand-washing with soap was fostered and supported through this campaign. Also, a group to advocate hand-washing was created which included school children and adolescents as Swachhta Champions. Some trained resource persons (ASHA, ANM or Anganwadi Worker) were prepared to talk on hand-washing and facilitate its demonstrations. The campaign shed some light on the key information that include why to wash hands, when to wash hands (which mainly focused on different critical moments) and how to wash hands (including the six-step hand washing recommended by WHO). The campaign aimed to ensure that the VHSNCs gave responsibility to two of its members to conduct visits to every household in the village and made a list of houses with a hand-washing station. During the visit the members are expected to also demonstrate how to properly wash hands. These members are to facilitate meetings of the advocacy group to conduct hand-washing events. The hand-washing champions are supposed to promote hand-washing practices in their area and also organise group activities on hand-washing every month. The campaign also focused on ensuring general cleanliness and overall maintenance as well as sanitation facilities of the schools and AWCs, and personal hygiene practices for children and community, etc.

## Kayakalp

The 'Kayakalp' initiative was launched by the Ministry of Health and Family Welfare on 15 May 2015 to complement the efforts of the 'Swachh Bharat Abhiyan (SBA)'. The objectives of the Kayakalp Scheme were to promote cleanliness, hygiene and infection





control practices in public healthcare facilities, through incentivising and recognising such public healthcare facilities that show exemplary performance in adhering to the standard protocols of cleanliness and infection control; to inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation; and to create and share those sustainable practices related to improved cleanliness in public health facilities that resulted in positive health outcomes. Out of the six thematic areas of the 'Kayakalp' guidelines, two were mentioned as 'Sanitation and Hygiene' and 'Hygiene Promotion'.

### Some other Initiatives

Besides the above-mentioned initiatives, there are also the Samagra Shiksha (Swachhata Action Plan), Swachh Bharat Swachh Vidyalaya, Swachh Vidyalaya Puraskar programmes introduced by the Ministry of Education for the schools; the Integrated Child Development Scheme (ICDS), Poshan Abhiyan (Community Based Events) by the Ministry of Women and Child Development for the AWCs; and the Swachh Swasth Sarvatra (SSS- Rural and Urban), Rashtriya Bal Swasthya Karyakram (RBSK), Nutrition Rehabilitation Centres (NRCS), National Quality Assurance Standards (NQAS) by the Ministry of Health and Family Welfare for the health care centres.



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## 2. Impact of Covid-19 on Community from the Perspective of Hand Hygiene

### **Changes in the practice of hand washing during critical moments at all the levels**

The community, different duty bearers and other officials claimed that they got to know about the different critical moments declared by the government after the rise of Covid cases in the country and the state. These are acclaimed to be the most important times when we need to wash our hands with soap properly. And now, everyone claims to be following the hand wash practices particularly at these critical moments like before eating, after using toilet, while coming from outside, while feeding the child etc.

### **Change in the perception of community and the duty bearers on the importance of hand washing with soap**

Although prior to the Covid-19, everyone reported to follow the practice of hand washing with soap to some extent, most people were not aware of the immense beneficial effect of hand-washing on our health. So ever since the pandemic struck, the perception of the community, the duty bearers and the officials seemed to have changed in an effective way. Now people are well aware of the importance of hand hygiene for the maintenance of good health and also well aware of how a small practice can save one from a deadly pandemic.

### **Changes in the behavior of the community**

Many visible changes are noticed in the practices of community regarding hand washing with soap since the rise of Covid-19, i.e., wearing of mask and frequent hand sanitization. The active women in the community and the frontline workers have started to encourage their family members to wash their hands with soap and to maintain these hand washing practices also. They regularly wash their hands with soap at the critical moments like after coming from outside, before eating, after using toilet, etc.

### **Changes in the functioning of ground level institutions and health institutions**

Due to Covid-19, the functioning of different institutions got affected massively. Though the (high) schools and AWCs are mostly working, they are following some restrictions in terms of maintaining distance amongst children as well as in terms of the number of students. Also, the PHCs and CHCs are working under some certain restrictions declared by the government - mainly in terms of the number of patient allowed at once.

## 3. Impact of Covid-19 on Hand Hygiene at Panchayat Level Institutions

### **Hand washing with soap forms a part of school curriculum after the outbreak of Covid-19**

Ever since the outbreak of Covid-19, the BEOs of Mayurbhanj have taken some initiatives and have started including hygiene in the school curriculum during the online classes, covering hygiene related topics like hand washing, mouth washing, sanitization, etc. However, in Ganjam, hygiene has not been a part of the same yet.



### **Changes in the function of the MDM programme**

The MDM programme (Mid-Day Meal programme) provides cooked food for the children of primary as well as upper primary schools. After the outbreak of Covid-19 the practice of providing cooked food has been put to a halt everywhere, though the MDM is still ensured by providing dry rations and foods to the children instead of the cooked food by the AWCs and schools. Moreover, the school teachers have started practicing hand hygiene with much higher vigor at the time of distribution of dry rations.

### **Changes in the behavior of the students as well as the focus of the teachers regarding the practice of hand-washing**

After the outbreak of Covid-19, the hand-wash related behavior of the students has changed phenomenally. They have become much more conscious about their hand-wash practices both at the schools and in their homes. Even the teachers now regularly talk about the importance of hand washing with soap in the schools.

### **Impact on per day patient load in a CHC and PHC**

The flare-up of Covid-19 distinctly affected the health of multitudes enormously. And this sudden change directly resulted in a drastic increase in the number of patients per day in a PHC and CHC. As per the MO I/C of CHCs, the per day patient load seemed to range between 70 and 100, which was way too higher than the usual number.

### **Engagement of the duty bearers in various Covid-19 awareness programmes**

All the frontline workers are already engaged in Covid-19 awareness programmes of one kind or another, such as spreading awareness (regarding social distancing, regular check-ups, wearing masks, etc.), screening of people, vaccination, etc. It was noticed that the VHSNC members in Mayurbhanj remained engaged in many Covid-19 awareness programmes such as TMC management, Covid-19 guideline campaign (on vaccination, mask wearing and hand washing), door-to-door awareness creation, etc.

## **4. Initiatives as Response to Covid-19 on Hand Hygiene**

### **Monitoring of hand wash practice in the different institutions of the block**

Because of the Covid-19 pandemic, the hand washing behavior is being monitored by the block office rigorously especially during the 'high-incidence' phase. Though the hand washing behavior of children was already under surveillance during the distribution of mid-day meals, this is being monitored with more vigor and regularity ever since the advent of the Covid-19 pandemic. Currently, the practice is being monitored regularly in all the schools (schools are open for students belonging studying in Standards 8 and 10) that fall in the focus area of Mayurbhanj and Ganjam districts. The CRCs visit 2-3 schools daily and monitor the practice of hand-washing among teachers and students in Ganjam. In Mayurbhanj, the block officials visit each village on a weekly basis. They interact with the community and subsequently monitor their hand washing practices. Also, they visit the schools and Anganwadis and accordingly monitor the hand washing behavior therein too. Presently, only dry rations are being provided at the AWCs with no other activity taken up at the centres due to Covid-19. Similarly, in



Ganjam, the block office does monitor the hand washing practices of the community as well as in the different organizations. In addition to that, different aspects of water management, micro compost, soak pit construction and management through MNREGS are also monitored by them.

### **Awareness on hand washing with soap has been/ is being given importance since Covid-19**

Awareness or training on hand washing with soap has been provided to the school students digitally (i.e., through video clips) and also in their respective villages since the outbreak of Covid-19. In Ganjam, community awareness has been given the primary focus through organization of street plays, wall paintings, loud-speaker announcements, etc.

### **Steps taken to make the teachers and the children aware about hand washing at the most critical moments**

There has also been awareness campaigns, trainings and periodic monitoring by block level officials to make the teachers and children aware about the importance of hand-washing at critical moments like before eating, after using toilet, etc. In Mayurbhanj, awareness classes are also organized for the children once in a month, which focus on the importance of hand washing with soap (mainly at the critical moments) and the proper way of hand-washing.

### **Provision of trainings/ information to the duty bearers regarding the handwashing with soap by the block**

The block office has provided trainings/ information to the duty bearers such as school teachers, PRI members, Anganwadi functionaries, ASHAs etc. of the block on the importance of hand-washing with soap. All these were provided through various training programmes held by the block office. The frontline workers have received some trainings or instructions regarding the importance of hand-washing from the block office. They received information about the importance of using soap for hand-washing and how to maintain hygiene. All the teachers and headmasters in Ganjam have received some instructions/ trainings regarding the importance and procedure of hand-washing with soap from the block officials. All the PRI members and PEOs have received some instructions/ trainings from the block regarding hand-washing with soap and its importance. Hence, it is evident that the block office is actively providing trainings/ instructions to the frontline workers, PRI members and school teachers with the outbreak of the Covid-19 pandemic.

### **Trainings/ instructions being provided to the block level officials on the importance of hand wash with soap**

The block officials such as the Block Development Officer, Block Education Officer, Medical Officer of CHC and PHC etc. are well trained regarding the importance of hand-washing with soap. The trainings were imparted to them even before the Covid-19 pandemic phase. However, with the outbreak of Covid-19, the focus on hand hygiene, its importance, procedure has seen a great deal of increase.





## 5. Reflection on the GPDP and Inclusion of Hand Hygiene

Almost every PRI member is found to be aware that hand-washing with soap is very important as it helps in maintaining hygiene and keeps the disease causing germs and bacteria away from them thereby helping them lead healthy lives. Even the PRI members have been receiving trainings/ instructions and attending workshops on the importance of hand-washing with soap since 2020 onwards. All of these have resulted in a change of their behavior as they continue to maintain their practices of proper hand-washing as well as they are making an effort to make others aware too. It is claimed that some initiatives have been taken by them to promote the practice of hand-washing with soap in the GPs such as loud speaker announcements, rallies, arrangement of different village level meetings and door-to-door awareness by ASHA etc.

As per the 14th Central Finance Commission Grant, up to 30% of the total budget of panchayats may be allocated for the component of WASH. However, as per the recent notification of the 15th Finance Commission Grant, the panchayats have got the authority to spend 60%<sup>5</sup> (that can further go up to 70%) of their total budget on the WASH component. Even the panchayats have got the freedom to diversify the budgets of other components into the budget of the WASH component.

While interacting with the PRI members of the panchayats, we noticed that while a great deal of focusing is on the other aspects of the WASH component such as construction of drains, tube well platforms, school toilets as well as community toilets, digging of new tube wells, repairing and maintenance of overhead drinking water tanks, etc., the hand- washing aspect is brushed aside even after witnessing such a fatal pandemic.

*A separate budget is planned to be spent on promoting hand-washing with soap in the GPs, mainly in terms of awareness generation and creation/ installation of hand washing stations in the GPs.- Sarpanch, Kendujiani Panchayat, Mayurbhanj*



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<sup>5</sup> [https://swachhbharatmission.gov.in/SBMCMS/writereaddata/portal/images/pdf/RLB\\_Guidelines\\_for\\_the\\_15th\\_FC.pdf](https://swachhbharatmission.gov.in/SBMCMS/writereaddata/portal/images/pdf/RLB_Guidelines_for_the_15th_FC.pdf)



## Key Issues & Recommendations

The current chapter deals with the key issues that emerged during the assessment and the recommendations to address these issues.

### 1. Hand Hygiene in Public Places and Institutions

#### **Need for Hand Hygiene infrastructure in Public Places**

Public areas, such as marketplaces and bus stops, are the most crowded places bearing the highest risk of contamination. The present assessment finds that these places do not have any functional hand washing stations in both districts. Even the panchayat office of Agasti Nuagaon, which is visited by a minimum of hundred people daily, does not possess any functional hand-washing station on its premises.

**Recommendation:** As per the latest Finance Commission's instructions, panchayats have to spend 60 percent of their grants on the WASH (Water, Sanitation and Hygiene) aspects, and the same can go up to 70 percent depending on the need of the situation. With ample scope to integrate the different aspects of WASH into the annual plan, the Gram Panchayats may initiate some steps to provide hand-washing facilities in public places by spending the Finance Commission's grant. Key institutions at the GP, Block and District level should consider handwash stations at the appropriate locations to nudge people to wash their hands. 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, and promotion of hand hygiene through information, education and communication.

#### **Health Centres lack functional hand-washing facilities**

Keeping in view the current Covid-19 situation, health centres bear immense importance in a panchayat/block. Even the maintenance of hygiene at these health centres holds equal importance. Despite this, the Community Health Centre of Dumuridiha of Mayurbhanj district and the Community Health Centre of Chhatrapur block in Ganjam district do not have any functional hand-washing stations.



**Recommendation:** The maintenance cost of hygiene infrastructure in public health centres needs to be included in the maintenance grant of public health centres. The budget allocated for maintenance of public health centres needs to be increased. The Rogi Kalyan Samiti (RKS) fund may be used to install hand-washing points in public healthcare centres. Hand hygiene in healthcare facilities should be made mandatory; ensuring access and functionality, and promoting use, for public health.

### **Unavailability of hand washing points at the village level institutions & platforms**

Schools and AWCs are very crucial units for the community as people depend on these institutions for both the physical and mental development of their children. In view of this, the hygiene maintained at these institutions directly affects the health of children. As per the current assessment, it is being noticed that the Nalia Nuagaon AWC of Agasti Nuagaon panchayat in Chhatrapur block of Ganjam district neither has adequate water for hand-washing nor does it have any hand-washing point. An equally important village level platform is the VHND site, where health check-ups of pregnant women and lactating mothers are done. However, it is reported that the VHND sites of both the panchayats of Aryapalli and Agasti Nuagaon in Ganjam district do not have any hand-washing stations with the facility of running water and soap. In contrast to this, in Mayurbhanj district, all VHND sites are equipped with proper hand-washing facilities with water and soap.

**Recommendation:** As the AWCs and VHND sites bear immense importance in ensuring physical and mental development along with good health, basic sanitation including hand hygiene facilities need to be ensured in the respective villages either through village health sanitation and nutrition committee (VHSNC) or through the panchayats.

## 2. Hand Hygiene in the Local Governance Process

### **Inclusion of hand-washing promotion and infrastructure in GPDP**

With the outbreak of Covid-19, ensuring easy access to hand-washing facilities at both the community and institutional level has become absolutely essential. The inclusion of hand-washing components into the GPDP bears an equal importance. As per the current assessment, in three out of the four panchayats in the two districts, the GP plans or budgets have no provisions for the promotion of hand-washing practices or the construction of hand-washing points; the Kendujani panchayat of Mayurbhanj district is an exception.

**Recommendation:** One is well aware of the importance of having hand-washing points especially at institutions like schools, health centres and public places such as market places, 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 (including infrastructure, their maintenance, and promotion through information, education and communication) into its plans and budgets.

### **Capacity building of duty bearers and key functionaries**

Most of the key functionaries such as PRI members, PEOs, Medical Officers, BDOs, BEOs, etc. have received some capacity building trainings as well as attended some workshops with regard to the practice of hand-washing with soap. The trainings have been given by different NGOs, block offices, respective district officials mainly after the outbreak of Covid-19. Still



some of the functionaries such as the BEOs of Karanjia and Thakurmunda blocks of Mayurbhanj district and majority of the CHC functionaries of Mayurbhanj district have never received any training/ instruction or attended any workshop on the importance of hand-washing practices with soap. Most frontline workers and other duty bearers have received some training on the hand-washing aspect, but most of these were one-off events that had been organized prior to the advent of Covid-19. Given the current scenario of Covid, the block and district officials have some certain responsibilities in terms of providing trainings to the duty bearers and key functionaries serving in their jurisdiction particularly on the aspect of hand hygiene.

**Recommendation:** Continuous training on the importance of hand hygiene is required. The topic of Hand Hygiene may be included in the training manuals of the duty bearers and functionaries. Further, this may be included in SBM II, which looks at ensuring the overall cleanliness of a village.

### 3. Hand Hygiene promotion needs appropriate communication strategy

#### Conventional IEC limits promotion of Hand Hygiene

Conventional IEC material does not take into consideration requirements of children with special needs. Thus, school children with visual or hearing impairments are unable to benefit from such IEC. Similarly, children from tribal areas of Odisha or southern Odisha face a language barrier to follow the IEC produced in the official language.

**Recommendation:** To strengthen hygiene promotion, the mode/ channel of communication as well as the language of communication are important to consider. Thus, IEC material in braille and visuals should be made available for children with visual and hearing disability, respectively. Similarly, IEC material in vernacular languages should be available to reach the children of remote areas. Further, appropriate nudges and the location of the material should be considered, to help in adoption of hand hygiene practice.

### 4. Departmental convergence and data transparency need attention

#### Lack of departmental convergence leads to duplicity of effort

At the village and GP level, several government staff (i.e., AWW, AWH, ANM, PEO, teachers etc.) are engaged in household or community visits. Since the outbreak of Covid-19, all departments of the government have been overburdened with multiple tasks to combat the situation. Lack of opportunity to leverage inter-departmental platforms or human resources, causes delay and increases costs of interventions.

**Recommendation:** To promote hand hygiene at the community level, an approach of convergence amongst the different departments may be adopted where the ground level staffs may be involved in spreading awareness on hand hygiene. One such suggestion was given by a Block Education Officer (BEO) and an Additional Block Development Officer (ABDO) of Chhatrapur block, Ganjam. As expressed by them, the Odisha Livelihoods Mission





(OLM) is a promising scheme which employs several staff at the village level working in close coordination with the community. These staff may be capacitated to promote hand hygiene among the community.

### **Lack of transparency of data in public domain**

Hand Hygiene at the grassroots level is monitored. Block and Panchayat level staff are engaged in data collection on hand hygiene at household, public places and at institutions. However, this data is not available in the public domain.

**Recommendation:** Data pertaining to the ground level situation on hand hygiene need to be kept in the public domain, so that a fair idea on the same can be acquired by the general public.



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# Annexure: FGD and KII schedules

## 1. FGD schedule for Community members

### Introduction

Greetings! My name is....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your village/panchayat. I will discuss with you all with a set of questions about hand washing practice, its method, level of awareness etc. This village/panchayat has been selected for this study randomly. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of the group/community

Are you all willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valued explanations:

### Section I

1. Date: .....
2. Name of Panchayat: .....
3. Name of Block: .....
4. Name of District:.....
5. Gender of the Respondent: .....
6. Number of community people gathered in the FGD: .....
7. Number of male:.....
8. Number of female:.....



## Section II

### Situation Assessment

1. a). Do you have access to water for hand washing at your home?

Yes

No

b). If yes, what is the source of water for hand washing purpose?

.....  
 .....

c). Does the source provide sufficient water throughout the year?

Yes

No

d). If no, then how do you wash your hands, especially during season of water scarcity?

Open ended

.....  
 .....

e). Do you use soap to wash hands?

Yes

No

2. Are there functional hand washing stations with soap and water in key public areas of the GP?

S.No.	Public Areas	Yes/ No
a).	Community areas such as market, bust stop, etc?	
b).	Panchayat Bhawan	
c).	Schools/ Anganwadi centres	
d).	Health centre	
e).	Any other place of importance.....(please specify)	



3. a). Have there been GP plans or budgets made on promotion of the practice of hand washing and/ or on construction of hand washing points in the GP since 2020?

Yes

No

Not Aware

b). If yes, can you please state what is the status of the same?

.....  
.....

4. a). Are your children currently going to school and/or anganwadi center?

Yes

No

N/A

b). Do they wash their hands in the school/ anganwadi centre before eating and after toilet use?

Yes

No

c) If yes, how do they wash their hands there (water & soap; water only; water & mud, ash etc.)?

.....  
.....

5. Do the teachers monitor hand washing of children in school?

Yes/

No

**Perception on Importance of Handwashing with Soap, Practice and Trainings received**

6. a). Do you think hand washing with soap is important?

Yes

No

b). Why do you think so? (Ask this irrespective of response to 6 a)

.....  
.....



7. a). Do you practice hand washing?

Yes

No

b). If yes, how do you wash hands?

i). With water

Yes

No

ii). With soap

Yes

No

8. Do you wash your hands at the following critical moments?

S.No.	Critical Moments	Yes/ No/ NA <sup>6</sup>	If yes, how do you wash your hands (water & soap; water only; water & mud, ash etc.)
a).	Before eating		
b).	After using toilet		
c).	Before preparing food		
d).	Before serving food		
e).	Before feeding your child (including breast feeding)		

9. a). Have you ever received any training/ instructions or attended any workshop on the importance of handwashing with soap?

Yes

No

b). If yes,

i) When?

.....  
.....

<sup>6</sup> Use NA only for c), d) and e). – i.e. if the respondent is not involved in preparing, serving, feeding food



ii). From whom?

.....  
.....

iii). What information did you receive?

.....  
.....

iv). Did it change your behaviour and in what way?

.....  
.....

### Initiatives Taken

10. a). Have you made any changes in your practice of hand washing with soap since last year?

Yes

No

b). If yes,

i). How has it changed?

.....  
.....

ii). Why do you make these changes?

.....  
.....

11. a). Do you encourage your family members to wash their hands with soap?

Yes

No

b). If yes, what are the critical times at which you ask them to wash hands with soap?

i). After coming from outside?

Yes

No



ii). Before eating?

Yes

No

iii). After toilet use?

Yes

No

iv) Any other?

.....  
.....

### Challenges Faced and Support Required

12. a). Do you face any challenge in practicing hand washing with soap, particularly before eating and after toilet use?

Yes

No

b). If yes, what kind of challenge? (Probe for details)

.....  
.....

13. a). Do you face any challenge in convincing your family members to practice handwashing with soap, particularly before eating and after toilet use?

Yes

No

NA<sup>7</sup>

b). If yes, what kind of challenges? (Probe for details)

.....  
.....

14. a). Do you need any support in practicing or encouraging your family members in practicing handwashing with soap, particularly before eating and after toilet use?

Yes

No

---

<sup>7</sup> Use NA only for c), d) and e). – i.e. if the respondent is not involved in preparing, serving, feeding food



b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

15. a). How can the practice of hand washing with soap be encouraged in the GP?

.....  
.....

b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) i). Can it be done through GP plans?

.....  
.....

ii). If so, how?

.....  
.....



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## 2. FGD schedule for Frontline Workers on Hand Hygiene

### Introduction

Greetings! My name is ....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your village/panchayat. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This village/panchayat has been selected for this study. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of ASHA/AWW/AWH

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

### Section I

9. Date: .....
10. Name of Panchayat: .....
11. Name of Block: .....
12. Name of District:.....
13. Designation of the Interviewee:.....
14. If AWC functional, number of children at the centre; if A.....
15. Number of children at the AWC.....

### Section II

#### Situation Assessment

1. a) Is the AWC currently operating as usual?  
 Yes  
 No



b). Are there certain restrictions in place in current operations (in terms of number of, children, hours, days/ anything else)?

Yes

No

c). If yes, what kind of restrictions are in place currently?

.....  
.....

2. Is there adequate water for hand washing in the AWC?

Yes

No

3. a). Are there hand washing points with water and soap in the AWC?

Yes

No

b). If yes, how many?

.....  
.....

4. a). Is there provision for cooked food at the AWC?

Yes

No

b). Is cooked food being currently provided to the children?

Yes

No

5 a). Do you conduct VHND at your village/GP?

Yes

No

b). If yes, is there any hand washing facility with water and soap available at the VHND site?

Yes

No



6. a). Have there been GP plans or budgets made on promotion of the practice of hand washing and/ or on construction of hand washing points in the GP since 2020?

Yes

No

Not Aware

b). If yes, can you please state what is the status of the same?)

.....  
.....

**Perception on Importance of Handwashing with Soap, Practice and Trainings received**

7. a). Do you think hand washing with soap is important?

Yes

No

b). Why do you think so? (Ask this irrespective of response to 7 a)

.....  
.....

c). What are the critical times at which one must wash hands with soap?

.....  
.....

8. a). Do you practice hand washing?

Yes

No

b). If yes, how do you wash hands?

i). With water?

Yes

No

ii). With soap

Yes

No



iv) When do you wash your hands?

.....  
 .....

9. Do you wash your hands at the following critical moments?

S.No.	Critical Moments	Yes/ No/ NA <sup>6</sup>	If yes, how do you wash your hands (water & soap; water only; water & mud, ash etc.)
a).	Before eating		
b).	After using toilet		
c).	Before preparing food		
d).	Before serving food to the children		
e).	Before THR distribution		

10. a). Have you ever received any training/ instructions or attended a workshop on the importance of handwashing with soap?

Yes

No

b). If yes,

i) When?

.....  
 .....

ii). From whom?

.....  
 .....

iii). What information did you receive?

.....  
 .....

iii). Did it change your behaviour and in what way?

.....  
 .....

<sup>6</sup> Use NA only for c), d) and e). – i.e. if the respondent is not involved in preparing, serving, feeding food



11. a). Have you received any training on hand washing in 2020 or 2021?

Yes

No

b). If yes,

i) What have these trainings comprised of?

.....  
.....

ii). Did you learn something on hand washing that you did not know about earlier?

.....  
.....

iii). If yes, then what were these new things?

.....  
.....

**Initiatives Taken**

12. a). Do you provide training/ awareness on promotion of hand washing with soap?

Yes

No

b). If yes,

i). Since when have you been providing these trainings?

.....  
.....

ii). Whom do you train?

.....  
.....

iii). What does the training comprise of?

.....  
.....

iv). Have your training activities changed since Covid-19?

.....  
.....





v). In what way?

.....  
.....

13. a). Are you involved in any kind of COVID 19 responsibility at your village/GP?

Yes

No

b). If yes, what kind of responsibilities do you have?

.....  
.....

14. a). Are you engaged in any kind of COVID 19 awareness programme?

Yes

No

b). If yes, kindly state in what kind of awareness programmes?

.....  
.....

15. a). Have you noticed any behavioral changes in the community since COVID 19, particularly in terms of hand washing?

Yes

No

b). If yes, what kind of changes have you noticed?

.....  
.....

### Challenges Faced and Support Required

16. a). Do you face any challenge in promoting the practice of hand washing with soap in the GP?

Yes

No

b). If yes, what kind of challenge? (Probe for details)

.....  
.....



17. a). Do you need support in promoting hand washing with soap behaviour in the GP?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

18. a). Are there particular communities/ groups in the GP that are left behind in terms of practice of handwashing with soap?

Yes

No

b). If yes,

i). Who are they?

.....  
.....

ii). What kind of support is required to promote the practice of handwashing with soap amongst them? (Probe for details)

.....  
.....

19. a). How can the practice of hand washing with soap be encouraged in the GP?

.....  
.....

b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) i). Can it be done through GP plans?

.....  
.....

ii). If so, how?

.....  
.....



### 3. FGD schedule for VHSNC Members on Hand Hygiene

#### Introduction

Greetings! My name is ....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your village/panchayat. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This village/panchayat has been selected for this study. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

#### Consent of VHSNC members

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

#### Section I

1. Date: .....
2. Name of Panchayat: .....
3. Name of Block: .....
4. Name of District: .....
5. Designation of the Interviewee: .....

#### Section II

##### Situation Assessment

6. a) Is the committee providing awareness on Govt. schemes and programmes related to WASH to the community?  
 Yes  
 No



b). If so, what is the method of awareness?

.....  
.....

7. a). Is the committee Supervising the functioning of Anganwadi Centre (AWC) in the village?

Yes

No

b). Is there a handwashing station in the center?

Yes

No

8. a). Is there adequate water for hand washing in the AWC?

Yes

No

b). Are there hand washing points with water and soap in the AWC?

Yes

No

9. a). Are VHNSC meeting and VHND being regularly conducted at your village/GP?

Yes

No

b). If yes, is there any hand washing facility with water and soap available at the meeting site?

Yes

No

10. How do you spend the VHSNC fund (Rs. 10,000) in a year? Please explain

.....  
.....

11. Are you also keeping some fund towards hand washing aspect?

Yes

No



If so, please mention the amount:

.....  
.....

12. Has there been any awareness or training of WHNSC or in the community on the importance of handwashing with soap?

a) If yes, what did they share?

.....  
.....

Who conducted this awareness/training?

.....  
.....

**Initiatives Taken**

13. Is there a village health plan? (yes/no) [If no then jump to d]

If yes, please answer the following questions:

.....  
.....

a). Does your committee support in preparation of the village health plan?

Yes

No

b). Has there been hand washing with soap component included in the plan?

Yes

No

c). Since when have you been including the hand washing with soap component in the village health plan?

.....  
.....

d). Has there been any change (since covid-19) in the plan?

Yes

No





e). If so, how? (If answer to 12 is Yes then probe if the change is related to handwashing with soap component).

.....  
.....

14. a) Has there been any awareness or training of VHNSC or in the community on the importance of handwashing with soap?

Yes

No

If yes,

b) When was it held? Is it a regular or a onetime event?

.....  
.....

c) What was shared in the training?

.....  
.....

c) Who conducted this awareness/training?

.....  
.....

15. a) Are your committees engaged in any kind of COVID 19 awareness programme?

Yes

No

b) If yes, kindly state in what kind of awareness programmes?

.....  
.....

16. a) Have you noticed any behavioral changes in the community since COVID 19, particularly in terms of hand washing?

Yes

No



b) If yes, what kind of changes have you noticed?

.....  
.....

**Challenges Faced and Support Required**

17. a). Do you face any challenge in promoting the practice of hand washing with soap in the village/community?

Yes

No

b). If yes, what are the challenges? (Probe for details)

.....  
.....

18. a). Do you need support in promoting hand washing with soap behaviour in the GP?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

19. a). Are there particular communities/ groups in the GP that are left behind in terms of practice of handwashing with soap?

Yes

No

b). If yes,

i). Who are they?

.....  
.....

ii). What kind of support is required to promote the practice of handwashing with soap amongst them? (Probe for details)

.....  
.....



20. a). How can the practice of hand washing with soap be encouraged in the village/GP?

.....  
.....

b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) Who needs to do this?

i). Can it be done through village health plans?

.....  
.....

ii). If so, how?

.....  
.....



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## 4. KII schedule for Block Development Officer (BDO) on Hand Hygiene

### Introduction

Greetings! My name is ....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your block. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This block has been selected for this study randomly. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of Block Development Officer (BDO)

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

### Section I

#### General Profile

Q. No.	Question	Response Code	Response
1.	Name of the District	Mayurbhanj- 01 Ganjam-02	
2.	Name of the Block		
3.	Number of Gram Panchayats		
4.	Name of the Investigator		
5.	Date of Interview	DD/MM/YYYY: ...../...../.....	
6.	Contact number of BDO		



## Section II

### Situation Assessment

7. a) Are the institutions of your block currently operating as usual (Anganwadi centers, schools, PHCs, CHCs etc.)?

Yes

No

b). Are there certain restrictions in place in current operations (in terms of number of patients, children, hours, days/ anything else)?

Yes

No

c). If yes, what kind of restrictions are in place currently?

.....  
.....

8. a) Are there functional hand washing units with water and soap in all the institutions of your block?

Yes

No

b) If yes, are they monitored?

Yes

No

c). IF they are monitored, what is the frequency of monitoring the same?

.....  
.....

9. Are there functional hand washing units with water and soap in all public spaces (market area, bus stops) of your block?

Yes

No





### Perception on Importance of Handwashing with Soap, Practice and Trainings

9. a). Have you received any training on the importance of hand washing with soap?

Yes

No

b). If yes,

i). When did you receive the training?

.....  
 .....

ii). What did it comprise of?

.....  
 .....

### Initiatives Taken

10. a). Has the block office introduced/ pushed for any initiative/ training to promote the practice of hand washing with soap at the following critical moments at the institution level?

Yes

No

If yes, how?

.....  
 .....

S. No.	Critical Moments
a).	Before eating
b).	After using toilet
c).	Any other..... (please specify)

b). If yes, what steps/ initiatives were taken to promote the practice of hand washing with soap in this block and when?

.....  
 .....

c) What was the reason to introduce/ push for the hand washing with soap initiatives?

.....  
 .....



11. a). Has the Block office taken any step to provide guidance to the PRI members while preparing their annual plan/GPDP?

Yes

No

b). If yes, what are they

.....  
.....

12. a). Has the block office guided the PRIs to integrate hand washing component in to the annual plan/GPDP?

Yes

No

b). If yes, has it been incorporated

Yes

No

13. a). Has the Block office provided trainings/ information to duty bearers (such as school teachers, PRI members, anganwadi functionaries, ASHA etc.) of this block on the importance of hand washing with soap?

Yes

No

Not Aware

b). If yes, can you please state what were the mediums/methods adopted to make them aware?

.....  
.....

14. a). Has there been any IEC from the Block office to make the community aware on hand washing with soap?

Yes

No

b). IF yes, when was it introduced and what information was shared?

.....  
.....



15. a). Is hand washing behaviour practice in your jurisdiction monitored?

Yes

No

b). If yes

i) What aspects are monitored and how frequently?

.....  
.....

ii) Since when have these been monitored?

.....  
.....

iii) What is done with the monitoring data?

.....  
.....

16. a) Has the block office initiated any special programme to promote hand washing with soap for Covid-19?

Yes

No

b). What kind of initiatives have been taken?

.....  
.....

17. a). Have you noticed any behavioral changes in the community since COVID 19, particularly in terms of hand washing?

Yes

No

b). If yes, what kind of changes have you noticed?

.....  
.....



## Challenges Faced and Support Required

18. a). Do you face any challenge in promoting the practice of hand washing with soap in the community?

Yes

No

b). If yes, what are the challenges? (Probe for details)

.....  
.....

19. a). Do you need support in promoting hand washing with soap in the community?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

20. a). Are there particular communities/ groups that are left behind in terms of practice of handwashing with soap?

Yes

No

b). If yes,

i). Who are they?

.....  
.....

ii). What kind of support is required to promote the practice of handwashing with soap amongst them? (Probe for details)

.....  
.....

21. a). How can the practice of hand washing with soap be encouraged in the community?

.....  
.....



b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) What is your idea to promote hand washing with soap at both the institution and community level?

.....  
.....



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## 5. KII schedule for Medical Officer (MO) I/C of Community Health Centre on Hand Hygiene

### Introduction

Greetings! My name is ....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your CHC. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This CHC has been selected for this study. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of MO I/C

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

### Section I

1. Date: .....
2. Name of CHC.....
3. Name of Block: .....
4. Name of District:.....
5. Designation of the Interviewee:.....

### Section II

#### Situation Assessment

1. a) Is the CHC currently operating as usual?  
 Yes  
 No
- b). Are there certain restrictions in place in current operations (in terms of number of patients, restriction on admission of suspected COVID patients, OPD timing etc.)?  
 Yes  
 No





c) If yes, what kind of restrictions are in place currently?

.....  
.....

2. Is there adequate water for hand washing in the CHC?

Yes

No

3. a). Are there functional hand washing points with water and soap in the CHC (especially when running in full capacity)?

Yes

No

b). If yes, how many? Mention the number please:

.....  
.....

4 a). What is the per day patient load now?

.....  
.....

b). Is this more than/less than before (prior to COVID 19 pandemic)?

.....  
.....

**Perception on Importance of Handwashing with Soap, Practice and Trainings received**

5. a). Do you think hand washing with soap is important?

Yes

No

b). Why do you think so? (Ask this irrespective of response to 6 a)

.....  
.....



c). What are the critical times at which one must wash hands with soap?

.....  
.....

6. a) Do you practice hand washing?

Yes

No

7. Do you encourage the patients to wash hand before every critical moment?

Yes

No

S. No.	Critical Moments
a).	Before eating
b).	After using toilet
c).	Before preparing food
d).	Before serving food
e).	Before THR distribution
f).	any other specific to a health care setting

8. a) Have you ever received any training/ instructions or attended a workshop on the importance of handwashing with soap?

Yes

No

b) If yes,

i). When?

.....  
.....

ii). From whom?

.....  
.....

iii). What information did you receive?

.....  
.....



iv). Did it change your behaviour and in what way?

.....  
.....

9. a) Have you received any training or orientation on hand washing in 2020 or 2021?

Yes

No

b) If yes,

i). What have these trainings comprised of?

.....  
.....

ii). Did you learn something on hand washing that you did not know about earlier?

.....  
.....

iii). If yes, then what were these new things?

.....  
.....

### Initiatives Taken

10. a). Do you provide training/ awareness on promotion of hand washing with soap?

Yes

No

b). If yes.

i). Since when have you been providing these trainings?

.....  
.....

ii) Whom do you train?

.....  
.....



iii). What does the training comprise of?

.....  
.....

iv). Have your training activities changed since Covid-19?

Yes

No

v). In what way?

.....  
.....

11. a). Are you engaged in any kind of COVID 19 awareness programme?

Yes

No

b). If yes, kindly state in what kind of awareness programmes?

.....  
.....

12. a). Have you noticed any behavioral changes in the community since COVID 19, particularly in terms of hand washing?

Yes

No

b). If yes, what kind of changes have you noticed?

.....  
.....

### Challenges Faced and Support Required

13. a). Do you face any challenge in promoting the practice of hand washing with soap in the GP?

Yes

No

N/A (If not engaged in promotion)



b). If yes, what are the challenges? (Probe for details)

.....  
.....

14. a). Do you need support in promoting hand washing with soap behaviour in the GP?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

15. a). Are there particular communities/ groups in the GP that are left behind in terms of practice of handwashing with soap?

Yes

No

b). If yes,

i). Who are they?

.....  
.....

ii). What kind of support is required to promote the practice of handwashing with soap amongst them? (Probe for details)

.....  
.....

16. a). How can the practice of hand washing with soap be encouraged in the GP?

.....  
.....

b) What are the necessary requirements to encourage the adoption of the practice?

.....  
.....



# 6. KII schedule for PRI members and Panchayat Executive Officers (PEOs) on Hand Hygiene

## Introduction

Greetings! My name is....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this study to understand the hand hygiene practice properly at your panchayat. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This panchayat has been selected for this study randomly. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of Sarpanch/Ward Member/PEO

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

## Section I

- 16. Date: .....
- 17. Name of the key informant: .....
- 18. Position held: .....
- 19. Contact number: .....
- 20. Name of Panchayat: .....
- 21. Name of Block: .....
- 22. Name of District: .....
- 23. Total population: .....
- 24. Number of villages coming under this panchayat: .....





## Section II

### Situation Assessment

1. Do members of your GP regularly wash hands with soap?

Yes

No

Any additional comment

.....

.....

2. a). Is there a need for handwashing facilities in public spaces in your GP?

Yes

No

b). If yes, why

.....

.....

3. Are there functional hand washing stations with soap and water in public areas of the GP?

S.No.	Public Areas	Yes/ No
a).	Community areas such as market, bust stop, etc?	
b).	Panchayat Bhawan	
c).	Schools/ Anganwadi centres	
d).	Health centre	
e).	Any other place of importance.....(please specify)	

4. a). Is there scarcity of water in your panchayat?

Yes

Sometimes

Not

b) If yes, how is handwashing with soap managed during the water scarce season?

.....

.....



## Perception on Importance of Handwashing with Soap and Trainings received

5. a). Do you think handwashing with soap is important?

Yes

No

b). Why do you think so? (Ask this irrespective of the response to 5a).

.....  
.....

c). What are the critical times at which one must wash hands with soap?

.....  
.....

6. a). Do you practice hand washing?

Yes

No

b). If yes, how do you wash hands?

i). With water

Yes

No

ii). With soap

Yes

No

iii). When do you wash your hands?

.....  
.....

7. a). Have you ever received any training/instructions or attended any workshop on the importance of handwashing with soap?

Yes

No



b). If yes,

i) When?

.....  
.....

ii). From whom?

.....  
.....

iii). What information did you receive?

.....  
.....

iv). Did it change your behaviour and in what way?

.....  
.....

**Initiatives Taken**

8. a). Have you introduced any initiative to promote the practice of hand washing with soap in your GP?

Yes

No

b). If yes, what steps/ initiatives have been taken to promote the practice of hand washing with soap in your GP and the respective programme? (Specify the year in which the respective initiatives were taken).

.....  
.....

9. a). In the last five years, what have been the major areas of budget allocation and expenditure in your GP plans? (Note if any special budget for promotion of hand washing with soap.)

b). Have you planned a separate budget towards hand washing with soap, in terms of:

i). awareness generation in the GP

Yes (mention the year)

No



ii). creation/ installation of hand washing stations in the GP

Yes (mention the year)

No

iii). distribution of soap in the GP

Yes (mention the year)

No

10. Have you taken any steps to promote hand washing with soap in the GP during past two years?  
Has the Panchayat developed any IEC material on awareness on hand washing with soap in the GP?

.....  
.....

### Challenges Faced and Support Required

11. a). Do you face any challenge in promoting the practice of hand washing with soap in the GP?

Yes

No

b). If yes, what are the challenges? (Probe for details)

.....  
.....

12. a). Do you need support in promoting hand washing with soap behaviour in the GP?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

13. a). Are there particular communities/ groups in the GP that are left behind in terms of practice of handwashing with soap?

Yes

No



b). If yes, )

i). Who are they?

.....  
.....

ii). What kind of support is required to promote the practice of handwashing with soap amongst them? (Probe for details)

.....  
.....

14. a). How can the practice of hand washing with soap be encouraged in the GP?

b). What are the necessary requirements to encourage the adoption of the practice?

c) i) Can it be done through GP plans?

.....  
.....

ii). If so, how?

.....  
.....



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## 7. KII schedule for Block Education Officer (BEO) on Hand Hygiene

### Introduction

Greetings! My name is....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your block. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This block has been selected for this study randomly. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of Block Education Officer (BEO)

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

### Section I

#### General Profile

Q. No.	Question	Response Code	Response
A.1	Name of the District	Mayurbhanj- 01 Ganjam-02	
A.2	Name of the Block		
A.3	Number of Gram Panchayats		
A.4	Number of Primary Schools		
A.5	Number of Upper Primary/ Nodal Schools		
A.6	Name of the Investigator		
A.7	Date of Interview	DD/MM/YYYY: ...../...../.....	
A.8	Contact number of BEO		



## Section II

### Situation Assessment

1. a). Are the schools of your block currently operating as usual?

Yes

No

b). Are there certain restrictions in place in current operations (in terms of number of classes, children, hours, days/ anything else)?

Yes

No

c) If yes, what kind of restrictions are in place currently?

.....  
.....

2. Is there adequate water for hand washing in all the schools of this block (primary, upper primary/nodal schools)?

Yes

No

3. a). Are there functional hand washing stations with water and soap in all the schools of you block?

Yes

No

b). If yes, how many?

.....  
.....

4. a). Is there provision for cooked food at the school?

Yes

Not

b) Is cooked food being currently provided to the students?

Yes

No





C). If no, how do you ensure MDM to the students? Please explain

.....  
.....

5. a). Have there been GP plans or budgets made on promotion of the practice of hand washing and/ or on construction of hand washing points in the schools of this block since 2020?

- Yes
- No
- Not Aware

b). If yes, can you please state what is the status of the same?

.....  
.....

6. a). Have you ever received any training/ instructions or attended a workshop on the importance of handwashing with soap?

- Yes
- No

b). If yes,

i). When?

.....  
.....

ii). From whom?

.....  
.....

iii). What information did you provide?

.....  
.....

iv). Did it change the behavior of both teachers and students in any way?

.....  
.....



c). Are they following the same and making students aware to follow proper hand washing methods?

.....  
 .....

**Initiatives Taken**

7. a). Are there initiatives from the Block to provide training programs/ information to the school teachers on hand washing with soap?

- Yes
- No
- Not Aware

b). If yes, can you please state what are the mediums/methods adopted to make them aware?

.....  
 .....

8. a). Has your block introduced any initiative/ training to promote the practice of hand washing with soap at the school level (with children)?

- Yes
- No

b). If yes, what steps/ initiatives have you/ school taken to promote the practice of hand washing with soap in the schools of this block and when?

.....  
 .....

9. a). Have there been any steps taken to make aware the teacher and children aware about hand washing at the following critical moments?

S.No.	Critical Moments	Yes/ Nolf yes, how?
a).	Before eating	
b).	After using toilet	
c).	Any othe.....please specify)	



10. a). Have there been changes in the manner in which awareness or training on hand washing with soap has been/ is being provided in school, since Covid-19?

Yes

No

b). If yes, how has it changed?

.....  
.....

11 a). Do you monitor hand wash practice among teachers and students in schools of your jurisdiction?

Yes

No

b). If yes, how frequently?

.....  
.....

c). What is the data used for?

.....  
.....

12. a). Is hygiene, especially hand washing with soap, part of the school curriculum?

Yes

No

b). If yes,

i) what does it cover?

.....  
.....

ii) Have there been any change in the topic since Covid-19. And how?

.....  
.....



## Challenges Faced and Support Required

12. a). Do you face any challenge in promoting the practice of hand washing with soap among the teachers and students?

Yes

No

b). If yes, what are the challenges? (Probe for details)

.....  
.....

13. a). Do you need support in promoting hand washing with soap at the schools?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

14. a). Are there students in your school who need more support in adopting the practice than others?

Yes

No

b). If yes,

i). Who are these students?

.....  
.....

ii). What kind of support do they need? (Probe for details)

.....  
.....



15. a). How can the practice of hand washing with soap be encouraged in the school?

.....  
.....

b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) i). Can it be done through GP plans?

.....  
.....

ii). If so, how?

.....  
.....



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## 8. KII schedule for school teacher/headmaster on Hand Hygiene

### Introduction

Greetings! My name is ....., and I am working for Centre for Youth and Social Development (CYSD). We are conducting this survey to understand the hand hygiene practice properly at your school. I will discuss with you with a set of questions about hand washing practice, its method, level of awareness etc. This school has been selected for this study randomly. This discussion will take approximately 15 minutes. Your participation is voluntary – this means you can refuse to answer any questions you wish, and you can ask me to stop this discussion at any time. Your answers will remain confidential. No one but CYSD will have access to your information, and your personal details will be stored securely. Your answers will be used by CYSD to inform the Government about the existing problems and accessibility in hand hygiene aspect.

### Consent of Teacher/Head master

Are you willing to participate in this survey? (Yes/ No)

If yes, participate the discussion session and provide us your valuable explanations:

### Section I

25. Date: .....

26. Name of School: .....

27. Name of Panchayat: .....

28. Name of Block: .....

29. Name of District: .....

30. Designation of the Interviewee: .....

31. Number of students: .....

32. Level of school (tick all relevant) .....

- Primary
- Secondary
- Senior Secondary



33. Kind of school

- Government
- Government Aided
- Charitable
- Any other

## Section II

### Situation Assessment

20. a). Is the school currently operating as usual?

- Yes
- No

b) Are there certain restrictions in place in current operations (in terms of number of classes, children, hours, days/ anything else)?

- Yes
- No

c) If yes, what kind of restrictions are in place currently?

.....  
.....

21. Is there adequate water for hand washing in the school?

- Yes
- No

22. a). Are there functional hand washing stations with water and soap in the school?

- Yes
- Not

b) If yes, how many?

.....  
.....





23. a). Is there provision for cooked food at the school?

Yes

Not

b). Is cooked food being currently provided to the students?

Yes

Not

24. a). Have there been GP plans or budgets made on promotion of the practice of hand washing and/ or on construction of hand washing points in the schools since 2020?

Yes

No

Not Aware

b). If yes, can you please state what is the status of the same?

.....  
.....

**Perception on Importance of Handwashing with Soap, Practice and Trainings received**

25. a). Do you think hand washing with soap is important?

Yes

No

b). Why do you think so? (Ask this irrespective of response to 6 a)

.....  
.....

c). What are the critical times at which one must wash hands with soap?

.....  
.....

26. a). Do you practice hand washing?

Yes

No



b). If yes, how do you wash hands?

i). With water

Yes

No

ii). With soap

Yes

No

iii). When do you wash your hands?

.....  
.....

27. a). Have you ever received any training/ instructions or attended a workshop on the importance of handwashing with soap?

Yes

No

b). If yes,

i). When?

.....  
.....

ii). From whom?

.....  
.....

iii). What information did you receive?

.....  
.....

iv). Did it change your behaviour and in what way?

.....  
.....



## Initiatives Taken

28. a). Have you/ school introduced any initiative/ training to promote the practice of hand washing with soap in your school?

Yes

No

b). If yes, what steps/ initiatives have you/ school taken to promote the practice of hand washing with soap in your school and when?

.....

.....

29. Do you/ school train/ inform/make aware the children to wash their hands at the following critical moments?

S. No.	Critical Moments	Yes/ No	If yes, how?
a).	Before eating		
b).	After using toilet		
c).	Any othe.....please specify)		

30. a). Have there been changes in the manner in which awareness or training on hand washing with soap has been/ is being provided in school, since Covid-19?

Yes

No

b). If yes, how has it changed?

.....

.....

31. a). Do you/ the school monitor hand wash practice among students in school?

Yes

No

b). If yes, what is checked while monitoring?

.....

.....



32. Do you/ teachers talk about hygiene, especially hand washing with soap in class?

Yes

No

33. a). Have you noticed any change among the students in terms of hand wash behaviour since Covid-19?

Yes

No

b). If yes, what changes have you noticed?

.....  
.....

**Challenges Faced and Support Required**

34. a). Do you face any challenge in promoting the practice of hand washing with soap among the students?

Yes

No

b). If yes, what are the challenges? (Probe for details)

.....  
.....

35. a). Do you need support in promoting hand washing with soap behaviour amongst the students?

Yes

No

b). If yes, what kind of support do you need? (Probe for details)

.....  
.....

36. a). Are there some students in your school who need more support in adopting the practice than others?

Yes

No



b). If yes,

i). Who are these students?

.....  
.....

ii). What kind of support do they need? (Probe for details)

.....  
.....

37. a). How can the practice of hand washing with soap be encouraged in the school?

.....  
.....

b). What are the necessary requirements to encourage the adoption of the practice?

.....  
.....

c) i). Can it be done through GP plans?

.....  
.....

ii). If so, how?

.....  
.....





