

SANITATION IN GOVERNMENT INSTITUTIONS IN GANJAM, ODISHA

Report of the Community Score Card

An Exercise to Find Local Solutions to Sanitation Issues in Schools, Anganwadi
Centres and Health Care Institutions in Ganjam, Odisha



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1.0 BACKGROUND

Youth for Social Development (YSD) has been working with the communities in Ganjam district on several developmental issues over the last several years. With the intention of continuing this ground work, YSD decided to conduct Community Score Card exercises to assess the quality of sanitation in government institutions such as Schools, AnganwadiCenters and Health care centers in the district and come up with joint action plans where by the communities (Users of services) and the Government (Service provider) can jointly work towards overall improvement of sanitation inthese public institutions in the district.

A Community Score Card is applicable at the local levelto assimilate local knowledge and arrive at local solutions. It provides

1. A forum for direct engagement between the service user and the serviceprovider;
2. An opportunity for joint decision making;
3. Immediate feedback to the provider on areas for improvement;

The Community Score Card approach is a method that involves collecting information on inputs that go into service provision with the help of service providers and members of the community, assessment of the quality of service provided both by providers as well as by community separately and jointly, and an arrival at a mutually agreeable action plan.

This report gives a summary of the process and its outcomes related to the design and implementation of CSCs on sanitation in schools, Anganwadi centers and health care centres of 15 Gram Panchayats in Ganjam District of Odhisha.

1.1 OBJECTIVES OF THE STUDY

1. To assess the access and quality of sanitation services in schools, Anaganwadicentres and Health care centres in Ganjam district of Odisha
2. To enable and engage beneficiaries/communities to monitor sanitation services in schools, Anaganwadicentres and Health care centres
3. To advocate for improved sanitation services through engagement with the service providers and the government

1.2 METHODOLOGY

The Community Score Card (CSC) approach involves six steps.

Preparatory Ground Work

The scope of the study was decided and YSD staff, representatives from the service providers and users were oriented on the CSC process, how it would help the providers and the users and how they can participate.

Input Tracking

Detailed input tracking exercise was conducted using the checklist for observation by YSD team and questionnaires for obtaining inputs from service users (parents and children going to school, Anganwadicenters and users of health care centers), providers (head master, teachers, Anganwadi workers, Health center staff), child cabinet members, members of the SDMC and members of RogiKalyan/ GaonKalyanSamithis. Where possible, records were also verified to get necessary inputs.

Self-Assessment by Service Providers

A wide range of indicators were selected for the score card. This covered all aspects of sanitation services in these institutions ranging from availability of toilets, to its maintenance, to availability of staff and funds towards sanitation upkeep in these public institutions. The service providers were asked to score these indicators on a scale of 1-5 with 5 being the highest score. The score were backed with reasoning to help understand the rationale behind the scoring.

Assessment of Services by the Community

Similar to the service provider scorecard, community members (users) were asked to score the sanitation facilities available in these government establishments based on their experience (both children and parents constituted this user group of about 15-20 members). Here again a wide range of indicators were scored on a similar scale of 1-5 with 5 being the highest score. The score were backed with reasons for the same.

Interface meeting to jointly assess services as well as to devise an action plan for improvements in service delivery

The self-assessment and community assessment score cards were presented at the interface meeting consisting of representatives from the school administration and members of the user group. The scores and the reasons were discussed and consensus scores were arrived at. A joint action plan fixing responsibilities and timelines was derived for all indicators with a consensus score of 0-3.

Documentation and preparation of the Report

The entire proceedings of all the steps in the CSC process have been documented by the scribes. Audio-visual documentation is also done where possible. Individual village reports are generated to help dissemination and follow-up activities planned by YSD

2. COMMUNITY SCORE CARD ON SANITATION IN SCHOOLS GANJAM, ODISHA

2.0 Sampling for Community Score Cards on School Sanitation.

Twelve CSC exercises were conducted across 12 Gram Panchayats in Ganjam district selected based on random sampling to cover Primary, upper primary and high schools. All the 6 steps of the CSC process were conducted for each of these schools by YSD team.

Table 2.1: Community Score Card Sampling details for schools

Sl.No	Details
1	Number of Gram Panchayats - 12
2	Number of Schools - 12
3	Stake holders – Users : Community Groups, Parents and Schools Children Service Providers: Head Master, Teachers, SMC and CRCC and BEO

Table 2.2: Details of schools where CSC was conducted

Sl.No	Gram Panchayat	Village	School
1	Tankachhai	Ambilapalli	Primary school
2	Baunsia	Arjunapalli	Upper Primary school
3	Badinuapalli	Badinuapalli	Primary school
4	Kamanalinakshyapur	Balia	Primary school
5	Baliasara	Baliasara	High school
6	Ch. Nuagoan	Ch. Nuagoan	High school
7	Baunsia	E. B. B. Pur	Primary school
8	Tulasipur	Kadalibasanta	Primary school
9	Badinuapalli	Kendupata	Upper Primary school
10	Manikyapur	Manikyapur	Upper Primary school
11	Mathura	Gola Mathura	Upper Primary school
12	Sunarijhaloi	Belapur	Primary school

2.1 Score Card Findings

1. Most schools have scored poorly for infrastructure related indicators such as hand washing facilities and availability of water in toilets. Baliasara is an exception where availability of drinking water and hand wash has been rated highest.
2. Only 5 out of the 12 schools have toilets that are accessible by children with special needs (CwSN)
3. Availability of water for use in toilets is a major concern across schools. Except for Balia, all other schools have rated this indicator poorly.

4. Across schools lack of dustbins in kitchen areas and toilets is reported.
5. Soaps are available but kept in office rooms hence not available for use in most schools

Story of Sriya

The lack of accessible water and sanitation facilities is a key reason why many disabled children do not attend school. Eight-year-old Sriya, born with a club foot began attending school in early 2015, but every time she needed to use the toilet she had to walk back home. So she does not attend school regularly. Children like Sriya already go through a lot of pain and effort in making it every day to school; lack of sanitation should be the last reason they drop out of school or become irregular in attending classes. - Arjunapalli Upper Primary school

6. Menstrual hygiene facilities such as space for changing, bins for disposal of soiled napkins, soap and hand wash facilities are lacking in most schools. Sanitary pads are however, being provided by teachers when necessary
7. Toilets are mostly not clean due to lack of water, sometimes lack of personnel to clean. Lack of funds for procuring cleaning supplies is also reported in many schools
8. A few schools lack compound walls/ fence. As a result the school property is being damaged or misused by local residents who use the tube well or collecting water for domestic needs as well as use the school toilets as public toilets and soil them often.
9. Oversight by SDMC is average across schools. The same holds good for child cabinet as well.
10. Sanitation education has been rated well across schools. The medium of education has been mostly singing swachchata songs during prayers and conducting essay and debate programs on health and sanitation.
11. Across schools, record keeping has been rated highly. However, lack of funds is a common problem plaguing the schools.

In Ch. Nuagoan village 12 girls have discontinued school due to poor sanitation facilities. Most of the girls do not attend school 4-5 days during their menstrual cycle every month. Adding to this, the school head master does not provide sanitary pad to girls and the lady teachers are not educating the girls on menstrual hygiene. Many nationwide studies have shown that one of the main reasons of school absenteeism among girls is menstruation. Such research studies have also concluded that menstrual hygiene education, accessible sanitary products, pain relief, and adequate sanitary facilities at school would improve the schooling-experience of adolescent girls in India (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6286883/>)

- Govt. Nodal High School, Ch. Nuagoan

The girl students do not attend school regularly due to poor sanitation facilities or lack of sanitation at school. Discussions with some girl students revealed that they make visits to their homes during recreation time at school just to relieve themselves from nature's call. This means that they miss classes most of the time. They also fear road accidents and dog bites during such visits. This discourages many interested girls from being regular in their studies and also over a period of time could result in them dropping out of school

- Ambilapalli Primary School

Table 2.3: Consolidated Consensus Scores for the Schools

Sl. No.	Performance Indicators	Consensus Score											
		Ambilapalli	Arjunapalli	Badinupalli	Balia	Balasarara	Ch. Nuagoan	E. B. B. Pur	Kadalibasant	Kendupata	Manikyapur	G. Mathura	Belapur
1	Availability of Toilets for Boys and its Functionality	05	00	02	00	02	02	05	00	01	02	04	01
2	Availability of Toilets for Girls and its Functionality	05	02	00	05	02	01	03	05	00	03	00	03
3	Availability of Toilets for CWSN and its Functionality	05	04	03	04	03	04	00	04	01	00	03	00
4	Availability of Water in Toilets	01	02	01	05	03	01	03	03	01	03	01	00
5	Availability of Soap	05	05	01	04	00	00	05	03	03	03	05	00
6	Availability of Dustbins	03	05	02	05	04	04	05	03	04	04	05	05
7	Availability of Urinals in Boys Toilet	05	00	02	00	03	01	05	04	00	02	00	01
8	Availability of Menstrual Hygiene Facilities in Girls Toilets	NA	02	NA	NA	02	02	NA	NA	01	01	02	NA
9	Cleanliness of Toilets	02	04	03	04	04	00	04	04	01	02	05	03
10	Privacy and Security while Using the Toilets	04	05	01	05	05	02	05	05	04	04	03	03
11	Availability of Hand Wash	00	00	00	00	05	00	03	03	01	03	02	00
12	Availability of Drinking Water	01	02	03	03	05	01	05	04	01	02	02	02
13	Oversight and Involvement of SMC Members in School Sanitation	03	04	01	03	03	05	05	03	02	03	02	03
14	Oversight and Involvement of Child Cabinet Members in School Sanitation	05	04	03	05	03	00	05	05	02	04	05	04
15	Teachers Training on Sanitation	05	02	04	00	05	02	02	02	03	03	03	02
16	Sanitation Education for Children in Schools	05	05	03	05	05	03	05	05	03	05	05	04
17	Availability of Funds for School Sanitation	03	01	04	03	02	03	02	04	02	00	04	05
18	Book Keeping and Audits	05	05	05	05	05	05	05	05	02	05	05	05
19	Cleanliness of the School Premise and its Surroundings	03	05	02	04	05	04	05	05	04	04	02	04

2.2 Joint action plan highlights – actions planned at local level and actions at higher levels

The joint action plan comprises of actions to be taken at two different levels – at the school and at the block level

2.2.1 Actions at the School

1. Soaps to be provided regularly by the head master which will be made available at the toilet and not kept in the office room
2. Head master will orient the SDMC members on their roles and responsibilities as an oversight body especially related to school sanitation
3. Dustbins shall be made available in toilets and kitchen area by the head master
4. Some school head masters have also committed to making provisions for water filters, water facility in toilets, small repairs in toilets such as fixing the doors, providing hanging space etc.

2.2.2 Actions at the Block Level

Most of the actions committed to at this level include giving representations to Sarpanch and BDO as applicable for making necessary infrastructure and funding available to construct/ repair sanitation infrastructure such as building toilets, building hand wash facilities, drawing a water pipeline or digging a tube well etc. The head master and the SDMC members have agreed on timelines to make these representations that range from 2 weeks to a month on an average depending on the issue.

Community Score Card on School Sanitation



Communities Monitoring School Sanitation for Input Tracking

Input Tracking



Interview with School Management Committee Members



Record Verification and Interview with Teachers and Head Master



Interview with Students and Child Cabinet Members

Community Score Card on School Sanitation

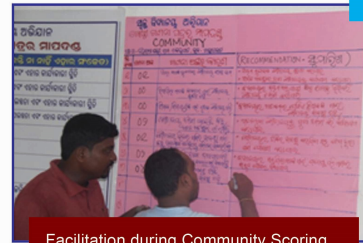


Communities Shared their Entitlements

Community Scoring



Communities discuss and provide Scores



Facilitation during Community Scoring



Communities with their Final Scores

Community Score Card on School Sanitation



Teachers Scoring

Service Provider Scoring



Entitlement Sharing With Teachers



Teachers Discuss and Provide Score

Community Score Card on School Sanitation

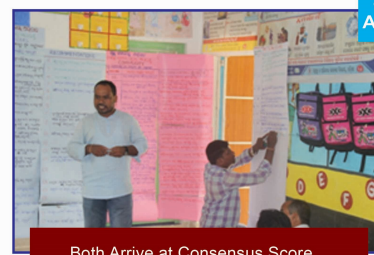


Communities Interface with Service Providers

Interface Meeting and Joint Action Plan



Service Providers Clarify Provisions



Both Arrive at Consensus Score



Joint Action Committee with Joint Action Plan

2.4 Follow up activities by YSD and its impacts

Post CSC, the YSD team carried out follow-up discussions, with all the concerned stakeholders like schools' staff, members of SDMC, Child cabinet and staff at the block and district level to facilitate the implementation of the joint action plan. Many training/ awareness activities were held to sensitize the members of the committees about their roles and responsibilities. Similar sensitization activities were conducted to sensitize users about health, hygiene and sanitation. Some of the immediate changes observed as a result of these activities are listed below.

2.4.1 Physical Changes

1. Separate toilet for boys/ Girls have been constructed or repaired as necessary in some schools
2. Toilets for CwSN have been repaired making it accessible to children with special needs
3. Some toilets that lacked water supply have been provided with water supply systems that will ensure more efficient use of the available toilet infrastructure as well as help maintain it clean and tidy.
4. Several schools have installed Water filters to ensure safe and clean drinking water is made available at the school for its students and teachers
5. Some schools, where drinking water is stored in vessels for children to use, have made sure that a spout with a long handle is made available to fetch water instead of dipping the tumbler directly into the vessel of water. This will help maintain the water cleaner and safer for all.
6. Multi tap hand wash facilities have been constructed/ repaired in schools to help children wash their hands before and after meals as well as every time they use the toilet.
7. Soap is being provided by the concerned Headmaster for use every time children use the toilets to wash their hands and maintain personal hygiene
8. Toilet signage has been installed in some schools where it was missing
9. Menstrual Hygiene facilities are arranged (sanitary pad, dust bin and soap)
10. Dustbins are kept inside the class rooms and also at other appropriate places in the school
11. Minor repairs have been made to the existing toilets where necessary to make them more functional

2.4.2 Behaviour and Attitude Change

1. Toilets are being used by more students and are also being kept clean
2. School campus and its surroundings are cleaned regularly
3. Children have started practicing hand washing using soap before having meals and after using toilet
4. Children have started using the dust bins and stopped littering around
5. Students are not resorting to open defecation any more
6. Girl students are using sanitary pads during their period at school
7. Monthly discussions are held among students regarding sanitation messages and topics ensuring their increased involvement in understanding and practicing personal hygiene practices as well as in maintaining the cleanliness of school and its premises.
8. Students are paying more attention towards personal hygiene habits like cutting their nails and wearing clean dresses in their day to day life

- Students are imparted with sanitation education on a regular basis

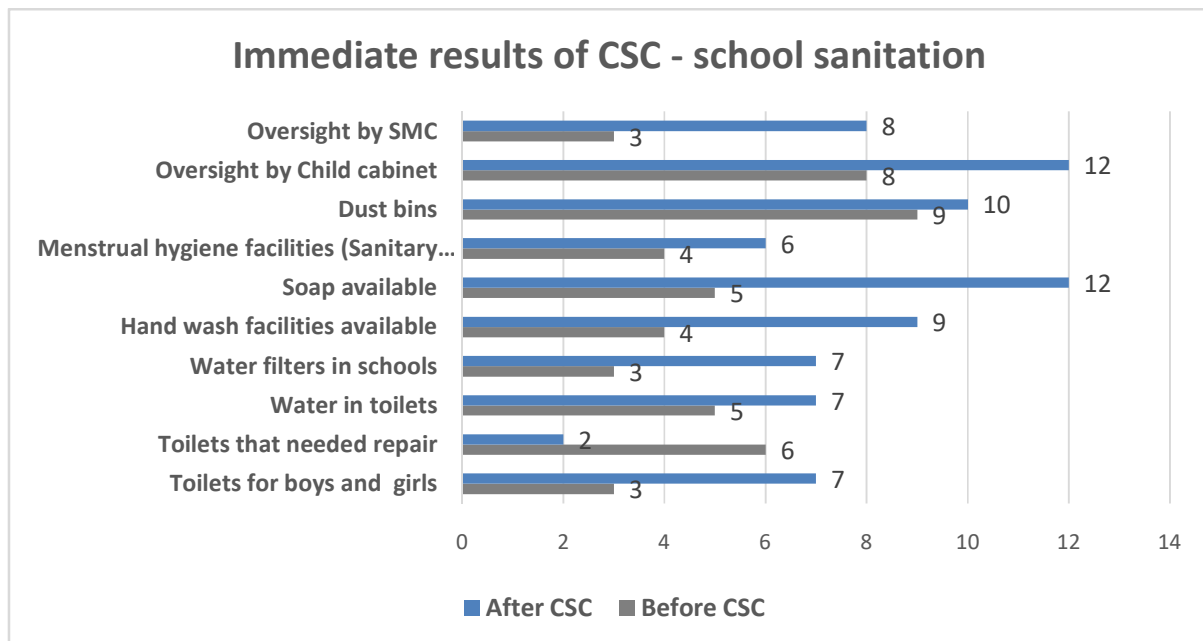
2.4.3 Improved participation and empowerment

- Some schools where child cabinet and SMC ceased to exist now have a functional committee.
- Child cabinet members and Sanitation Ministers are actively involved in monitoring the cleanliness of toilets and the school campus
- SMC members visit the schools more often now and monitoring the overall functioning of the school and in particular the sanitation facilities at schools
- SMC members are organizing meetings and passing necessary resolutions to resolve sanitation issues on a more regular basis
- Community members also have become aware and are more actively involved in the functioning of the school. They visit the school often and keep a check on the school sanitation facilities; they also have started lodging complaints to higher authorities for improving the school sanitation in some schools.
- Community members have begun constructive discussions with the head master of some schools related to sanitation and other matters concerning the school

2.4.4 Immediate Impacts

- Students' attendance in school has increased
- Safe and clean drinking water is available to students in schools
- Open defecation has reduced with more students using the toilets in schools as well as at home
- Students have started practicing healthy habits such as hand washing at their homes moving gradually towards leading a more healthy life
- Girl students are not staying back home during their menstrual cycles rather they are attending school regularly

Figure 1: Results of CSC in schools



All values are in Numbers

The above graph shows the changes observed in the sanitation facilities available in schools after CSC exercise. The before and after numbers are based on the score card ratings and the changes recorded by the YSD team respectively.

3. COMMUNITY SCORE CARD ON SANITATION IN ANGANWADI CENTERS, GANJAM, ODISHA

3.0 Sampling for Community Score Cards on Sanitation services in Anganwadi centers.

Fourteen CSC exercises were conducted across 12 Gram Panchayats in Ganjam district selected based on random sampling technique. All the 6 steps of the CSC process were conducted for each of these centers by YSD team.

3.1: Community Score Card Sampling details for Anganwadi centers

Sl.No	Details
1	Number of Gram Panchayats - 14
2	Number of AnganwadiCenters (AWC) - 14
3	Stake holders – Users :Pregnant women, Lactating mothers, Parents of Children visiting the AnganwadiCenters and Community Groups Service Providers: Anganwadi worker, ASHA/ANM, Block level officers

3.2: Details of Anganwadi centers where Community Score Card was conducted

Sl.No	Gram Panchayat	Village
1	Tankachhai	Ambilapalli
2	Baunsia	Arjunapalli
3	Badinuapalli	Badinuapalli
4	Kamanalinakshyapur	Balia
5	Baliasara	Baliasara
6	Ch. Nuagoan	Ch. Nuagoan
7	Baunsia	E. B. B. Pur
8	Tulasipur	Kadalibasanta
9	Badinuapalli	Kendupata
10	Manikyapur	Manikyapur
11	Mathura	Gola Mathura
12	Sunarijhaloi	Belapur
13	Gudiali	Gudiali
14	Jhadabai	Ganganapur

3.1 Score Card Findings

1. Six out of fourteen centers where CSC was conducted either do not have their own buildings or the buildings are in bad shape needing repairs such as leaking roofs. Those centers that do not have a building of their own function out of other public buildings such as community halls and schools.
2. Most of the AWCs (12 out of 14) do not have functioning toilets. Urinals are not available in any of the 14 AWCs where the CSC was conducted.
3. Most centers have scored poorly on indicators related to other sanitation infrastructures such as hand washing facilities, availability of drinking water, soap and dustbins. AWCs in Balia, Kendupata, Kadalibasanta and Manikyaur have been rated very poorly on infrastructure indicators.
4. Drinking water is obtained mostly from public sources such as a tube well or a public tap. The Anganwadi worker fetches water from the tube well and stores it for use. There are no water filters in many of the centers.
5. Across AWCs lack of dustbins is reported.

Gayatri dreads going to VHND

Kadalibasanta is a village under Tulasipur G.P. of Khallikote block in Khallikote district. This village has more than 200 households. Gayatri is a pregnant lady who attends the VHND on every first Tuesday of the month conducted by the AWC-1 Kendupata by travelling a distance of 2-3 kms. She along with other participants from her village wait for 2-3 hours to get their check-up done here every time they visit. There is no toilet at the AWC which makes it very inconvenient for women like Gayatri to hold back for such long hours. She has suffered a good deal and has also complained to the Anganwadi worker asking her to make arrangements for a toilet facility at the AWC.

Gayatri and others have complained to the Gram panchayat many times. They have also individually met the Gram Panchayat Sarpanch requesting to take immediate steps for improving the sanitation facility at the AWC. But the Sarpancha has not taken any action for solving the sanitation problems in Kendupata AWC.

So she dreads going to the AWC and sometimes does not attend the VHND program.

6. Soaps are not available for use in many AWCs
7. The Anganwadi worker in many centers are trained on sanitation and hygiene education.
8. Centers that have their own buildings, are displaying posters and caricatures with messages related to hygiene and sanitation.
9. Oversight by Mothers committee and Anganwadi committee is rated above average across AWCs. It is seen that the committee members visit regularly some centers and occasionally in some others. However, lack of specific focus by the committee members on hygiene and sanitation at the AWC is reported in many centers.
10. Across AWCs, record keeping has been rated highly. However, lack of funds is a common problem plaguing the AWCs.

11. There are several other issues that are not common across all AWCs but pertinent to individual centers. For example, the center in Belapur is facing problems of fear of snake bites during rainy season because of the thick grass in front of the center that is not cut or maintained properly. The surrounding areas of the Anganwadi in Badinuapalli are low lying areas. During the rainy season these areas are covered by water which makes it difficult to go to the Anganwadicentre not only for children but also for the staff members and the community people.

Low attendance in training programs due to lack of toilet in AWC

Ganganapur village is a revenue village of Jhadabai GP under Purusottampur block in Ganjam district. The village has about 400 HHs and the area is divided into five wards of Gram Panchayat. In Ganganapur village the Anganwadi worker has formed 12 Self Help Groups (SHGs). MaaSaraswati Self Help Group is one of them. According to the members of MaaSaraswati SHG, they organize weekly and monthly meetings of the SHG in their Anganwadi centre. But the AWC lacks basic sanitation facilities like toilet, urinal, drinking water and hand wash. During their monthly and weekly meeting the SHG members find this to be very inconvenient and hence sometimes go to their homes to attend nature's call or resort to open defecation.

The Community Resource Person (CRP) of Jhadabai Gram Panchayat organizes training programs occasionally, for capacity building of Self Help Groups (SHGs) in this Anganwadi centre. In December 2019 the CRP had organized a training program for Self Help Groups members on organic farming but only 18 members attended the training. The reason for such a low attendance was poor sanitation facilities at the Anganwadi centre.

3.3: Consolidated Consensus Scores for Anganwadi Centers

Sl. No.	Performance Indicators	Consensus score													
		Ambilapalli	Arjunapalli	Badinuapalli	Balia	Ballasara	Ch. Nuagoan	E. B. Pur	Kadalbasanta	Kendupata	Manikyapur	G. Mathura	Belapur	Gudiali	Ganganapur
1	Availability of separate building for AWC	00	-	-	00	01	05	-	02	-	01	03	02	05	-
2	Availability of toilets and its functionality	00	03	00	00	00	00	03	00	00	00	00	00	00	00
3	Availability of urinal and its functionality	00	00	00	00	00	00	00	-	00	00	00	00	00	00
4	Availability of hand wash	00	03	02	03	01	00	00	02	00	00	02	03	03	00
5	Availability of soap	05	05	05	00	05	03	05	00	03	01	01	02	05	05
6	Availability of drinking water	03	02	03	02	02	05	05	02	01	03	04	03	05	02
7	Availability of dustbins	03	04	05	02	05	05	00	00	03	00	05	05	00	05
8	Cleanliness of the AWC premise and its surroundings	05	05	02	04	05	05	02	04	02	03	05	05	05	05
9	Sanitation Education for user/Children in AWC	04	05	04	04	05	05	05	04	05	04	05	04	05	05
10	AWW Training on Sanitation	05	05	04	05	05	05	05	04	05	05	05	05	05	05
11	Availability of Funds for AWC Sanitation	02	03	00	02	01	03	02	04	02	01	00	03	02	00
12	Book Keeping and Audits	05	05	05	05	05	05	05	05	05	05	05	05	05	05
13	Oversight and involvement of mothers committee and vigilance monitoring committee in AWC sanitation	03	04	03	03	03	04	04	04	02	03	02	03	02	04

Note: Indicator 1 has not been assessed at all AWCs however, those centers where there is no specific score indicated, have their own building. Indicators with scores 0-3 were considered for developing joint action plan hence implying that these needed immediate attention

3.2 Joint action plan highlights – actions planned at local level and actions at higher levels

The joint action plan comprises of actions to be taken at two different levels – at the Anganwadicenter and at the block level

3.2.1 Actions at the AnganwadiCenter

1. Soaps are to be provided regularly by the Anganwadi worker
2. Dustbins shall be made available in the Anganwadi center
3. Some Supervisors of Anganwadi Centers have also committed to make water filters and storage vessels for drinking water available.
4. The YSD team will organize a training programme for Mothers' committee and Vigilance committee (Jaanch committee) to understand their role and responsibilities.

3.2.2 Actions at the Block Level

Most of the actions committed to at this level include giving representations to Sarpanch and BDO as applicable for making necessary infrastructure and funding available to construct/ repair sanitation infrastructure such as building Anganwadicenters, building toilets with urinals, building hand wash facilities, drawing a water pipeline or digging a tube well etc. The Supervisor and Anganwadi workers have agreed to make such representations within 30 days.

3.4 Follow up activities by YSD and its impacts

Post CSC, the YSD team carried out follow-up discussions, with all the concerned stakeholders to facilitate the implementation of the joint action plan. Several training/ awareness activities were held to sensitize the members of the committees about their roles and responsibilities. Similar sensitization activities were conducted to sensitize users about health, hygiene and sanitation. Some of the immediate changes observed as a result of these activities are listed below.

3.4.1 Physical Changes

1. Land for construction of Anganwadi centers has been selected for some centers that did not have their own building
2. Toilet construction has begun in a few centers where there were no toilets.
3. Soap is being made available for washing hands in most of the AWCs
4. Storage facilities for drinking water such as buckets with lids are made available in many centers. Some centers have also provided water filters.
5. Dustbins are now available in AWCs for throwing the trash.
6. Some centers that needed repairs in its surroundings like soil filling, cutting of grass etc have been addressed.

3.4.2 Behaviour and Attitude Change

1. Pre- school children have started cultivating the habit of washing their hands using soap before eating food.
2. Children have also started using dustbins to throw trash and are not littering around the AWC
3. AWC and its surroundings are cleaned regularly. Some centers have also grown beautiful garden around the center

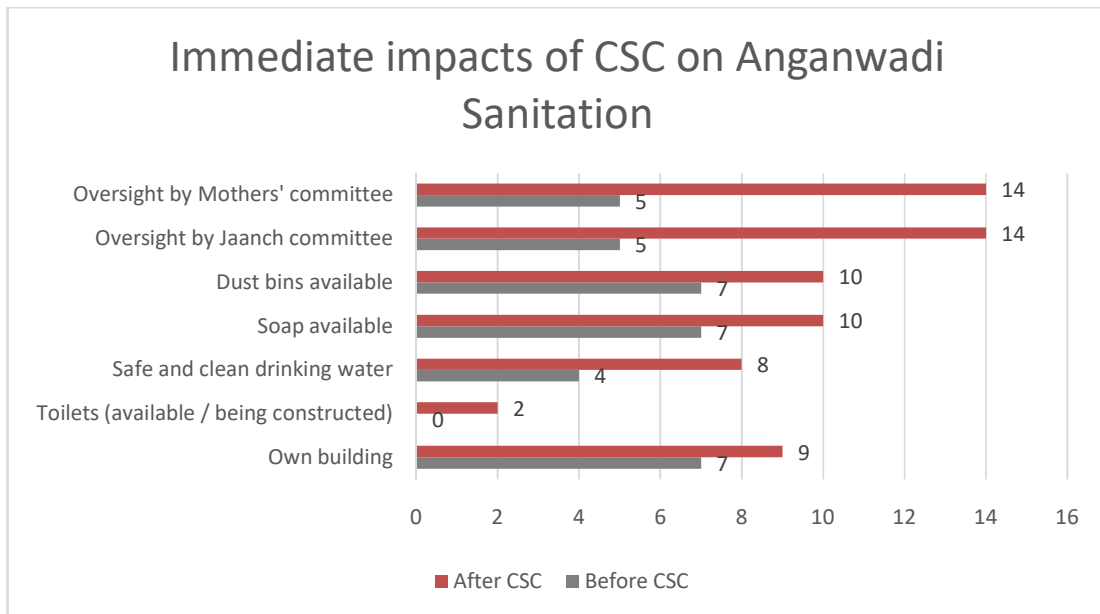
3.4.3 Improved participation and empowerment

1. Members of the Mothers committee and Jaanch committee are actively involved in monitoring the cleanliness of AWC and are making regular visits to the center
2. Community members also have become aware and are more actively involved in the functioning of the AWC. They visit the center often and keep a check on the sanitation facilities; they also have started working with the committee members in demanding better facilities at the AWC from the Sarpanch
3. Community members are also working with the block level officials to make arrangements for better facilities at the AWCs including appointment of helpers where needed

3.4.4 Immediate Impacts

1. Children attend AWC more regularly than before.
2. Safe and clean drinking water is available for children at the center
3. Children have started practicing healthy habits such as hand washing before meals at a very young age
4. The AWC and its surroundings are kept clean as children do not litter around, instead use dustbins that are provided at the AWC.
5. The relationship between Anganwadi worker and the community members has strengthened.

Figure 2: Results of CSC in Anganwadi Centers (AWC)



All values are in Numbers

The above graph shows the changes observed in the sanitation facilities available in Anganwadicenters after CSC exercise. The before and after numbers are based on the score card ratings and the changes recorded by the YSD team respectively.

4. COMMUNITY SCORE CARD ON SANITATION IN HEALTH CENTERS, GANJAM, ODISHA

4.0 Sampling for Community Score Cards on Sanitation services in Health centers.

Seven CSC exercises were conducted across 7 Gram Panchayats in Ganjam district selected based on random sampling technique. All the 6 steps of the CSC process were conducted for each of these centers by YSD team.

4.1: Community Score Card Sampling details for Health centers

Sl.No	Details
1	Number of Gram Panchayats - 7
2	Number of Health Centers (HC) - 7
3	Stake holders – Users: Patients, parents of children who were suffering from illness Service Providers: Health center staff, Block level officers

4.2: Details of Health centers where Community Score Card was conducted

Sl.No	Gram Panchayat	Village
1	Badinuapalli	Badinuapalli
2	Kamanalinakshyapur	Balia
3	Ch. Nuagoan	Ch. Nuagoan
4	Badinuapalli	Kendupata
5	Sunarijhaloi	Sunarijhaloi
6	Gudiali	Gudiali
7	Jhadabai	Ganganapur

4.1 Score Card Findings

1. Three out of seven health centers where CSC was conducted did not have toilets.
2. Two out of the remaining four centers that had toilets did not have access to water in toilets
3. Health center in Gudiali did not have toilets but had hand wash, while the other two health centers in Ganganapur and Badinuapalli did not have toilets as well as hand wash facilities.
4. Except in Ganganapur center, all other six centers had a good oversight system by RKS/GKS.
5. Six centers except the one in Ch.Nuagoan also reported having substantial funds for sanitation facilities at the center.
6. All centers have scored highly for their efforts on educating their users about sanitation
7. Ganganapur scored very poorly on availability of drinking water facilities followed by the health center at Badinuapalli. The remaining centers scored highly.

The story of MitaSethy

MitaSethy aged about 28 is a lactating mother in Badhnuapalli village. She has a 5 month old baby. She once visited the Sub-center in Badhnuapalli for her child's vaccination. The ANM instructed her to wait for 20 minutes. But at that moment, she needed to use the toilet but the Sub-center did not have a toilet that she could use because of which she had to return home. When she visited the centre again to complete the vaccination, the centre was closed. Such an experience is not limited to Mita alone but many others who have used the services of the sub-center in Badhnuapalli have faced such inconveniences.

8. All Health centers had dustbins available at all appropriate places within their premise.
9. Soaps were also available in most of the Health centers
10. The four health centers that had toilets also had proper signage for the same

TapaswiniBhuyan's Story

The Community Health Care Centre in Kabisuryanagar lacks sanitation facilities and cleanliness. "Sanitation workers do not change the bed sheets regularly. Patients have to sleep on dirty and stained sheets. The workers clean the room once in every two or three days" as reported by TapaswiniBhuyan. She also said that the toilets were not clean, they did not have water facility because of which many patients were using the toilet without water. Even though the government has constructed hand washing facility, the officials at the center do not provide soap for washing hands. Patients have complained about these issues to the Medical Officer of Kabisuryanagar block but no action has been taken.

4.3: Consolidated Consensus Scores for Health Centers

Sl. No.	Performance Indicators	Consensus Score						
		Badinuapalli	Balia	Ch. Nuagoan	Ganganapur	Gudiali	Kendupata	Sunarijola
1	Availability of toilets for Men and its functionality	00	05	02	00	00	03	02
2	Availability of toilets for Ladies and its functionality	00	03	01	00	00	03	02
3	Availability of water in toilets	01	05	00	00	00	05	02
4	Availability of soap	05	03	05	04	05	02	05
5	Availability of dustbins	05	05	05	05	05	05	05
6	Availability of Urinals in Men's toilet	00	02	02	00	00	01	02
7	Availability of signage for toilets	00	05	05	00	00	05	05
8	Availability of Hand Wash	02	05	05	00	03	02	05
9	Availability of Drinking Water	03	05	05	01	05	05	05
10	Health worker training on sanitation	05	-	-	-	-	-	05
11	Cleanliness of Toilets	-	05	05	-	-	03	03
12	Oversight and involvement of RKS/GKS members in Health Center Sanitation	05	05	05	03	05	05	05
13	Sanitation education efforts for Users in Health Centers	05	05	05	05	05	05	05
14	Availability of funds for Health Center sanitation	05	05	03	05	05	05	05
15	Cleanliness of the Health Center premise and its surroundings	03	05	03	05	03	05	05

Note: Indicator 10 and 11 have not been assessed at all Health centers.

Indicators with scores 0-3 were considered for developing joint action plan hence implying that these needed immediate attention

4.2 Joint action plan highlights – actions planned at local level and actions at higher levels

The joint action plan comprises of actions to be taken at two different levels – at the Healthcenter and at the block level

4.2.1 Actions at the HealthCenter

1. The Medical Officer would assess and submit reports of dysfunctional toilets to CDMO for undertaking repair works
2. The MO and community members will organize cleanliness drives for cleaning the Health center campus and its surrounding areas

4.2.2 Actions at the Block Level

The MahilaAdhikarManch members and ANM will submit applications to the Sarapanch for taking necessary steps to ensure that the sanitation facilities are made available at the Health centers including but not limited to allocation of funds, construction / repair of toilets where necessary, provide soaps, arrange water supply in toilets, upkeep and maintenance of cleanliness in the Health centers.

4.4 Follow up activities by YSD and its impacts

YSD team members carried out several follow-up activities including meetings, discussions and repeat visits to the health center to ensure the implementation of the joint action plan developed at the interface meeting.

4.4.1 Physical Changes

1. Toilet and hand wash construction process has begun in Health centers where toilets were missing
2. Toilets that needed repairs have been attended like repairing the toilet door
3. Repairing of Public toilet and Urinals is in process
4. The wards and other areas within the Health centers are cleaned more frequently and maintained clean

4.4.2 Behaviour and Attitude Change

1. Health centers and their surroundings are regularly cleaned
2. Patients use soap regularly at the health centers after using the toilets
3. The dustbins are used regularly at the health centers resulting in cleaner premises

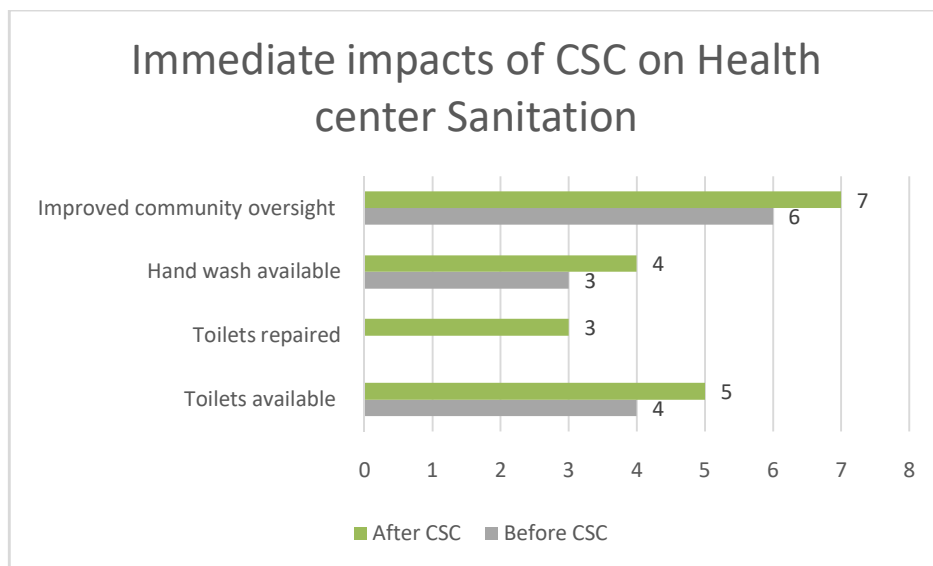
4.4.3 Improved participation and empowerment

GKS members visit the Health centres regularly and monitor the maintenance and usage of sanitation facilities. They have also planned on discussing issues related to the health center in their monthly meetings

4.4.4 Immediate Impacts

1. Awareness about general hygiene and sanitation among peoples were sensitized about basic sanitation services and its proper usage
2. There is a reduction in general infectious diseases in the local areas
3. Community members are also working with the higher officials to make arrangements for better facilities at the Health centers
4. Some of the patients who were visiting private hospitals have instead starting using the Government Health Centre

Figure 3: Results of CSC in Health Centers (HC)



All values are in Numbers

The above graph shows the changes observed in the sanitation facilities available in Healthcenters after CSC exercise. The before and after numbers are based on the score card ratings and the changes recorded by the YSD team respectively.

5 CONCLUSION AND RECOMMENDATIONS

5.1 Comparison of status of sanitation across public institutions in Ganjam district

Lack of infrastructure: Many Anganwadi centers do not have a building of their own to operate from. Sanitation infrastructure such as toilets are missing in many Anganwadi centers, schools and health centers. Where available, they are not in the best condition. Even though some of these centers have designated toilets for ladies and PwSN they are dysfunctional. Hand wash facilities are missing in most of these centers. Many centers even lack single hand wash basin even though it is ideal to have multiple hand wash facilities.

Lack of water supply in toilets: Water supply to toilets is far from satisfactory in most of the Schools, Anganwadi center and Health centers.

Lack of safe drinking water: Drinking water is mostly available but is not felt safe and clean for everybody's use. Filtered safe and clean water is missing because many of these places do not have water filters.

Unavailability of soap and dustbins: In schools, soaps are available but kept in the office and is not readily available for use in toilets. In Anganwadi centers and health centers, soaps are not available for use in the premise. Basic facilities like dustbins are also not adequately available in many of the schools and Anganwadi centers.

In-effective oversight and monitoring: Oversight structures like Jaanch committee, GKS/RKS and SDMC are present. But mostly inactive. Members of these committees do not actively participate in the proceedings of the meetings. In case of Anganwadi centers, the Mothers' committee is vigilant in overseeing the functioning of the centers, however they do not pay attention to sanitation issues. They lack awareness about their roles and responsibilities as members of these fora.

Lack of funds: Insufficiency of funds is also common across some of these institutions. Many officials from schools, Anganwadi centers and Health centers have reported insufficiency of funds to provide good quality sanitation facilities.

Training and education: Sanitation education efforts by officials are rated highly across these institutions. Sanitation training among the officials is also rated high across these public institutions.

The implementation of Community score cards in these public institutions has begun the change process. Users of these public services are more sensitized about their entitlements and need for better sanitation facilities in these centers. They are now willing to demand for better services as well as work hand- in hand with the service providers to ensure that the sanitation services in these centers improve.

5.2 CONCLUSION

The process of designing and conducting CSCs has been fruitful in understanding the sanitation issues in Schools, Anganwadicenters and Health centers for both users and providers. The discussions and consultation at the joint platform has made it possible for both users and providers, to understand the obstacles in addressing these issues as well as the role that each one of them have to play in order to resolve them. This has strengthened the relationship between the community members and the officials.

The joint action plans fixes the responsibilities and timelines for agreed action hence ensuring the possibility of follow-up and effective implementation of the agreed action plan. This also makes the system more transparent and accountable.

Though the intent of the CSC exercise was to arrive at local solutions, the nature of issues plaguing the sanitation services in Schools, Anganwadi centers and Health centers was such that it demanded the intervention from higher levels of administration. Steps have been taken to ensure that the higher administration's attention is brought to these sanitation issues. Follow up from YSD team and members of concerned oversight structures as well as officials of these centers will most likely ensure that these issues are addressed within a short span of time. Certain minor interventions that are possible at the institution level such as providing a water filter, providing soap in toilets, dustbins where needed etc. have been implemented post CSC in many of these centers.

5.3 RECOMMENDATIONS

1. **Enhancement of funds for sanitation infrastructure:** The general lack of sanitation infrastructure across the three public institutions is a matter of concern. Whether it is that no funds are available or those that are available are insufficient is not clear. It is also possible that timely disbursement of the available funds could be a problem. This is a matter that needs further investigation. Members of the oversight committees and the Gram Panchayat officials need to work together to come up with a realistic estimate of funds required for infrastructure development. Further, it is very critical that funding be allocated for regular maintenance of these structures to ensure functioning
2. **Ensuring water supply:** For toilet to be functional, water supply is essential. All of these centers should work towards providing water for the toilets through digging borewells where necessary or using the existing ones and using solar water tanks that can provide water to multiple facilities.
3. **Provision of safe drinking water:** Use of water filters in all the centers is mandatory. It is critical to ensure that this is done to ensure safe and clean drinking water is available. In places where funds are not immediately available at the facility or Panchayat level, the community can even

come together and donate water filters. The community monitoring committees need to play a major role in this exercise.

4. **Training and mobilization of community monitoring committees:** It is essential that members of community monitoring committees like SDMC, Mothers' committee etc are aware of their own roles as well as the services that the centers are supposed to provide. This awareness can be brought about through training. These training programs can be offered either by the local NGOs or through the government. They can be annual short term programs for those who are new to the committee and refresher programs for those who have been members before. The training should ideally also include information on funds available under different heads for the center and which departments they can be mobilized from.

Annexure 1: School sanitation score card

Sl. No.	Performance Indicators	Community and Service Provider Scores											
		Ambliapalli		Arjunapalli		Badinupalli		Ballia		Baliasara		Ch. Nuagoan	
		CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC
1	Availability of Toilets for Boys and its Functionality	4	5	1	0	2	3	1	0	1	3	2	5
2	Availability of Toilets for Girls and its Functionality	5	5	1	2	0	5	0	5	0	2	1	5
3	Availability of Toilets for CWSN and its Functionality	5	5	0	5	3	3	4	5	1	5	2	5
4	Availability of Water in Toilets	1	3	0	2	2	1	5	5	1	3	1	1
5	Availability of Soap	0	5	0	5	2	1	2	5	0	1	0	5
6	Availability of Dustbins	0	5	5	5	3	2	5	5	4	4	4	5
7	Availability of Urinals in Boys Toilet	5	5	1	0	3	2	0	0	1	4	1	2
8	Availability of Menstrual Hygiene Facilities in Girls Toilets	-	-	0	2	-	-	-	-	1	5	2	1
9	Cleanliness of Toilets	1	4	4	3	2	4	5	4	0	5	0	5
10	Privacy and Security while Using the Toilets	5	4	5	5	1	1	5	5	4	5	2	5
11	Availability of Hand Wash	0	0	0	0	0	0	4	0	5	5	0	5
12	Availability of Drinking Water	0	2	1	2	4	3	4	3	5	5	1	3
13	Oversight and Involvement of SMC Members in School Sanitation	1	5	1	4	1	1	4	3	1	5	1	5
14	Oversight and Involvement of Child Cabinet Members in School Sanitation	4	5	2	5	2	4	4	5	3	4	0	5
15	Teachers Training on Sanitation	5	5	-	2	-	4	-	0	-	5	-	2
16	Sanitation Education for Children in Schools	1	5	4	5	2	4	5	5	5	4	3	5
17	Availability of Funds for School Sanitation	4	3	-	1	-	4	-	3	-	2	-	3
18	Book Keeping and Audits	5	5	-	5	-	5	-	5	-	5	-	5
19	Cleanliness of the School Premise and its Surroundings	0	5	5	5	1	2	4	4	5	5	4	5

CS: Community / User score; SC: Service Provider Score

Sl. No.	Performance Indicators	Community and Service Provider Score											
		E. B. B. Pur		Kadalibasanta		Kendupata		Manikyapur		G. Mathura		Belapur	
		CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC
1	Availability of Toilets for Boys and its Functionality	4	5	2	0	1	0	1	2	5	4	1	1
2	Availability of Toilets for Girls and its Functionality	3	3	5	5	0	0	3	3	4	0	1	4
3	Availability of Toilets for CWSN and its Functionality	0	0	3	5	2	1	0	0	3	3	0	0
4	Availability of Water in Toilets	1	4	2	3	1	1	5	3	2	1	0	0
5	Availability of Soap	5	5	1	5	2	4	0	5	0	5	0	5
6	Availability of Dustbins	5	5	3	5	4	5	1	5	5	5	4	5
7	Availability of Urinals in Boys Toilet	3	5	4	4	0	0	0	2	0	2	0	1
8	Availability of Menstrual Hygiene Facilities in Girls Toilets	-	-	-	-	1	1	3	1	2	2	-	-
9	Cleanliness of Toilets	3	5	4	5	1	3	1	3	5	5	1	5
10	Privacy and Security while Using the Toilets	5	5	5	5	4	4	5	4	3	5	0	5
11	Availability of Hand Wash	0	3	1	3	1	0	3	3	2	0	0	0
12	Availability of Drinking Water	0	5	4	5	0	1	1	3	3	2	1	3
13	Oversight and Involvement of SMC Members in School Sanitation	5	5	3	3	1	4	2	3	3	2	2	4
14	Oversight and Involvement of Child Cabinet Members in School Sanitation	5	5	5	5	0	2	1	4	5	5	3	5
15	Teachers Training on Sanitation	-	2	-	2	1	2	4	1	-	3	-	2
16	Sanitation Education for Children in Schools	4	5	4	5	4	5	0	5	5	5	1	5
17	Availability of Funds for School Sanitation	-	2	-	4	-	2	-	0	-	4	-	5
18	Book Keeping and Audits	-	5	-	5	-	4	-	5	-	5	-	5
19	Cleanliness of the School Premise and its Surroundings	5	5	5	5	-	3	-	4	4	2	3	4

CS: Community / User score; SC: Service Provider Score

Annexure 2: Anganwadi Center sanitation score card

Sl. No.	Performance Indicators	Community and Service Provider Score													
		Ambilipalli		Arjunapalli		Badinupalli		Balila		Baliasara		Ch. Nuagoan		E. B. B. Pur	
		CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC
1	Availability of separate building for AWC	0	0	-	-	-	-	0	0	1	1	5	5	-	-
2	Availability of toilets and its functionality	0	0	2	3	0	0	0	0	0	0	0	0	3	3
3	Availability of urinal and its functionality	-	0	-	0	-	0	-	0	-	0	-	0	0	0
4	Availability of hand wash	0	0	0	3	0	3	0	3	2	0	0	0	0	0
5	Availability of soap	0	5	0	5	3	5	0	3	5	5	3	5	5	5
6	Availability of drinking water	2	3	2	3	2	4	1	4	3	2	5	4	2	5
7	Availability of dustbins	0	3	0	5	0	5	0	2	5	5	5	5	0	0
8	Cleanliness of the AWC premise and its surroundings	0	5	3	5	1	4	4	4	5	5	5	5	2	5
9	Sanitation Education for user/Children in AWC	1	4	-	5	4	4	3	5	4	5	5	5	5	5
10	AWW Training on Sanitation	-	5	-	5	-	4	-	5	-	5	-	5	-	5
11	Availability of Funds for AWC Sanitation	-	2	-	3	-	0	-	2	-	1	-	3	-	2
12	Book Keeping and Audits	-	5	-	5	-	5	-	5	-	5	-	5	-	5
13	Oversight and involvement of mothers committee and vigilance monitoring committee in AWC sanitation	0	4	3	5	3	3	2	4	3	3	4	4	5	4

CS: Community / User score; SC: Service Provider Score

Sl. No.	Performance Indicators	Community and Service Provider Score													
		Kadalibasanta		Kendupata		Manikyapur		G. Mathura		Belapur		Gudiali		Ganganapur	
		CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC
1	Availability of separate building for AWC	2	2	-	-	2	1	3	3	1	2	-	5	-	-
2	Availability of toilets and its functionality	0	0	0	0	0	-	0	0	0	0	0	0	0	0
3	Availability of urinal and its functionality	-	-	-	0	0	0	-	0	0	0	0	0	0	0
4	Availability of hand wash	0	3	1	0	0	0	2	3	3	3	3	3	0	0
5	Availability of soap	0	1	2	4	0	1	1	2	0	5	0	5	5	5
6	Availability of drinking water	0	4	1	2	0	3	4	5	1	5	5	3	5	1
7	Availability of dustbins	0	0	0	3	0	0	5	5	0	5	0	0	5	5
8	Cleanliness of the AWC premise and its surroundings	3	5	0	3	0	3	5	5	-	5	5	5	5	4
9	Sanitation Education for user/Children in AWC	3	5	5	5	4	3	3	5	0	5	2	5	5	5
10	AWW Training on Sanitation	-	5	-	5	-	5	-	5	-	5	-	5	-	5
11	Availability of Funds for AWC Sanitation	-	2	-	2	-	1	-	0	-	3	-	2	-	0
12	Book Keeping and Audits	-	5	-	5	-	5	-	5	-	5	-	5	-	5
13	Oversight and involvement of mothers committee and vigilance monitoring committee in AWC sanitation	2	4	1	4	3	4	2	5	1	5	0	2	4	5

CS: Community / User score; SC: Service Provider Score

Annexure 3: Health center sanitation score card

Sl. No.	Performance Indicators	Community and Service Provider Score													
		Badinuapalli		Balila		Ch. Nuagoan		Ganganapur		Gudiali		Kendupata		Sunarijola	
		CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC	CS	SC
1	Availability of toilets for Men and its functionality	0	0	5	5	0	2	0	0	0	0	3	3	5	2
2	Availability of toilets for Ladies and its functionality	0	3	5	3	0	1	0	0	3	0	3	3	5	2
3	Availability of water in toilets	0	2	5	5	5	0	1	0	5	0	5	5	2	0
4	Availability of soap	0	5	3	3	0	5	0	4	2	5	0	2	5	5
5	Availability of dustbins	2	5	5	5	5	5	5	5	5	5	5	5	5	5
6	Availability of Urinals in Men's toilet	0	0	4	2	0	2	0	0	-	0	1	3	5	2
7	Availability of signage for toilets	0	0	5	5	0	5	0	0	-	0	5	5	5	5
8	Availability of Hand Wash	0	3	5	5	5	-	0	0	3	0	2	2	5	5
9	Availability of Drinking Water	3	5	4	5	5	5	0	1	5	5	5	5	5	5
10	Health worker training on sanitation	-	5	-	-	-	-	-	-	-	-	-	-	-	5
11	Cleanliness of Toilets	-	-	4	5	0	5	-	-	-	-	2	5	3	2
12	Oversight and involvement of RKS/GKS members in Health Center Sanitation	1	5	5	5	0	5	4	2	0	5	5	5	4	5
13	Sanitation education efforts for Users in Health Centers	5	5	5	5	0	5	5	5	5	5	5	5	3	5
14	Availability of funds for Health Center sanitation	5	5	-	5	-	3	-	5	-	5	-	5	-	5
15	Cleanliness of the Health Center premise and its surroundings	4	3	3	5	5	3	5	5	2	4	5	5	4	5

CS: Community / User score; SC: Service Provider Score