A woman wearing a green sari with a blue border and a red bindi on her forehead stands in a public toilet facility. The walls are tiled with a checkered pattern of brown, tan, and grey tiles. A white squatting toilet is visible on the floor. The woman is looking slightly to the right of the camera.

RURAL SANITATION
IN GANJAM, ODISHA :
A CITIZEN REPORT CARD
SWACHH BHARAT MISSION-GRAMIN

YOUTH FOR SOCIAL DEVELOPMENT

Rural Sanitation in Ganjam, Odisha : a Citizen Report Card Swachh Bharat Mission-Gramin

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Youth for Social Development (YSD) wishes to thank **Dr Sita Sekhar** profusely with gratitude for the significant contribution made to the project by her. Apart from designing all the tools used for surveys, FGDs, and Physical Verification of the facilities, creating the sampling design, and writing the report for the CRC (in summarized and detailed versions), she has provided us criteria for selection of field team, an agenda for the training program for them, and any other advice we have sought during the implementation of the CRC. We are fortunate to have received her able guidance throughout the project and hope to benefit from it in the future as well. We also acknowledge the contribution provided by **Ms Prarthana Rao** to the project in working with Dr Sita Sekhar.

We acknowledge the contribution in terms of time given by the 1969 households in the selected 20 gram panchayats in Ganjam, their participation in focused group discussion, in household interviews and support in physical verification. We are thankful to the officials on District and Block Administration in Ganjam for providing required information on rural sanitation specifically the District Project Coordinator of SBM-G and her team and also thankful to the stakeholders, service providers of schools, Anganwadi centres, health care centres and other public intuitions for their participation in the service provider survey and physical verification of facilities.

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Governance and Accountability Team
Youth for Social Development

Introduction

1.0 Background

Census data (2011) shows that 86% of households in rural Odisha do not have toilets and there is prevalence of open defecation by 81% of the households in rural areas. An assessment of WASH in health care facilities in India by Water Aid in 2016 showed open urination (62%) and open defecation (38%) in health centres. Swachh Bharat Mission (SBM) data shows that 20% of schools and 52% Anganwadis in Odisha do not have toilets.

Ganjam is one of the largest districts of Odisha. It is located in the southern part of Odisha, bordering Andhra Pradesh. The total population of the district is 35, 29,031 of which 78.24% lives in rural areas. Ganjam district has 39.77% coverage in terms of IHHL, which positions it slightly above the state average which is 39.16% as per SBM data.

Supply side issues for execution of various sanitation schemes are seen which include both technical as well as financial issues. Some of these issues include poor staff capacity, non/poor disclosure of information (technicalities, process, finances and governance), delay in release of subsidies and incentives to beneficiaries, non-availability of materials for construction, delay in construction of toilets, corruption (bribes for sanction) etc. Low or poor maintenance of existing sanitation infrastructure is also seen. Staff behaviour also comes out as an issue.

Poor understanding of budget allocations and expenditure for various sanitation schemes leading to lack of accountability is resulting in poor sanitation facilities in the district. Lack of knowledge about governance structure among frontline staff makes decision making and execution both difficult in many ways.

Community participation is limited as the space and scope is less. Feedback from users/beneficiaries in planning and implementation of various schemes at the ground level is not prominently seen in the district. Lack of effective grievance redress mechanism is leading to poor resolution of complaints.

Generally awareness and understanding of the schemes and provisions of rural sanitation among the communities and beneficiaries is low. There are hardly a good number of organisations or groups working towards enabling and engaging citizen/beneficiaries to access their rights and entitlements and demand transparency and accountability in implementation of rural sanitation schemes and plans.

In order to help address these issues YSD has selected the district of Ganjam to initially assess the quality of sanitation services and then work with the community and officials to bring about improvements in terms of better coverage, greater usage and improved service quality. This is being done by assessing not only individual household toilets but sanitation

facilities in public institutions such as Schools (Swachh Vidyalaya, and Sarva Shiksha Abhiyan), Anganwadis (ICDS), Health Centres (National Health Mission) and public offices.

YSD is working in Ganjam district since a decade on the issues of child participation and protection. The findings from this study will be helpful in building knowledge for advocacy around the issues of health and allied services.

1.0.1 The Project Aims to;

1. address issues related to beneficiaries and service providers using social accountability tools,
2. identify implementation challenges, bottlenecks in financial flow from centre to the district and sub-district,
3. increase citizen awareness and voice on the process of sanitation schemes,
4. understand functional responsibilities and ways to hold the service providers accountable to improve access to and quality of 'Rural Sanitation' services and performance

1.0.2. Scope of the Project

1. Individual Household Latrine (IHHL) : Swachh Bharat Mission-Gramin (SBM-G)
2. School Sanitation: Swachh Vidyalaya and Sarva Sikshya Abhiyan (SSA)
3. Sanitation AWC: Integrated Child Development Scheme (ICDS)
4. Sanitation in Health Care Centre: National Health Mission (NHM)
5. Sanitation in Other Public Offices and Institutions: PRI, RI, agriculture, horticulture etc.

1.1. Methodology

1.1.1 Social Accountability Tools Used in the Study Include;

1. Citizen Report Card: feedback from users and implementers
2. Physical Verification of Institutional Sanitation and Individual Household Toilets
3. Budget Analysis and Tracking: fund flow and expenditure tracking (centre→state→district→sub-district)
4. Functional responsibility and accountability: roles responsibilities of functionaries and citizen committees (VWSC, SMC, VMC, RKS etc.)

1.1.2 Sampling Details for Citizen Report Card (CRC)

Ganjam District was divided in to 5 regions based on its geographic division as East, west, North, South and Central. To ensure representation for each region two blocks were selected

from each region (the best in terms of coverage of individual household toilet under SBM-G and the worst in terms of coverage). This provided a total of ten blocks. From each of the ten selected blocks, two Gram Panchayats were selected using the same criteria (best and worst coverage) giving us a total of twenty GPs.

Within the selected 20 Gram Panchayats, villages were selected using PPS method (Probability Proportionate to size). The following table gives the details of the process of selection of villages.

Table 1: Region wise selection of blocks in Ganjam district

Sl. No	Region	Name of the Block	% of IHHL Construction	Performance in IHHL %
1	North	Bhanajanagar	63.84	Best
		Buguda	39.77	Worst
2	South	Chikiti	37.31	Best
		Rangeilunda	76.53	Worst
3	East	Polasara	50.77	Best
		Khalikote	28.79	Worst
4	West	Dharakote	44.34	Best
		Sanakhemundi	28.24	Worst
5	Central	Hinjicut	95.07	Best
		Kabisuryanagar	31.77	Worst

A total sample of 1969 HHs was covered in the CRC study. The sample was spread equally among the 20 selected GPs which means 100 HHs per GP with 2 exceptions. Up to five clusters were selected from each GP using PPS method. The following Table gives the details of clusters selected for the CRC study.

Table 2: Details of clusters selected for the CRC study

GP Name	Village name	Number of HH
Tilisingi	Sunapalli	20
	Uladana	20
	Tilisingi	60
Turumu	Berumabadi	20
	Sarisamuli	40
	Dholapita	40
Matabadi	Dakarabadi	50
	Mattabadi	50
Golabandha	Betarsingi	9
	Solandi	9
	Golabandha	21
	Ramanda	50

Rural Sanitation in Ganjam, Odisha: A Citizen Report Card

Bada Madhapur	Rangamathia	20
	Nuapalli (B. Madhapur)	14
	Goba	46
	Madhapur	20
Kolathigam	Daspur	33
	Kolathigam	67
Boulagaon	Divyasinghipur	6
	Bhagirathipur	3
	Boulagaon	54
	Nandapandapalli	3
	Rukumanigaon	14
Dura	Pathara	13
	Bhabinarayanpur	20
	Dura	67
Kanachai	Lachhipur	33
	Hatipadapalli	33
	Kanachai	34
Pandripada	Mahulapalli	5
	Rampudi	18
	Pandripada	25
	Patalasingi	25
	Ichhapur	27
Kanaka	Pitagadia	20
	Kumbhidhepa	20
	Salama	20
	Kanaka	40
Tualsipur	Tualsipur	50
	Kadalibasanta	50
Dharakote	Chancharapalli	20
	Janibili	20
	Dharakote	20
	Gadadamodarapalli	40
Manikiyapur	Haripriyapur	12
	Manikiyapur	88
Jura	Sampadaraghunathpur	67
	Jeura	33
Sahapur	Sahapur	100
Relaba	Ralabha	50
	Allapur	50
Makarjhola	Makarjhola	100
Badamahuri	Luharadheipa	33
	Badamahuri	67
Balisara	Sundariapada	38
	Baliasara	12

Sanachadhiapada	50
Total HHs	1969

Note: The total sample is short by 31 HHs because the total number of HHs with toilets in Golabandha GP is 89 and Boulagaon GP is 80

1.2 Expected Outputs

- District Sanitation Report Card**- access, quality, responsiveness and satisfaction level
- Report of the Physical Verification** of institutional toilets
- Suggestions to improve performance** of functionaries and service delivery

1.3 Ultimate Outcome

- 100% households in the selected 20 GPs have access to quality sanitation (HHL and hygiene) and usage
- All schools in the selected 20 GPs have access to quality sanitation as per the provisions
- All Anganwadi Centres (AWC) in the selected 20 GPs have access to quality sanitation as per the provisions
- All PHC/CHC/Sub-centre in the selected 20 GPs have access to quality sanitation as per the provisions
- All other public offices including GP offices, in the selected 20 GPs have access to quality sanitation as per the provisions
- Communities/beneficiaries understand and use social accountability tools to improve transparency, accountability and performance of service providers/government

2.0 Socio- economic Profile of Respondents

Most of the villages (88%) in the 20 Gram Panchayats covered in the study were main villages. Among the 1969 HHs, 83% had male members as head of the HHs; 78% respondents were above the age of 50 years. Around 68% HHs were BPL families having BPL cards. Average family size was 5.

A little more than half (53%) of the respondents were male members, 82% were married. All respondents (100%) were Hindus. More than half of the HHs belonged to OBC (58%). Half of the households' main earning member was illiterate.

Figure 1: Age of the HH respondents

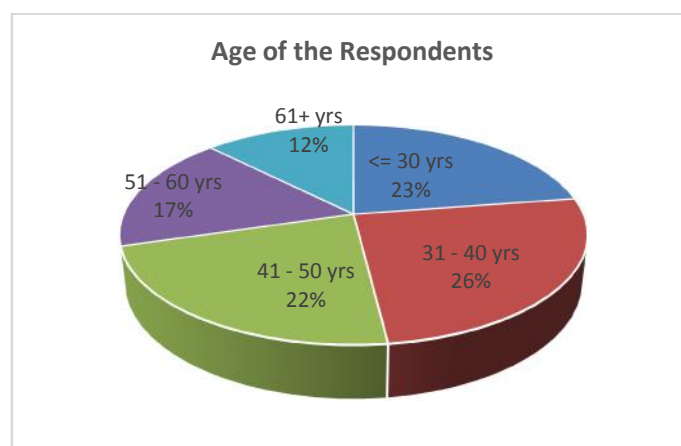
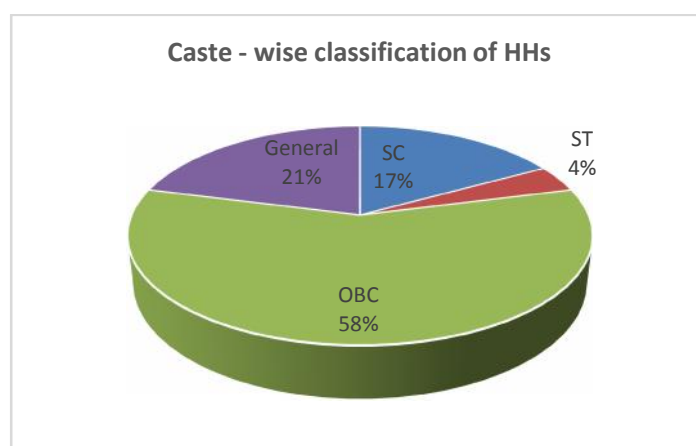
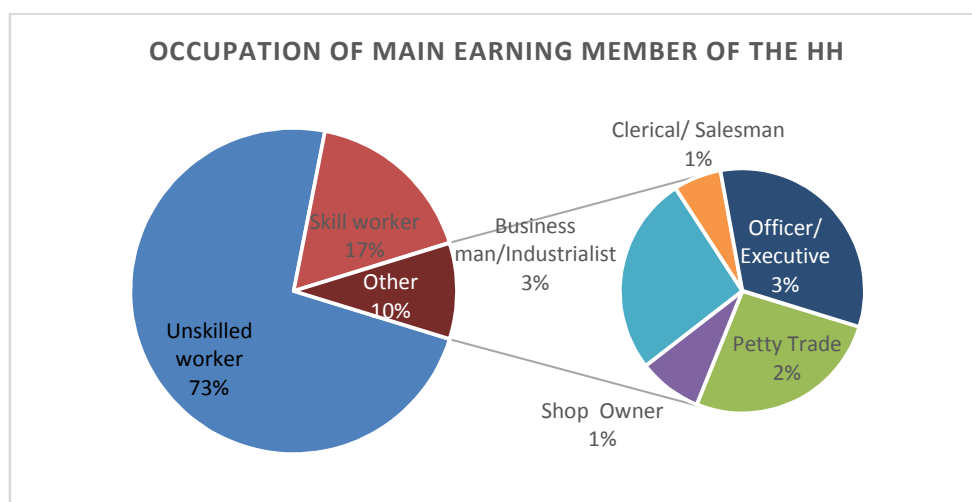


Figure 2: Caste wise classification of respondents



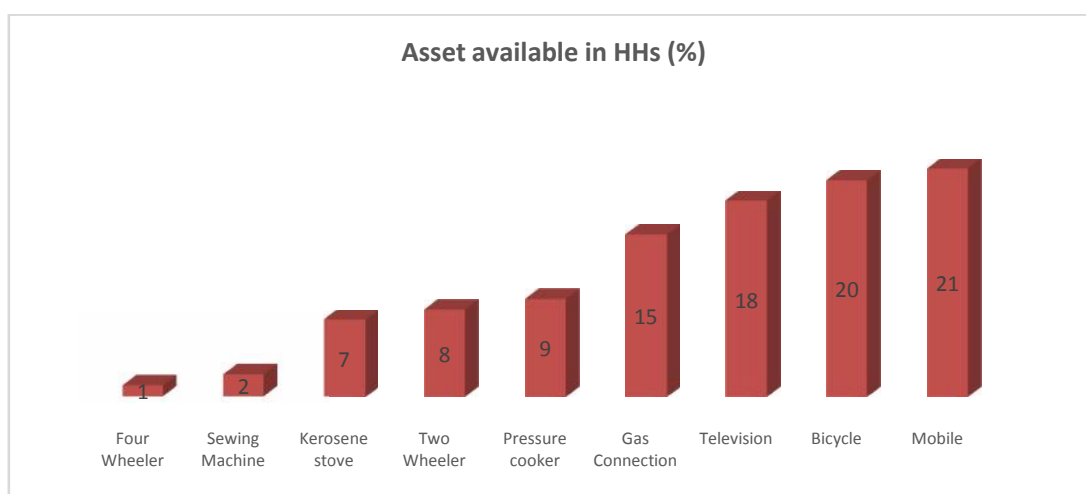
A majority (81%) of the HHs have less than INR 10,000 monthly income; 98% have savings Bank account. Around 68% HHs use LPG for cooking. Among the HHs 40% of them own land. Average land holding is 0.6 acres of own land and 0.27 acres of leased land. Many HHs (67%) do not own any livestock. A majority of the earning members of the HHs were unskilled workers (73%). A majority of the HHs (76%) have pucca structure.

Figure 3: Occupation details of HHs



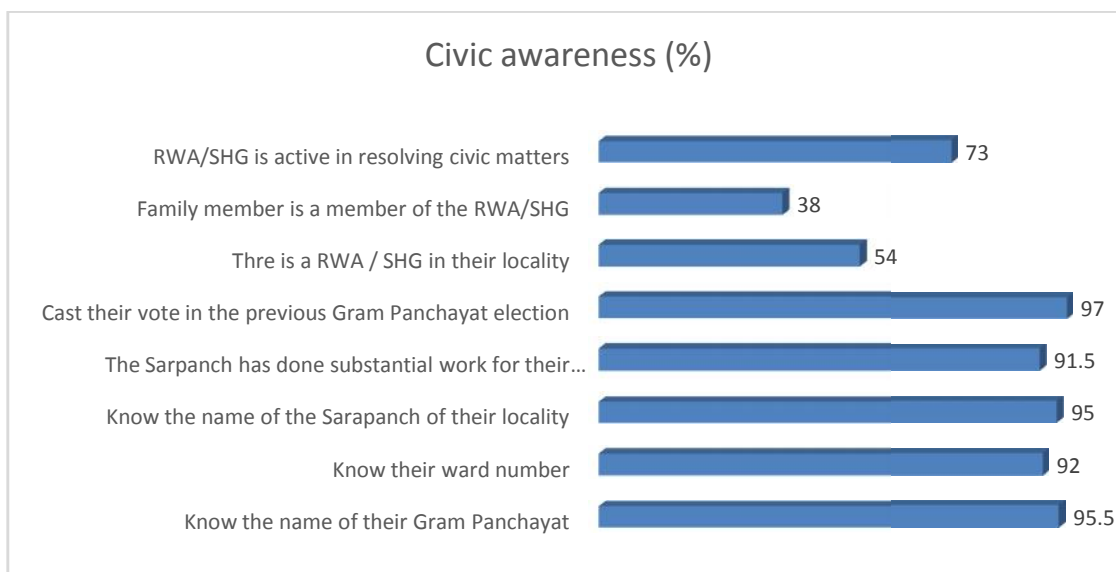
Asset ownership such as two- wheeler, four wheeler, mobile phones, LPG connections etc. is low. Less than 20% HHs have reported ownership of such assets as shown in the figure below.

Figure 4: Asset ownership of HHs



A vast majority of the respondents were aware of their Gram panchayat name, ward number, name of their Sarpanch. They had also participated in the GP elections to cast their vote. A little more than half of the respondents reported the presence of a RWA/ SHG in their locality. Only a third of the HHs reported that members of their family were also members of these RWA/ SHG. Many HHs reported that the RWA/SHG played an active role in resolving civic issues.

Figure 5: Civic awareness among HH members



Individual Household Latrine (Swachh Bharat Mission- Gramin)

1.0 Background

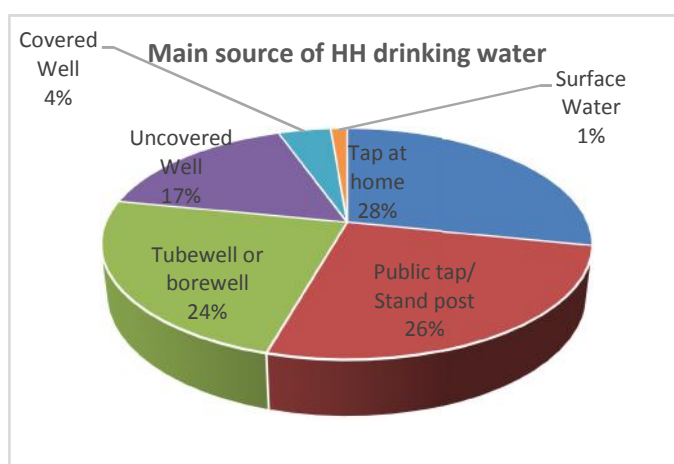
Household sanitation is an important component of the Swachh Bharat Mission Gramin (SBM-G) program. In order to understand the success of the mission in realizing its objectives, an attempt was made to understand the ground level penetration of the program by obtaining feedback from HHs that have attempted to build individual household latrines under the program. A total of 1969 HHs were interviewed to get feedback based on their experience of building toilets in their homes under the SBM-G. The team also observed the physical presence and functioning of toilets built under the scheme.

2.0 Access to and Usage of Drinking and Domestic Water Sources

A vast majority of the HHs (97%) have access to a source of water.

Tap at home, public tap/ stand post and tubewell or bore wells are the main sources of drinking water for HHs. Many of the HHs that have tap at home receive water supply once a day during summer season (60%) as well as during other seasons (56%). A majority of the tap at home HHs (89%) report water supply is sufficient to meet their drinking water needs. The same is true for

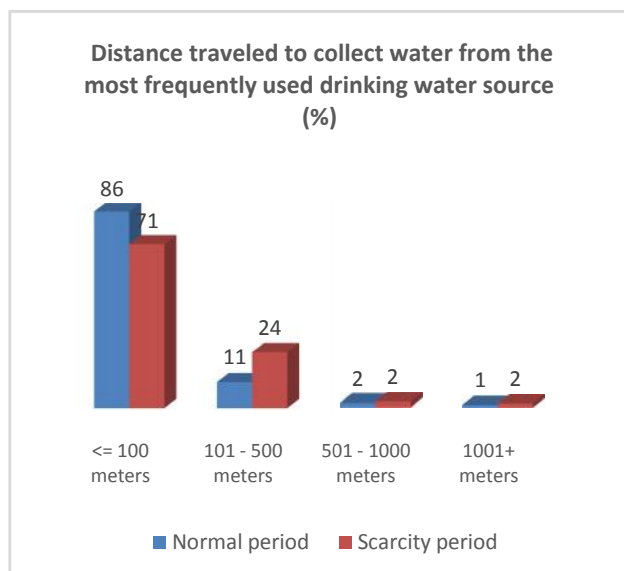
Figure 6: Main source of drinking water for HHs



domestic water needs as well with 93% tap at home users reporting that water supply is sufficient to meet their domestic water needs. In case of shortage, they fetch water from tube wells/ bore wells, fetch water from nearby ponds or from nearest well to cope with the shortage of drinking water and domestic water.

HHs that do not have a tap at home facility but use other sources of water report that these sources are available at a distance less than or equal to 100 meters from their residences for most users to meet their drinking water needs both during normal and scarcity times. Nearly half of these HHs get water more than once a day from these sources outside the houses.

Figure 7: Distance traveled by HH members to collect water from the most frequently used drinking water source



A majority of these HHs (81%) report that the supply of water from these outside sources is sufficient to meet their drinking water needs.

The distance that the members of HHs travel to fetch water for domestic purposes varies with season. Many of them (83%) travel less than 100 meters to fetch water during normal season while 75% of them travel up to 500 meters to fetch water during scarcity times.

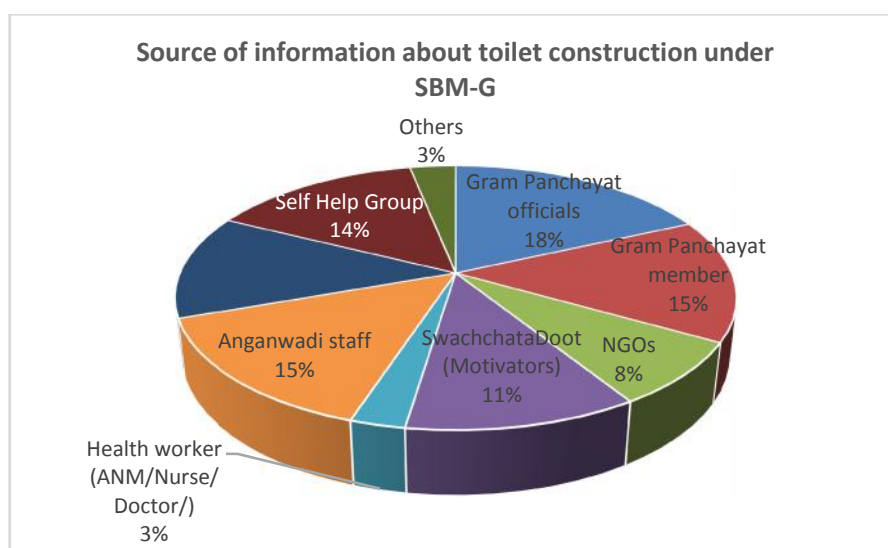
In a vast majority of these HHs (97%), the adult women in the house fetch water most of the time to meet domestic as well as drinking water

needs.

2.1 Awareness on Sanitation

Awareness about Swachh Bharat Mission Gramin (SBM-G) among HHs is low. Only 44% HHs are aware of SBM-G. Many sources of information have helped in creating this awareness. This includes, Gram Panchayat officials, ANM, Swachhta dhoot, ASHA workers etc.

Figure 8: Source of information to HHs for IEC under SBM-G

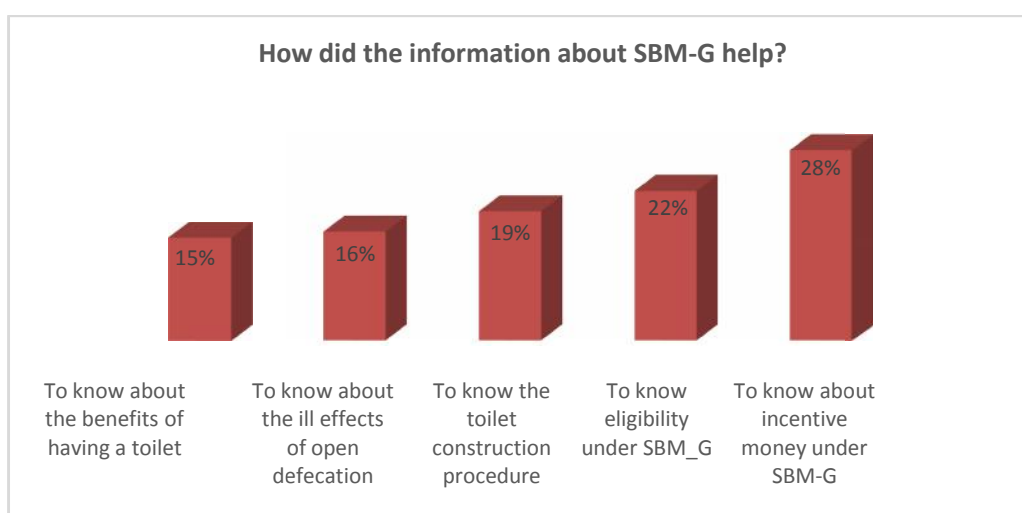


A variety of media such as television, newspaper, posters, street plays, school rallies and house to house visits have been used for dissemination of SBM-G information to HHs.

HHs have reported that IEC activities to spread awareness on SBM-G were held once in a few months (55%) or once a month (36%). A majority of the HHs (90%) have found the information useful. A majority (86%) of the respondents know the eligibility criteria for becoming beneficiaries under SBM-G. Among them, 53% have reported that the information on eligibility was given at the Gram Sabhas while visits to GP offices gave the information on eligibility to one third of them.

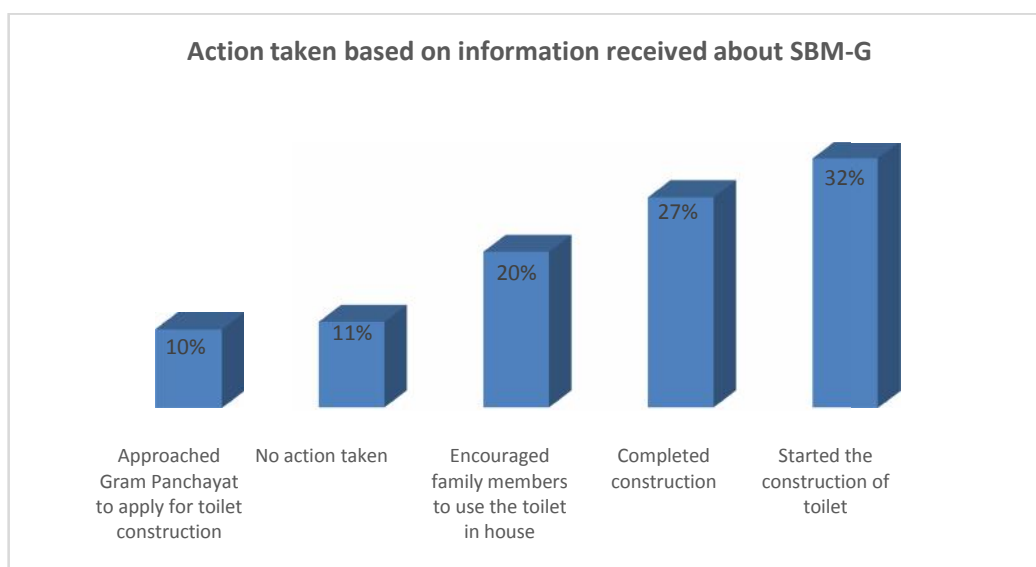
Around 85% HHs are aware of the incentive money offered under SBM-G. This was informed to 54% HHs by GP members while 22% of them obtained this information at the Gram sabhas. All the IEC efforts have helped the HHs in different ways. The following figure gives details on some of the ways in which the efforts have helped HHs.

Figure 9: How did the information about SBM-G help?



Based on the information obtained, HHs have taken action to make use of the benefits extended under SBM-G. Some of the HHs have applied for new toilet construction while some have completed the construction.

Figure 10: Action taken based on information received about SBM-G

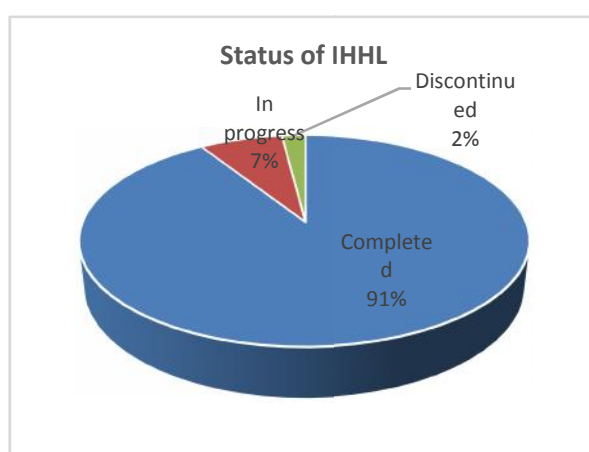


2.2 Service Quality and Reliability

2.2.1 Status of Toilets

A majority of the HHs covered in the study had completed toilets (91%). Half of them were built by masons while another 27% was self-built. On an average it took about 3.3 months to complete the toilet construction. The

Figure 11: Status of existing IHHL



main reason for building toilets at home in 73% HHs was that everyone in the family expressed a need for a toilet.

Only 2% HHs reported that they discontinued the toilet construction. The main reasons for discontinuing the construction are lack of sufficient funds and the fact that the contractor did not complete the work.

Some of the HHs (9%) that do not have toilets said their members defecate in the open at the nearby fields (average 156 meters away) or use neighbors' toilets. Children and family members with disability from these HHs do the same.

2.2.2 SBM-G Details

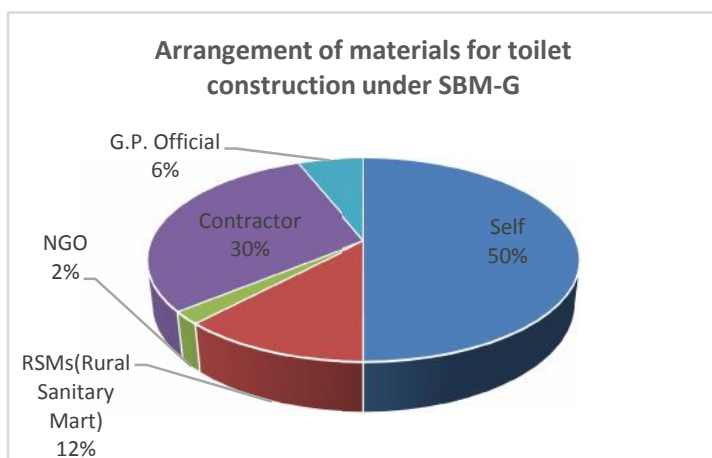
Table 3: Time frame for receiving work order after completion of application process under SBM-G

Time frame	Respondents reporting “yes” (%)
Within 7 days	21
8-15 days	42
16-30 days	21
31 days or more	16

The application process for toilet construction under SBM-G was known to respondents from 70% HHs. A majority of them (84%) found the process easy. A vast majority (97%) reported

availability of the application form during their visit to Panchayat office. Many of them (63%) filled up the application forms by themselves, 23% got help from SBM-G staff. The supporting documents required for the application process is known to 94% among them. Aadhar card, ration card, voter ID and bank account number are some of the documents submitted by most applicants. Many of them(77%) reported being aware of the work order. It is good to note that 70% of them had to make only one visit to finish the application process while another 23% had to go twice to do the same.

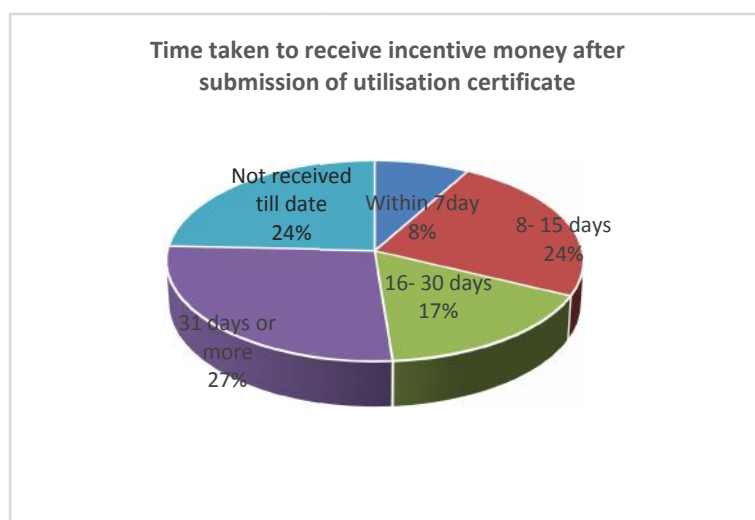
Figure 12: Construction material arrangement by HHs



Awareness about Rural Sanitary Mart in the villages is low. Only 44% HHs were aware of Rural Sanitary Mart. Only 12% of the HHs that have built toilets have procured materials from a rural sanitary mart. A majority of the HHs (90%) have reported that toilets are built as per the design guidelines under SBM-G. More than 90% report that toilets designed are easy to use for adults, children and seniors. Many of these toilets (64%) are

reported to have been designed to be disability friendly.

Figure 13: Time frame for release of incentive money to beneficiaries



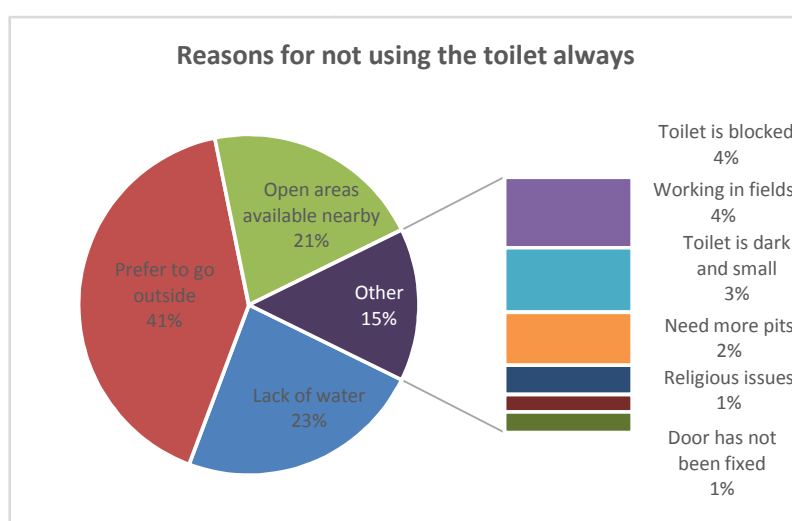
A majority of the HHs (80%) did not borrow money to build toilets. The average amount borrowed to build toilets among the remaining 20% HHs is INR 4787/-. The money was borrowed at a rate of interest varying between 2-3%. They knew the exact incentive amount offered under SBM-G. However, it took a month or more to receive the incentive

money for close to one-third of them. Nearly a quarter of them have reported that they have not received the incentive till date. Among those who received the incentive, 70% beneficiaries had to make only one visit to the GP office while another 27% made 2-3 visits. Most of them (76%) did not face any discrimination to get their toilet under SBM-G. However, one third HHs reported paying extra money to get toilets under SBM-G: 20% of them paid extra money to get selected as a beneficiary; 43% to arrange materials for toilet construction. The average amount paid reported is INR 1284/-.

2.2.3 Toilet Usage

More than 80% HHs that have toilets reported that they are used by all family members of the HH during normal days as well as during sickness. A majority (85%) of the HHs have reported

Figure 14: Reasons for not using the toilets by HH members



that their guests use the toilets too. Toilets are used every time needed by most HHs. All family members know how to use a toilet in 86% HHs. A lot of the respondents (81%) use footwear while using the toilet. Toilets are cleaned regularly in 86% HHs; mostly using phenyl and brush (77%). Three – quarter of the respondents (75%) wash their hands with soap

and water after using the toilet; they do so mostly inside the toilet (70%). Among those who

do not use the toilet when at home, there is no difference by gender or by age. Nearly 41% of those who do not use the toilet do so because they prefer to go outside. Lack of water is the reason for not using toilets in 23% HHs that do not use the toilets regularly. Those who defecate in the open do so mostly when they are at work in the fields.

2.3 Sanitation Problem Incidence and Resolution

Less than a quarter of the HHs (24%) reported facing problems during construction of toilets under SBM-G. The nature of problems reported included difficulty in obtaining incentive money, difficulty in procuring construction materials; difficulty in arranging money for toilet construction etc. A majority of these complaints (94%) lodged were oral complaints. Among them, 70% of the HHs reported that their problems were resolved.

Figure 15: Nature of sanitation problems reported by HHs

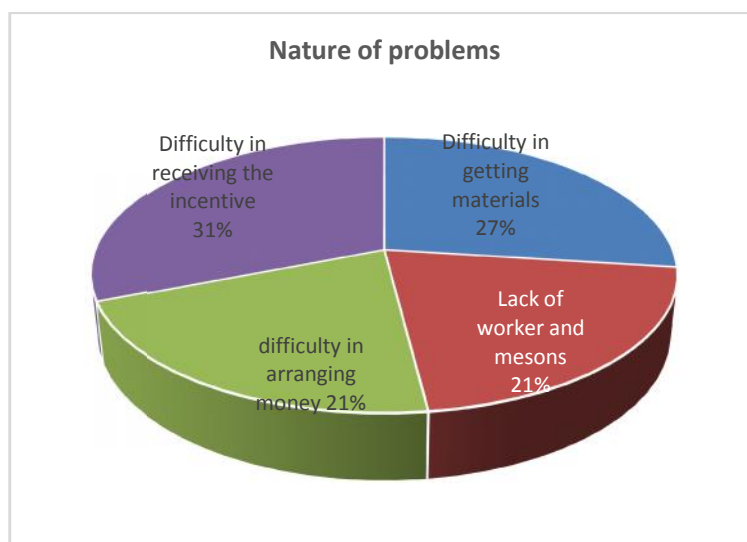
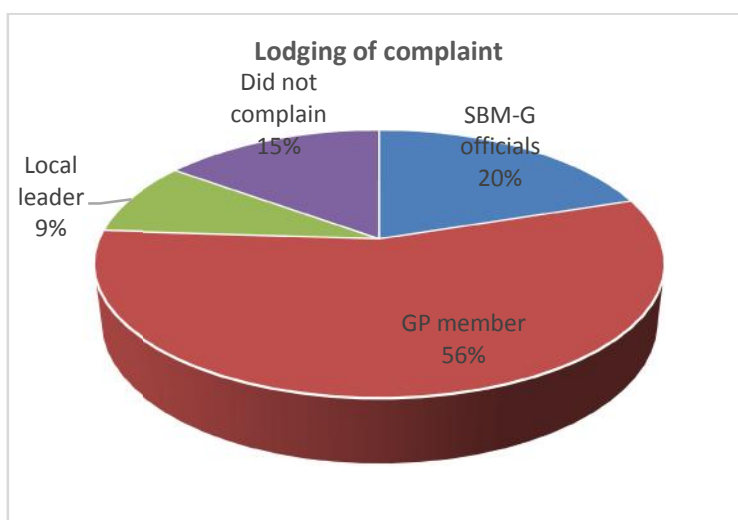


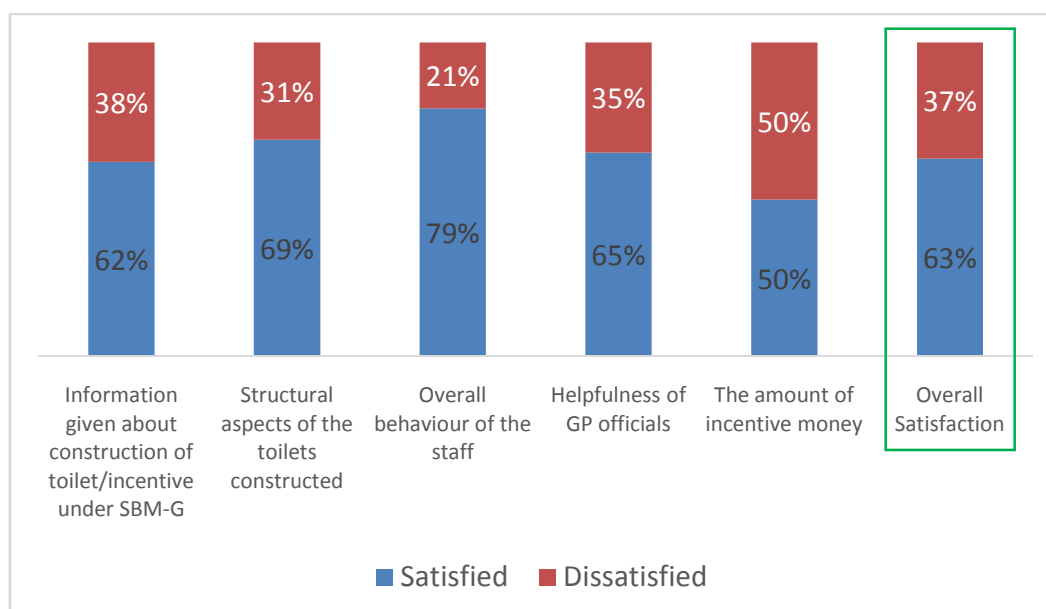
Figure 16: Modes through which complaints were lodged by HH users



Most HHs that had reported facing sanitation issues are satisfied (77%) with the problem resolution. Some of them who are dissatisfied state that lack of timely resolution of problems, lack of timely distribution of incentive money, difficulty in arranging materials for construction etc., are the main reasons for dissatisfaction.

2.4 Overall Satisfaction and Suggestions for Improvement

Figure 17: Overall satisfaction of HH users with SBM-G



More than half of the HHs are satisfied with the various aspects of implementation of SBM-G. Many HHs have expressed their satisfaction with the information given about the scheme,

structural aspects of the toilets constructed under the scheme, behavior of staff and helpfulness of GP officials. Half of the respondents are satisfied with the amount of incentive money given under SBM-G. Overall 63% HHs are satisfied with sanitation facilities extended under SBM-G.

Insufficient incentive amount given under the scheme, lack of timely distribution of incentive money, lack of sufficient information about SBM-G and poor quality of toilet construction by NGOs are some of the reasons shared by those HHs that have expressed dissatisfaction with SBM-G.

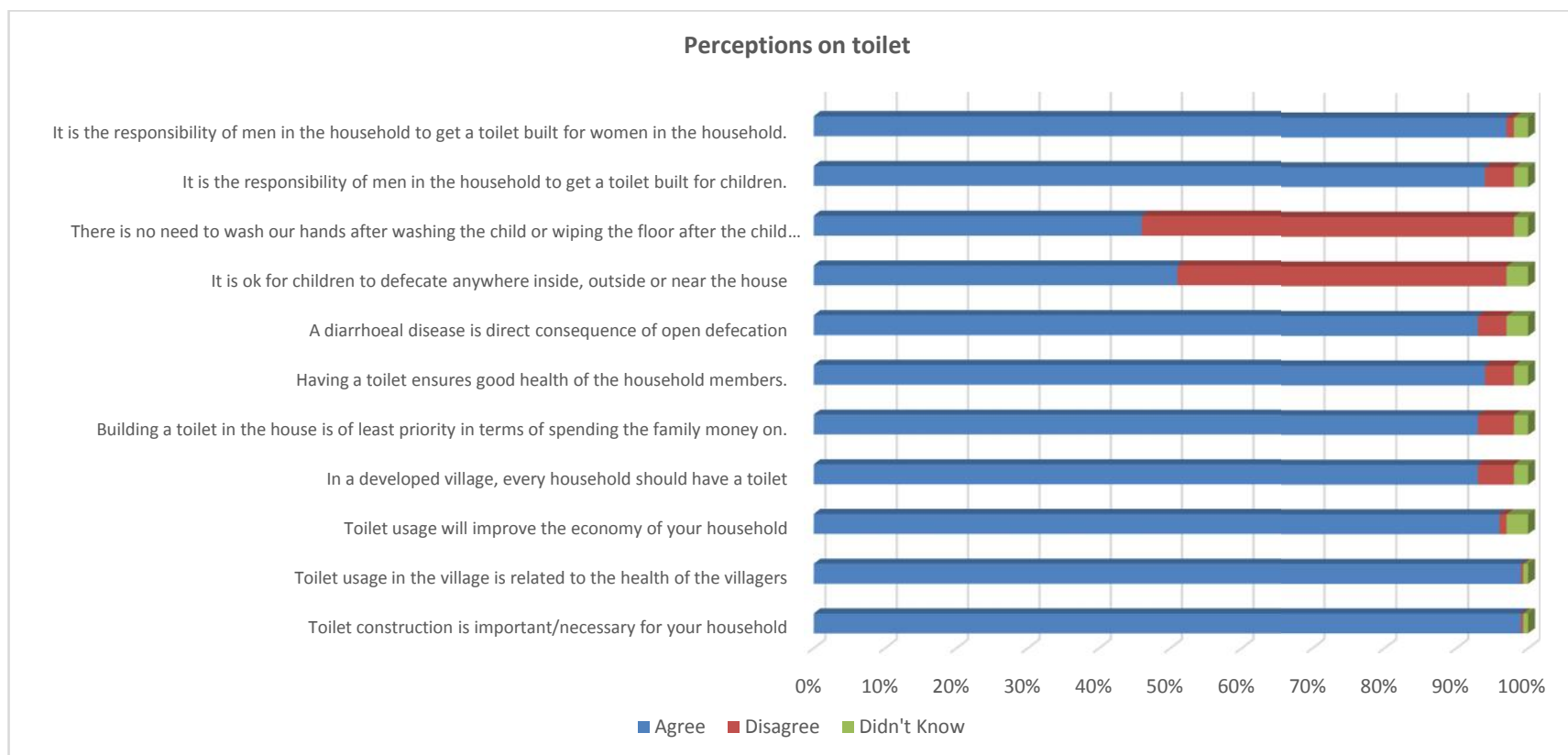
Beneficiaries of SBM-G have come forward with suggestion that can improve the overall implementation of SBM-G at the ground level. Some of the suggestions are:

- Increasing the incentive amount under the scheme
- Government loans to facilitate toilet construction by poor families
- Construction materials to be made available by GP office
- Work order should be given on-time

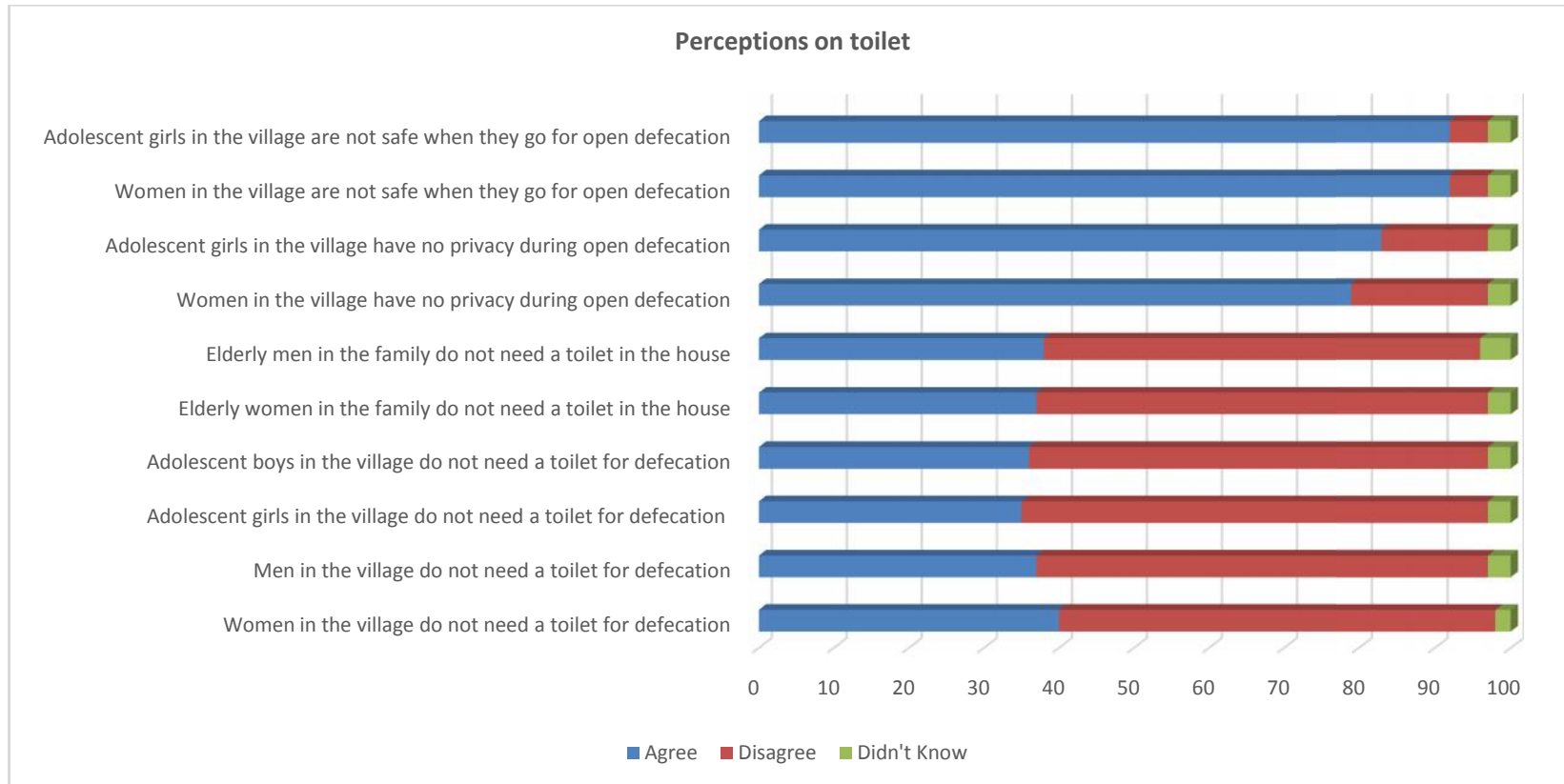
2.5 Perceptions on Toilets and its Usage among HHs

Respondents from HHs were asked to share if they agreed/ disagreed with statements related to hygiene, sanitation, usage of toilets etc. This helps assess the perceptions of families on construction and usage of toilets at home. The result of this experiment is summarized in the figure below.

Figure 18: Perception about toilets among HHs



A vast majority of the HHs agree that toilet construction is important and necessary for HHs. They also agree that usage of toilet is related to the health of the villagers and will improve the economy of the HHs. However, close to half of the HHs agree that it is not necessary to wash hands after washing the child or wiping the floor after the child has urinated or defecated in the house. They also agree that it is OK for children to defecate in the open, inside/ outside or near the house.

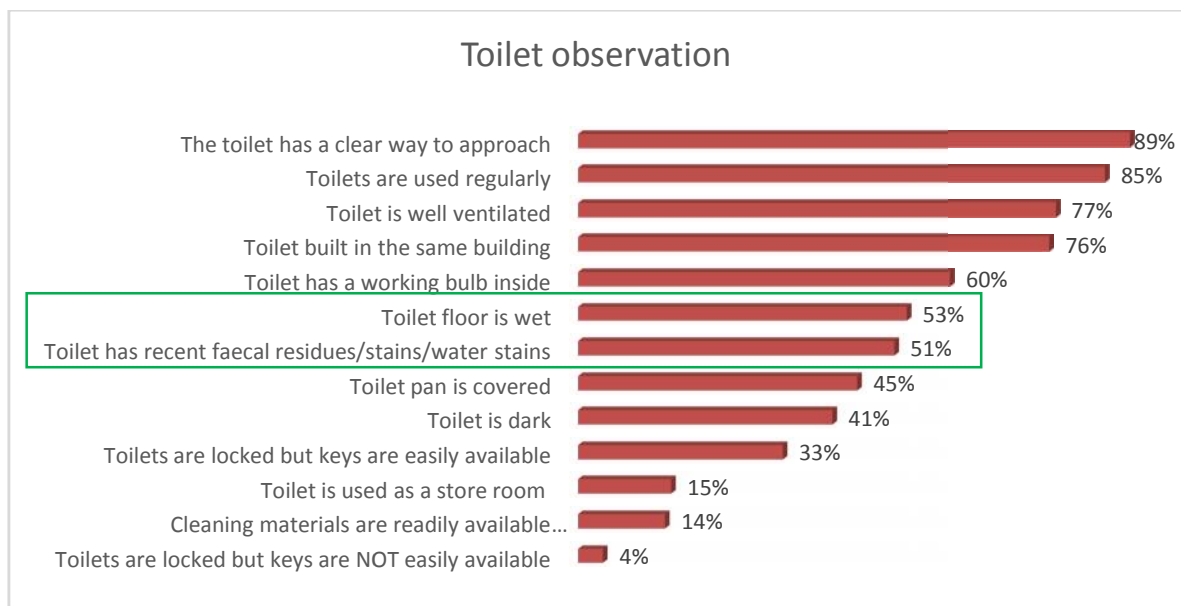


2.6 Observation of IHHL

Individual HH toilets were observed to record its presence, status and usage by the HH members along with obtaining their feedback in the HH survey. The observation included parameters such as location and structural conditions of the toilets, usage and maintenance of toilets, availability and storage of water for use in toilets.

It is observed that most of the toilets are in good structural condition, they are used regularly, well ventilated and maintained.

Figure 19: Physical observation of IHHL



Construction materials used in toilets

Roof	Cement concrete – 42%
	Iron tin roof – 35%
	Asbestos roof – 23%
Floor	Cemented floor – 91%
Door	Iron tin Door – 51%
	Aluminium door – 33%

-59% toilets had water stored inside the toilet

-Average height of the toilets was 6 feet 7 inches.

-52% toilets had water stored in a bucket

-Only 3% toilets had a tap connection

2.7 Conclusion

- Most of the villages in the 20 Gram Panchayats covered in the study were main villages. A majority of the HHs had male members as head of the families; many of the HHs were BPL families having BPL cards. Average family size was 5. More than half of the HHs belonged to OBC (58%). Half of the households' main earning member was illiterate. A majority (81%) of the HHs have less than INR 10,000 monthly income. Average land holding is 0.6 acres of own land and 0.27 acres of leased land. A majority of the HHs have

pucca structure. Asset ownership such as two-wheeler, four-wheeler, mobile phones, LPG connections etc. is low. Civic awareness among a vast majority of the respondents is high.

- A vast majority of the HHs (97%) have access to a source of water. Tap at home, public tap/stand post and tube well or bore wells are the main sources of drinking and domestic water for HHs. Frequency of supply and quantity of supply from tap at home as well as other outside sources is sufficient to meet the drinking water and domestic water necessities for a majority of the houses. It is mostly adult women who fetch water from outside the house sources on a regular basis.
- Awareness about Swachh Bharat Mission Gramin (SBM-G) among HHs is low. Efforts have been made to spread among residents about the scheme using several media and these have been found to be useful by many residents. These efforts have also resulted in motivating some residents to use the existing toilets, complete the construction of toilets as well as apply for new toilet construction under the scheme.
- A majority of the HHs covered in the study had completed toilets. On an average it took about 3.3 months to complete the toilet construction. It is interesting to note that everyone in the family expressed a need for a toilet that resulted in construction of toilets in a vast majority of the HHs.
- The application process under SBM-G is found to be simple. Many people have completed the process by themselves without feeling the need for help. A single visit to the GP office has resulted in completing the application process to a lot of applicants. Awareness about the incentive money under the scheme is high but a lot of complaints show that the money has not reached the beneficiaries successfully on time.
- Awareness about Rural sanitary mart is low. Construction materials for toilet have been mostly procured by individuals. Difficulty in procuring the materials is one of the important reasons for dissatisfaction with SBM-G as expressed by many HHs.
- It is also reported that people have given extra money to be a beneficiary under the scheme as well as to arrange construction materials.
- Usage of toilets in HHs is high. All members of HHs including the elderly members as well as children use the toilet on a regular basis. Toilets are maintained clean. Lack of water is one of the important reasons for some of the HHs that are not using the toilets.
- Observations reveal that most of the toilets are in good shape structurally, they are well maintained and regularly used. Most of these toilets are well ventilated and have access to water for use.
- Problem incidence reported is low. Nature of problems reported include difficulty in obtaining incentive money, difficulty in procuring construction materials, difficulty in arranging money for toilet construction etc. Satisfaction with the problem resolution is high. Lack of timely resolution of problems is a main reason for dissatisfaction.
- Overall satisfaction with various aspects of SBM-G is high. Insufficient incentive amount given under the scheme, lack of timely distribution of incentive money, lack of sufficient information about SBM-G and poor quality of toilet construction by NGOs are some of the reasons for dissatisfaction with SBM-G implementation among some of the HHs.
- General perception about necessity of toilets and their regular use is good among most HHs. General hygiene and sanitation practices comes across as an important aspect of overall well-being of families and village as a whole.

School Sanitation

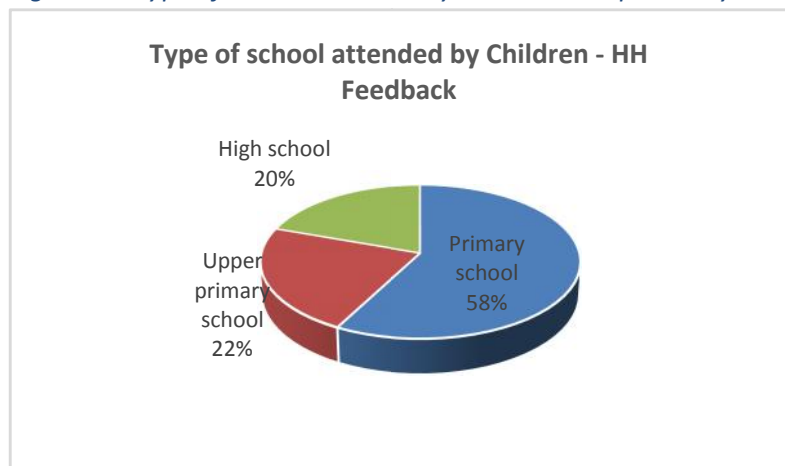
1.0 Background

Status of sanitation in four different types of institutions in Ganjam district was reviewed in this study. One of these four institutions is the Government school. Different types of schools such as Primary schools, Upper primary schools, Government upgraded High schools and High schools were included in the study to get a holistic idea about the existing status of sanitation facilities. Like other services, HHs that have children attending one of these different type of schools were interviewed to get their experiences, officials working in these schools were contacted to obtain their feedback on sanitation services available in the schools and a team from YSD physically monitored these different types of schools to understand and document the ground realities. The following sections of the report give details on the feedback obtained from each of the respondent groups.

2.0 Access

Among the 1969 HHs covered in the study, 34% HHs have children going to School. Respondents from HHs report that a majority of the schools have toilets. Most of the schools have separate toilets for boys and girls too.

Figure 20: Type of school attended by children as reported by HHs



More than half of these toilets are accessible to Children with special needs (CwSN). Similar feedback is given with respect to availability of water in toilets, hand washing facilities, facilities related to menstrual hygiene and drinking water. Though HHs have reported that children use various sources of drinking water in schools (Table 1) officials have

reported hand pump/ bore well within the school premises as the main source (93%) and RO/ filtered water in school as the other source used by remaining 7% students. Officials' feedback and on-site monitoring by YSD team is concurrent to the feedback received from HHs with regard to availability of sanitation infrastructure in schools. A point of concern however is the low availability of separate toilets for teachers as observed by the team (18%) as well as officials' feedback (24%).

Table 4: Different sources of drinking water in schools as reported by HHs

	Primary School (%)	Upper Primary School (%)	High School (%)
Students bring drinking water	13	10	8
Hand pump/ bore well	77	57	69
Filtered/ Packaged/ RO water	10	33	23
Treated running water with water storage	5	4	11

tank within the school premises

Table 2 gives details of availability of sanitation infrastructure according to school type as reported by HHs. On-site observation by YSD team gives similar feedback with regard to availability of sanitation infrastructure in various schools. The results vary marginally. Exceptions being the availability of water in toilets and the availability of dustbins. Observations reveal that less than 40% toilets (teacher, girls and boys) have water available for use in toilets which is contrary to the higher percentages reported by the HHs. Availability of dustbins in classes was also observed to be higher (97%) than what was reported by HHs.

Table 5: Sanitation infrastructure availability- HH feedback

Sl. No	Sanitation infrastructure availability as reported by HHs	Primary School (%)	Upper Primary School (%)	High School (%)
1	Toilet	93	90	90
2	Separate toilet for girls and boys	91	88	88
3	Toilets for CWSN	50	69	61
4	Water in toilets	84	79	75
5	Hand washing facilities	86	80	69
6	Hand wash accessible to Children with physical disabilities	52	34	56
7	Menstrual Hygiene management facilities			
7.1	Soap	37	60	34
7.2	Adequate space for changing	35	51	39
7.3	Dustbin	34	43	15
8	Clean drinking water	70	93	73

Observation shows that 54% toilets in schools are in fair condition with toilets having walls with door but there may be some cracks or holes in walls and /or door, 39% are in good condition. A majority of these toilets (87%) provide privacy and security as observed by the team. No open defecation was observed near 67% schools.

2.1 Usage

The usage of available toilets in school is high with 67% HHs reporting that their children use the toilets in the schools. Those who do not use the toilets do so due to lack of water (31%), lack of separate toilets for boys and girls (5%) and blocked toilets (12%). It is disturbing to note that 15% HHs reported that their children are not allowed to use toilets in the schools indicating the existence of some sort of discrimination.

2.2 Service Quality

A majority of the HHs (80%) reported that the school toilets were maintained clean. The feedback from officials also resonate the same with 85% reporting that the toilets are cleaned every day. More than 75% HHs are satisfied with the cleanliness of the toilets. General cleanliness of the

schools in terms of cleaning the premises, class rooms etc. is also good as reported by officials (Figure 3).

More than 75% HHs say hand washing facilities in schools are functional and accessible to children of all age groups. HHs reported that soap is available at the hand wash facility in varying degrees (Primary school: 58% HHs; Upper Primary schools: 35% HHs; High School: 64% HHs).

Hand washing habits among children attending the schools is good with 82% HHs reporting that children wash their hands before and after eating food; 90% HHs reporting that children wash their hands after using the toilets in schools.

Figure 21: Status of hand wash and hand washing habits among children in schools as reported by officials



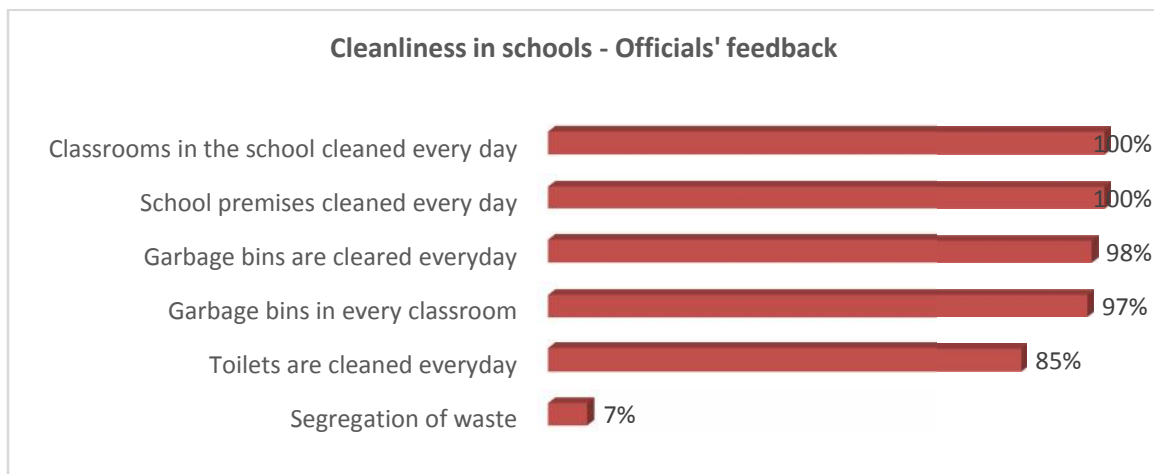
Officials' feedback on availability of hand washing facilities is not very encouraging with only 39% reporting the availability of hand

wash clearly indicating a shortage. However their feedback on hand washing habits among children is in agreement with the HH feedback.

Menstrual hygiene facilities in schools were found to be poor with less than 25% school toilets having soap, adequate space for changing and having disposal bins in toilets as observed by the team.

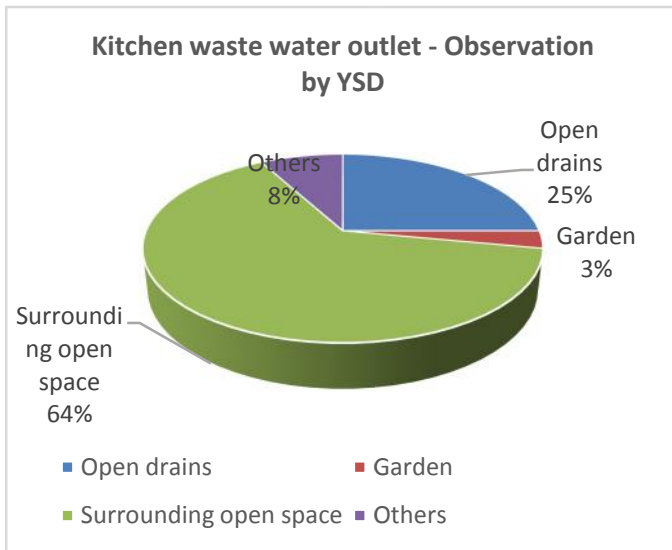
Menstrual hygiene facilities in schools were found to be poor with less than 25% school toilets having soap, adequate space for changing and having disposal bins in toilets as observed by the team.

Figure 22: General cleanliness in schools as reported by officials



Observation of general cleanliness in schools show that teaching areas and class rooms in all schools (100%) are clean, 89% toilets in schools are cleaned using soaping agent and disinfectant, 74% school premises are clean and free from water logging.

Figure 23: Kitchen waste water outlet - Observation by YSD team



According to the feedback from officials, 73% schools clean toilets in the morning before the children arrive. A majority of the toilets (95%) are cleaned using soaping agent and disinfectant. In most schools (67%) the upkeep, cleaning and maintenance of toilets and hand wash is the responsibility of the school staff.

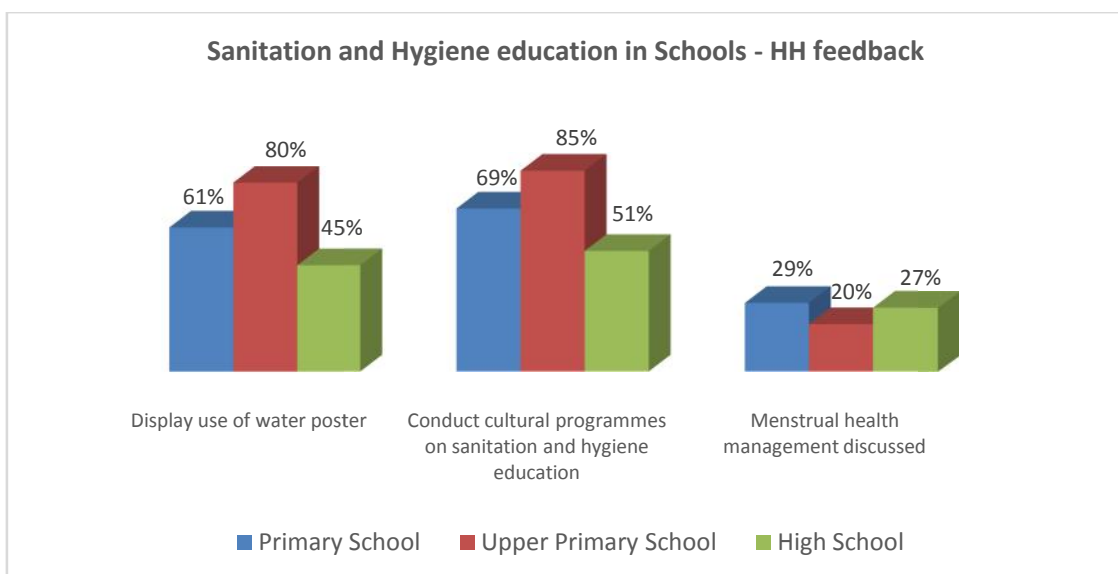
Repairs of sanitation infrastructure (if any) are undertaken by the GP/ Block/ Government in 34% schools. In 25% schools, it is done using the repair and

maintenance grant, while another 23% schools report that repair works are undertaken by the SMC. A majority (79%) of officials' report that specific funds for repair of WASH infrastructure are available and are sufficient to meet the needs. All schools maintain records, among them 92% maintain registers while the remaining 8% maintain both registers as well as electronic records in computers.

A vast majority of the officials (93%) say it is easy to approach their higher authorities in times of necessity and 90% report that it is easy to receive funds that are allocated to the school.

2.3 IEC on Sanitation and Hygiene in School

Figure 24: IEC efforts among schools on sanitation and hygiene as reported by HHs



Most schools have made efforts to educate children on good- practices related to sanitation and hygiene through display of posters and conducting cultural programmes related to sanitation and

hygiene. Among the three types of schools covered in the study, efforts among high schools are lower than in Upper primary and primary schools as shown in the figure above. According to officials' feedback, 98% schools integrate hygiene messages in their daily school curriculum and 97% conduct cultural programs and competitions on hygiene and sanitation.

Officials report that only 33% teachers are trained on sanitation and hygiene education.

Education about menstrual hygiene has been generally low (<30%) across all types of schools according to the households, where as 41% officials from schools claim that menstrual health management is discussed with girl students.

2.4 Sanitation Problem Incidence and Resolution

Problem incidence related to school sanitation is low as only children from <30% HHs have reported facing problems. The main problem reported across schools are toilets not being clean to use (Primary school – 55%; Upper primary school – 34%; High school – 23%). Problem incidence among officials is very high where 75% have reported facing sanitation problems while discharging their duties in school and the main problem reported is lack of cleanliness and maintenance of toilets.

Less than 50% of those who faced problems among HH respondents have lodged complaints to the class teacher. Among those who did complain, the percentage is very low among high schools with only 18% lodging complaints related to sanitation issues.

Problem resolution has been very low with only 19% among those who complained reporting that their problem was resolved. This is in spite of 85% officials reporting the existence of grievance redress mechanism and 94% reporting that the system is functional. The turnaround time has been reasonably good with problems being resolved immediately or within a week.

2.5 Monitoring and Participation

Most schools have a functional child cabinet and School Monitoring Committees (SMC) that encourage participation of children and their parents in school activities. It is reported that more than half of these forums across the three types of schools regularly inspect sanitation facilities in schools, as well as discuss issues related to sanitation. The table below gives a snapshot of the existence and functioning of these different forums in schools.

Table 6: Existence and functioning of SMC and Child cabinets in Schools as reported by HHs

Community participation forums	Primary School	Upper Primary School	High School
HH member is a member of SMC	45%	19%	41%
SMC members discuss sanitation issues	58%	74%	47%
Regular inspection of sanitation facilities by appropriate groups	62%	61%	50%
Children speak in SMC	55%	90%	87%
School has a functional child cabinet	53%	94%	87%
Children from their HHs are members of child cabinet	60%	48%	70%

Child cabinet discuss sanitation issues	90%	67%	96%
Child cabinet monitors cleanliness and hygiene in school premises	88%	96%	98%

2.6 Overall Satisfaction and Suggestions for Improvement

Close to 40% HHs are dissatisfied with the sanitation facilities in schools. Toilets being dirty across schools are reported by many HHs as a main reason for dissatisfaction. Other reasons for dissatisfaction are shown in figure 7 below.

Figure 25: Overall satisfaction with sanitation facilities as reported by HHs

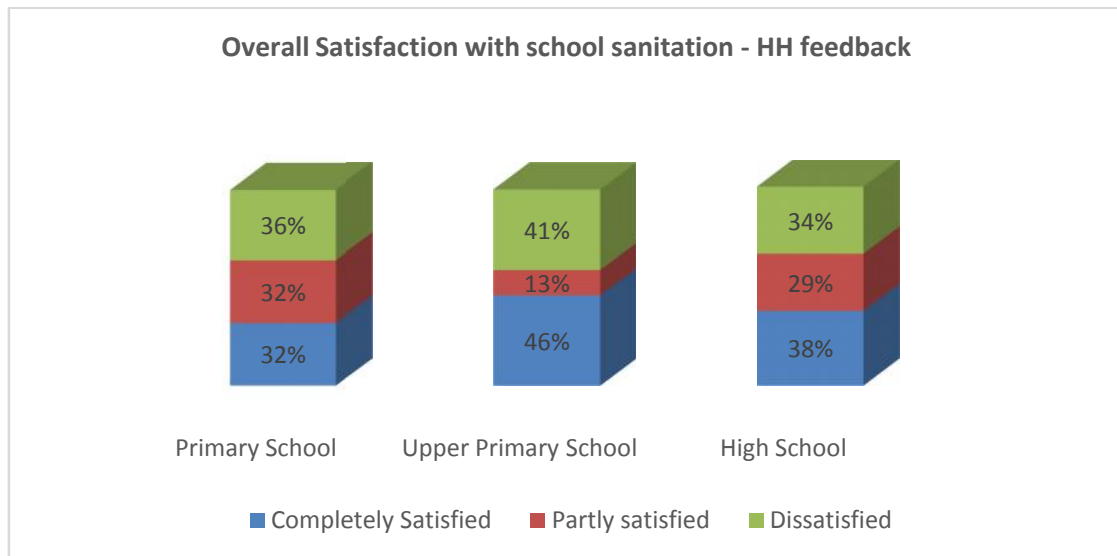
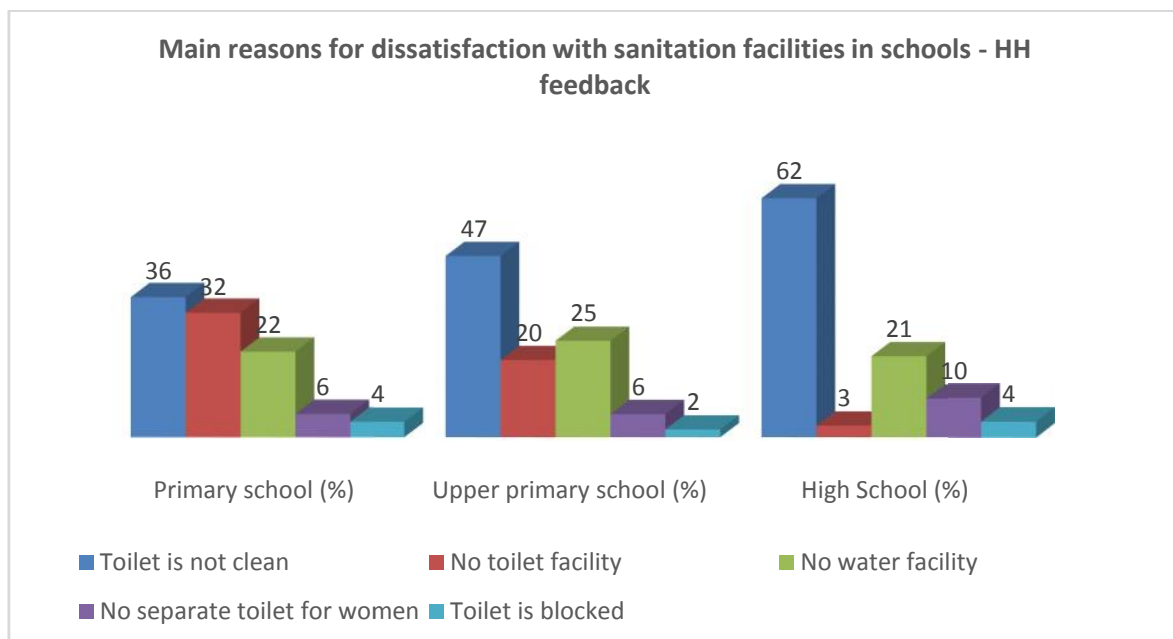
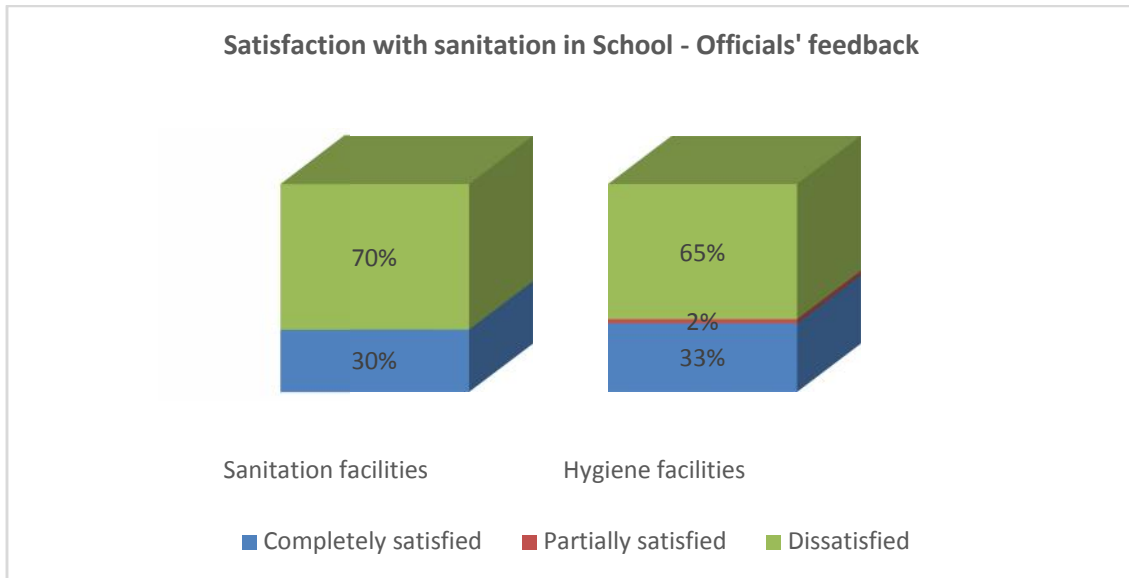


Figure 26: Reasons for dissatisfaction with sanitation facilities in schools among HHs



In terms of satisfaction with sanitation and hygiene in schools, officials have reported a higher rate of dissatisfaction with 70% officials reporting that they are dissatisfied. Reasons for dissatisfaction are similar to the ones cited by the HH respondents.

Figure 27: Overall satisfaction with school sanitation as reported by officials



Respondents were asked to suggest some measures that need to be taken by the school administration to improve the existing sanitation and hygiene facilities in schools. The following table lists some of the suggestion given by the respondents.

Table 7: Suggestions for improving sanitation in schools

Suggestions from HHs	%
Every school should construct toilet for students	17%
Female teacher should guide the girls at menstruation time	15%
Every school should construct separate toilet for girls	15%
Provide sufficient toilet as per the guideline	14%
Suggestions by Officials	%
Every school should construct toilets for all students	18%
A staff should be appointed for regular toilet cleaning	16%
Every school should construct separate toilets for girls	15%
SMC should monitor the sanitation facilities in the school regularly	15%
Government should supply clean drinking water to schools	13%

2.7 Conclusions

- Households, officials and observations confirm high availability of toilets in schools and separate toilets for girls. Very few schools have separate toilets for teachers. Usage of toilet is also high. However, it is disturbing to note that a fraction of the HHs reported that their children were not allowed to use toilets in the schools indicating the existence of some sort of discrimination.

- Observations reveal that a smaller number of toilets (teacher, girls and boys) have water available for use which is contrary to the higher percentages reported by the HHs. Availability of dustbins in classes was also observed to be higher than what was reported by HHs.
- Many toilets are in fair condition and most of them provide privacy and security. Open defecation is not seen around many schools which is encouraging.
- Hand washing habits among children going to school is good however officials' feedback on availability of hand washing facilities is not very encouraging clearly indicating a shortage.
- Though various sources of drinking water are used in schools hand pump/ bore well within the school premises is reported to be the main source both by officials as well as by the HHs.
- General cleanliness in schools such as class rooms, teaching areas, premises etc., is high with no water logging. General upkeep and maintenance of sanitation infrastructure is undertaken by school staff. Sufficient funds are available for the same and officials report that the process of receiving these funds is easy
- Upper primary schools perform better as compared to high schools or primary ones in IEC activities in general. Observation shows 57% schools have displayed use of water poster and other materials related to sanitation and hygiene education. Only a third of the teachers are trained on sanitation and hygiene education in schools. IEC on menstrual health is rated poor by households and staff alike. Availability of menstrual hygiene facilities in toilets like soap, adequate space to change and disposal bins is also very low.
- It is commendable that Child cabinets are present in most schools and participation by the members is good. SMCs are present in a majority of schools. Both the child cabinet and SMC monitor sanitation facilities in schools and discuss related issues in many schools.
- Staff of schools is much more dissatisfied than households with the school sanitation facilities. Major reasons seem to be lack of cleanliness, lack of water in the toilet and lack of toilets for teachers.
- Even though a majority of the officials report the existence of a functional grievance redress mechanism, the problem resolution rate is low as reported by HHs.
- Overall satisfaction with sanitation and hygiene infrastructure in schools is low among HHs as well as among Officials.

Sanitation in Anganwadi Centre

1.0. Background

Sanitation in Anganwadi Centers was one of the aspects covered in the study. Households (HHs) that have children going to Anganwadi centers were interviewed to get their feedback on the sanitation services available at the centers. Anganwadi workers (69#) and Anganwadi helpers (8#) in the district were interviewed to get their feedback on the sanitation services available at the centers. Along with this, a team from YSD also observed the sanitation facilities at the centers (77 #)

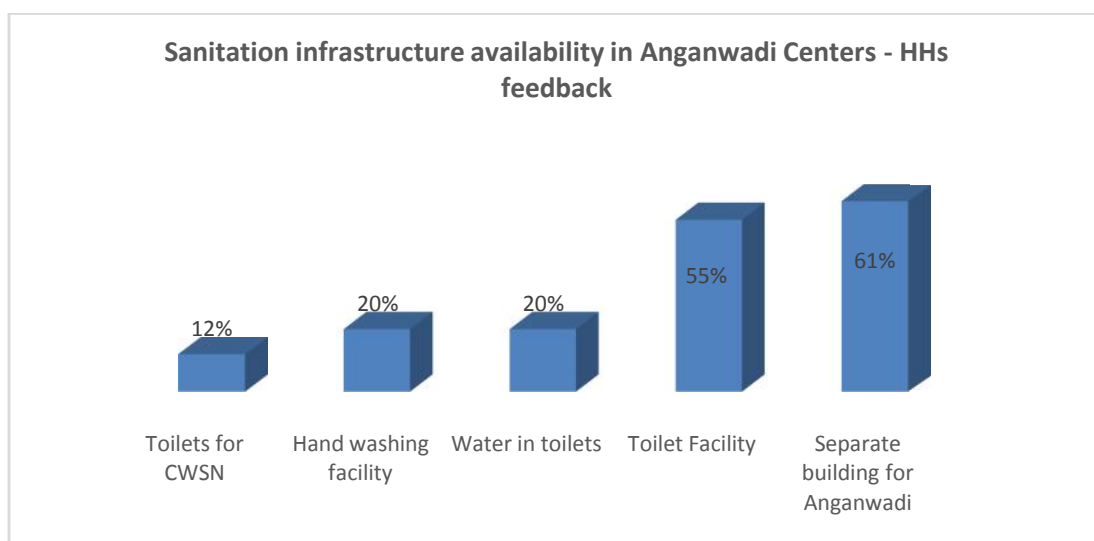
2.0. Access

Among the 1969 Households that were interviewed in the study, 15% HHs have children going to Anganwadi centers. As reported by the Anganwadi staff, a total 1817 children attend the Anganwadi centers; 52% boys and 48% girls. Less than a quarter of the children (22%) belong to Scheduled caste. All Anganwadi centers offer Pre-school, Immunization and Nutrition services as reported by the staff.

Among the HHs that have children going to Anganwadi centers, 61% reported that the Anganwadi Center has a separate building. Anganwadis that do not have a separate building function from other Anganwadi center buildings (40%) or rented building (30%) as reported by the staff.

Slightly more than half (55%) reported the presence of a toilet at the center. Only 20% HHs reported that the Anganwadi centers had hand washing facility and that water was available in the toilets. Staff report that 11% of Anganwadi toilets have water facility. They also say that none of the toilets are accessible to Children with Special Needs (CwSN). Staff report that all Centers that have hand washing facilities provide soap/ash for washing hands; 62% report that hand washing facilities are accessible to small children as well as CwSN where as the team's observation of Anganwadi centers show that only 27% hand wash facilities are friendly for CwSN

Figure 28: Sanitation facilities in Anganwadi Centers



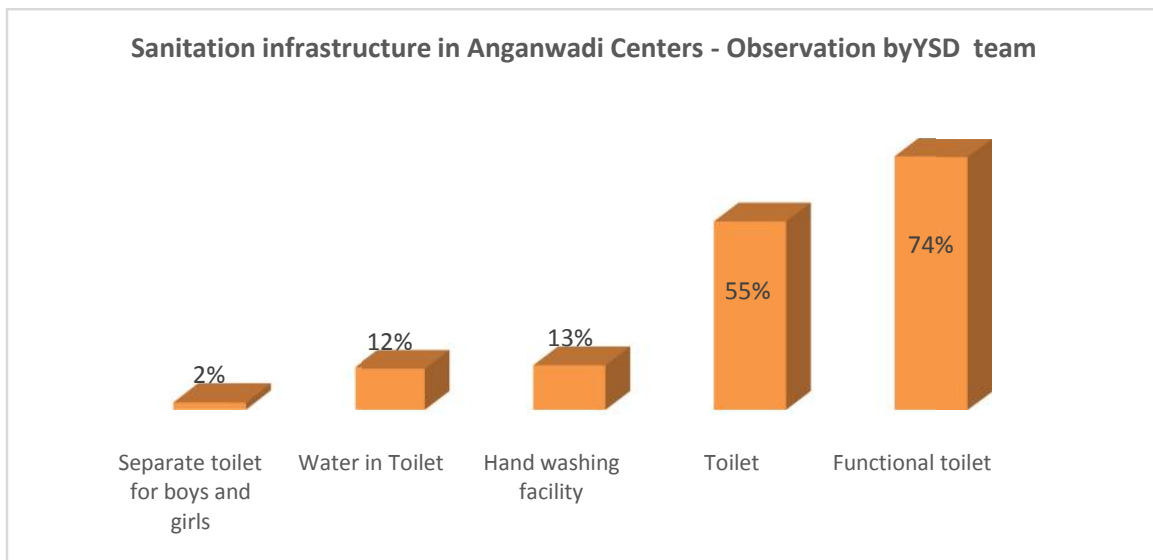
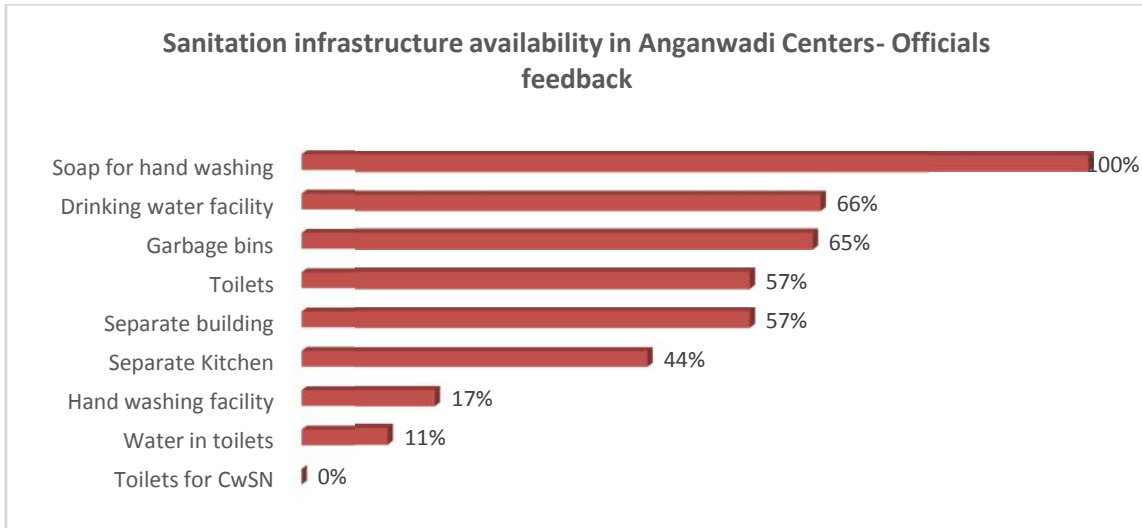
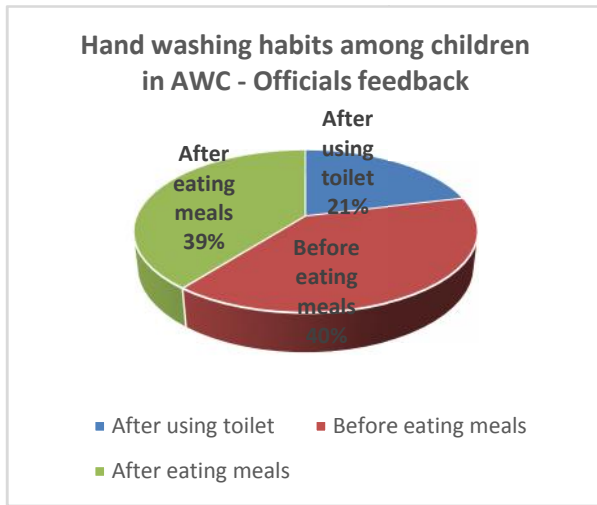
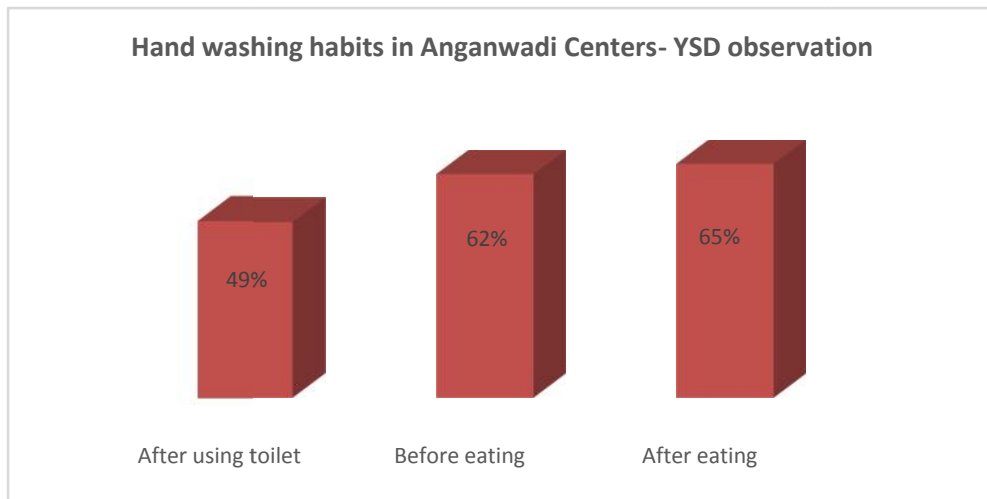


Figure 29: Hand washing habits among children as reported by Anganwadi staff



Hand washing habit among children attending Anganwadi centers as reported by officials it is not very encouraging. Less than half the children wash their hands before and after eating meals, while even fewer children (20%) wash their hands after using the toilet.

Contrasting to this, during the team’s observation it was found that more children wash hands before and after eating food as well as after using the toilet. The difference in feedback is shown clearly in figure 2.



3.0. Usage

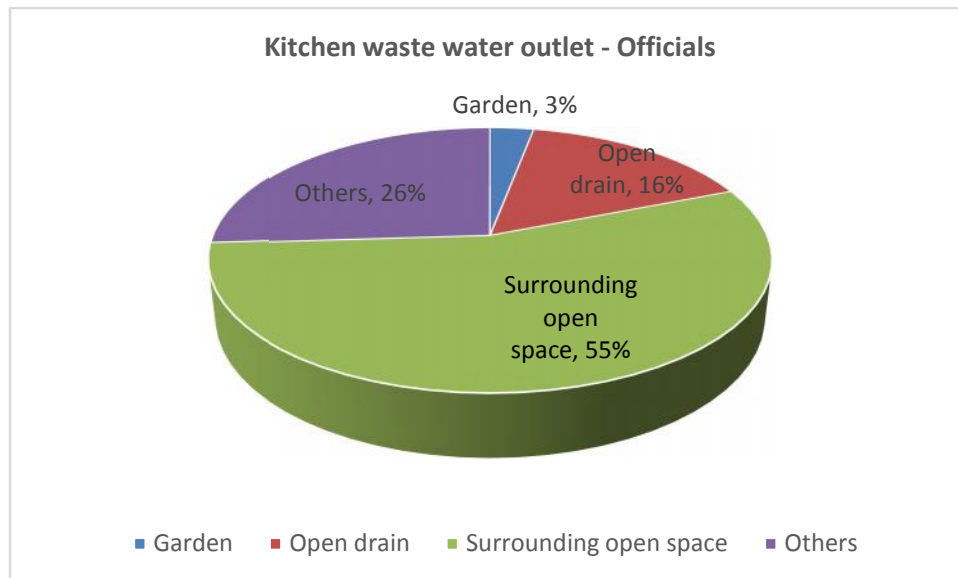
Usage of these sanitation facilities is low. Among those who go to Anganwadi centers that have toilets, 52% use the toilets. Similarly, among those who go to Anganwadis that have hand washing facilities, 49% use the facilities. The main reason reported for not using the toilet at the center is lack of water in the toilets. Other reasons cited are listed in the Table 1:

Table 8: Reasons for not using the toilet in Anganwadi centers

Reason	Percentage
The toilet is far away	3
Toilet is blocked	4
Not allowed to use the toilet (discrimination)	8
Prefer to go outside	11
Others	12
No separate toilet for boys and girls	13
No water	49

According to officials, only 7% pregnant women and lactating mothers use the toilet during their monthly visits

Figure 30: Kitchen waste water outlet details in Anganwadi Centers - Reported by Officials



The team observed that 90% AWC kitchen waste water flows into the surrounding open spaces what was reported by officials.

4.0. Service Quality

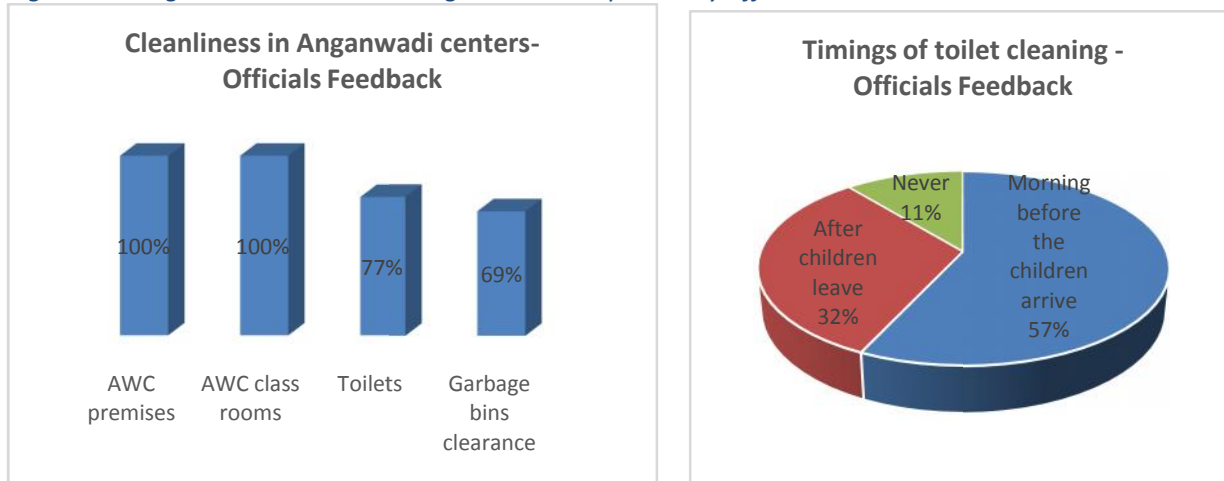
About half the HHs (51%) reported that the toilets in Anganwadi centers are well maintained and clean. A majority of the officials (94%) reported that the toilets are cleaned using soaping agent and disinfectant.

A large proportion (68%) reported that the centers had drinking water facility. Among them, 18% HHs said children took their own water bottles from home to the Anganwadi, another 18% reported that children drank Filtered/packaged/RO water provided at the centers while 58% reported that Children use water from Hand pump/bore well within AWC premises for drinking purposes.

Efforts are made to keep the Anganwadi premise, class rooms and other areas of the center clean as reported by officials. More than 75% officials also reported that the toilets are kept clean and garbage is cleared regularly (69%).

Repairs of sanitation facilities are undertaken by CDPO/ contractors (46%) or GP/Block/Government (42%) as reported by officials. All officials state that it is easy to approach their higher authorities in times of necessity. A majority of them also said (98%) that the process of receiving allocated funds to the AWC is easy. All Anganwadis maintain records in Registers.

Figure 31: Anganwadi Centre cleaning details as reported by officials



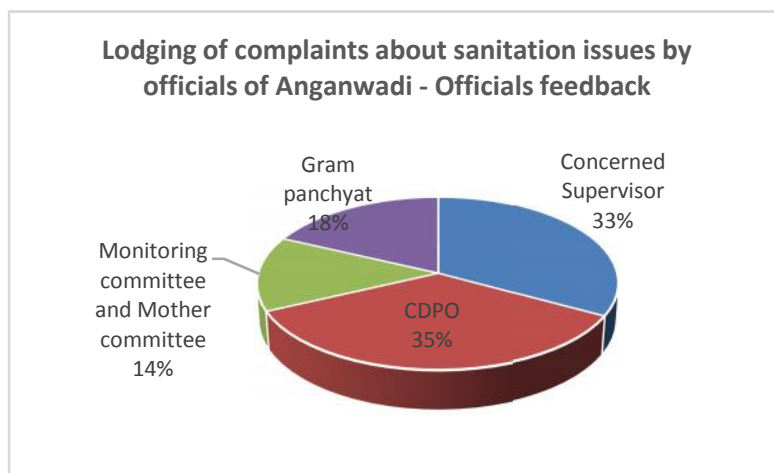
It was observed that around 60% AWCs clean toilets before the children arrive and after the children leave which is partly in agreement with the officials’ feedback where 57% officials have reported that the toilets are cleaned before the children arrive.

4.1. IEC on Sanitation and Hygiene in Anganwadi Centers

Officials reported that 70% Anganwadi workers and helpers are trained on sanitation and hygiene education. A majority of the centers (84%) display pictures of pets and animals on the wall related to sanitation and hygiene education. A lot of them (98%) integrate hygiene messages in their daily curriculum as well. It is encouraging to see that the observation team has found that 78% Anganwadis have displayed posters related to sanitation and hygiene education which is in agreement with the feedback from officials.

4.2. Sanitation Problem Incidence and Resolution

Fifty six percent of the HHs reported facing problems related to sanitation services in Anganwadi Centers. Only 15% HHs reported the presence of Grievance Redress mechanism in Anganwadis. Among those who faced problems, 52% complained to the Anganwadi Worker; 22% complained to CDPO; 20% did not complain. All those who complained, made oral complaints. Only 8% of those who complained said their problems were resolved. Half of those whose complaints were resolved are satisfied with the problem resolution while the remaining are dissatisfied.



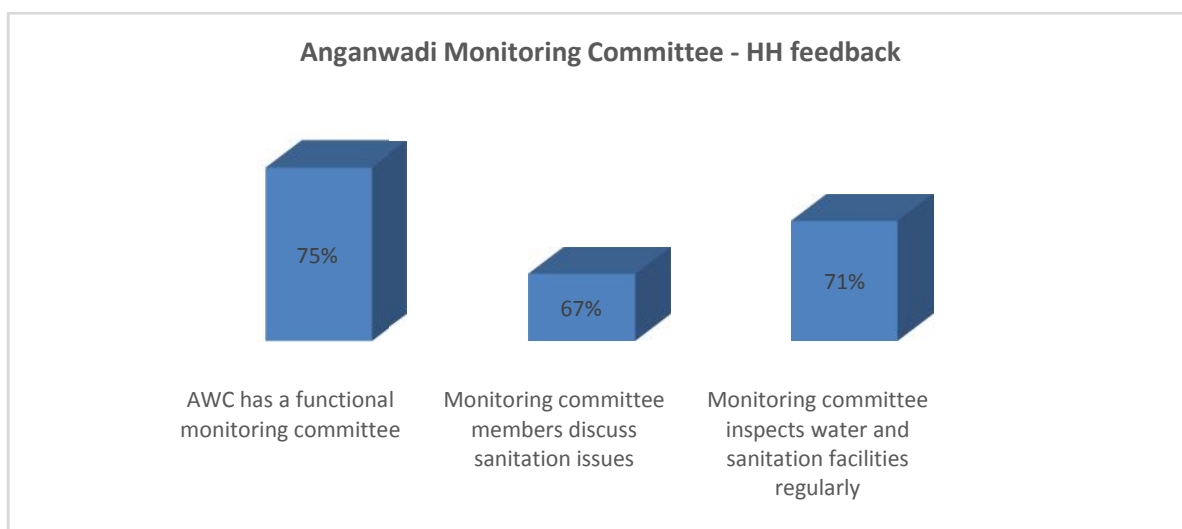
As compared to HHs, a larger number of officials (90%) have reported facing sanitation issues in Anganwadi centers while discharging their duties. Main problems reported include problems

related to water availability (33%) and lack of wash basins (30%). A majority of them (91%) lodged complaints however only 8% reported problem resolution.

4.3. Monitoring and Participation

Three quarters (75%) of HHs reported that the Anganwadi centers have a functional Monitoring Committee whereas officials say all centers have a functional committee. Many of these committees have been reported to be discussing sanitation issues in the Anganwadi centers as well as inspecting and monitoring sanitation facilities regularly. Mothers Committees are functional in Anganwadis as reported by 75% HHs whereas officials say all centers have functional Mothers' committee. Many HHs (71%) said the committee inspects water and sanitation facilities regularly.

Figure 32: Prevalence and functioning of Anganwadi Monitoring Committees



5.0. Overall Satisfaction and Suggestions for Improvement

Overall satisfaction with sanitation facilities at Anganwadi centers has been low with less than 50% HHs and less than 15% officials reporting complete satisfaction with sanitation and hygiene

facilities. Several reasons have been cited for dissatisfaction. Table 2 below lists some of the main reasons cited by HHs and table 3 lists reasons cited by officials that are dissatisfied for their dissatisfaction with the sanitation facilities and hygiene at the Centers.

Figure 33: Overall Satisfaction with sanitation facilities in Anganwadi Centers

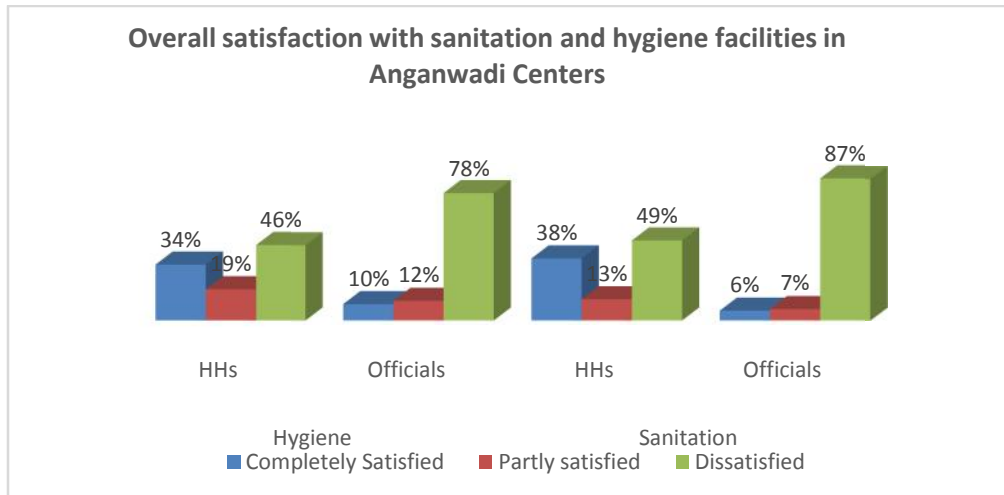


Table 9: Reasons for dissatisfaction with sanitation and hygiene in Anganwadi centers – HH feedback

Reasons	%
Toilet not available in Anganwadi	25
Hand washing facilities are not available adequately	24
Lack of water facility	22
Anganwadi centers are not cleaned	16

Table 3: Reasons for dissatisfaction with sanitation and hygiene in Anganwadi centers – Officials feedback

Reasons	%
No hand washing facilities	45
Water problems	37
Complaints lodged are not resolved	31
Lack of toilets for Anganwadi worker and helper	27
Lack of sanitation facilities	23

Households have come forward with suggestions for improving the existing sanitation and hygiene facilities at the Anganwadi centers. Some of the important suggestions are listed below in table 3.

Table 4: Suggestions for improving sanitation facilities in Anganwadi Centers

Suggestions by HHs	%
Quick resolution of sanitation issues	26
Government should construct separate building for AWC with separate sanitation facilities	22
Sarpanch should make arrangements for providing water supply to Anganwadis	20
Hand washing facilities should be constructed in Anganwadi centers	19
Regular inspections from Government staff to ensure good services	13

Suggestions by Officials	%
Buildings that are constructed for Anganwadi Center by GPs have to be handed over soon after their completion	5%
GP office has to construct toilets in Centers	18%
Anganwadi centers should be connected to water supply lines	19%
Centers need toilets and boundary wall	25%
Centers need wash basin	32%

6.0. Conclusions

- A little more than half the Anganwadis have toilets but less than a quarter of the AWCs have hand washing facilities. Availability of water in toilets is very low. Toilets are maintained well and kept clean in many Anganwadi centers. They are cleaned with soaping agent and disinfectants in vast majority of cases.
- Officials say there are no toilets accessible for Children with special needs while household survey and observation show 12 % toilets to be CwSN friendly. There is a gap in reporting the accessibility of hand washing facilities as well with higher percentage of officials reporting availability while the observation of AWCs by the team reported non availability.
- The same is true with feedback on hand washing habits of children in Anganwadi centers. Though the overall percentages are low, there is a significant difference in reporting by officials when compared to what was observed by the team with officials reporting lower percentages.
- Drinking water facilities are available in many Anganwadi centers. The source of water is mostly hand pump within the premise.
- Usage of available sanitation services in many Anganwadi centers is found to be low both among children as well as pregnant women and lactating mothers.
- Many Anganwadis have separate kitchens and most of the waste water from these kitchens flows into the surrounding area.
- IEC activities on sanitation and hygiene education are found to be effective. Different means have been adapted including display of posters and integrating hygiene messages in daily curriculum.

- Monitoring committees (Mothers committee and monitoring village committee) are performing well. It is reported that sanitation issues are discussed regularly and sanitation facilities are inspected on a regular basis by these committees.
- Problem incidence is high. Most complaints are made orally. Resolution is very low with no clear grievance redress system in many Anganwadi Centers.
- Repair works are mostly done by CDPO or GP/Govt. Officials report good co-operation from higher officials by reporting that getting help from them during necessity is easy. Also it is reported that the process of getting allocated funds for the AWC is simple.
- All Anganwadi centers maintain records well and they are maintained only in registers and not in electronic format as reported by officials.
- There is high dissatisfaction among officials on Sanitation and Hygiene services as compared to that of households.

Sanitation in Health Care Institutions

1.0 Background

The study involved obtaining feedback on sanitation and hygiene in health care centers (HCC) that included PHC, CHC and sub-centers in Ganjam district from HHs that had visited these centers to obtain medical assistance in the last one year. Officials (15#) from different ranks within the HCC were also interviewed to obtain their feedback on the same. Along with this a team from YSD physically monitored the existing status of sanitation and hygiene in and around these health care centers (15#).

2.0 Access and Usage

Among the 1969 HHs that were

interviewed, half of them (50%) had visited a government hospital for treatment either for themselves or for a family member in the last one year, 30% had visited a private hospital. Among those who went to a government hospital for treatment, 49% had visited a CHC.

Observations show that 87% HCCs had a separate building. A majority of the users (little over 60%) used the toilets at the Health care center;

It was reported that over 70% toilets at Health Care Centers are user friendly for people with special needs and patients with wheel chair.

A vast majority of the HCCs have access to clean drinking water and urinals as reported by HHs. It was observed by the team that 69% HCCs use Filtered/ packaged/ RO/UV water as the main source of drinking water; 31% HCC use water from Hand pump / bore well within their premises. Availability of toilets however is low with close to half of the sub-centers and PHCs lacking toilet facilities. Where toilets are available, separate toilets for men and women are reported by HHs in most HCCs.

Observations show that 80% HCCs have hand wash facilities and toilets. All toilets (100%) have water provision.

Figure 34: Type of health care centers visited by HHs

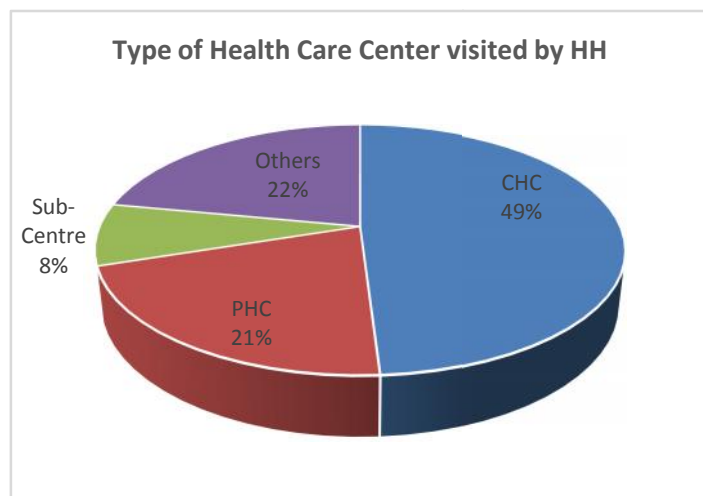
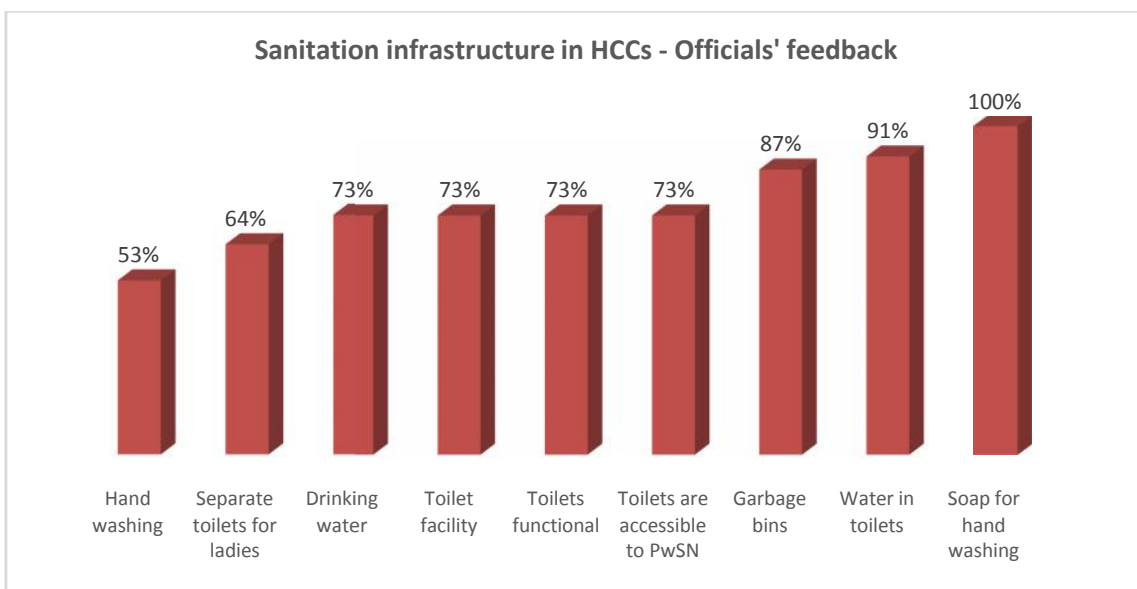
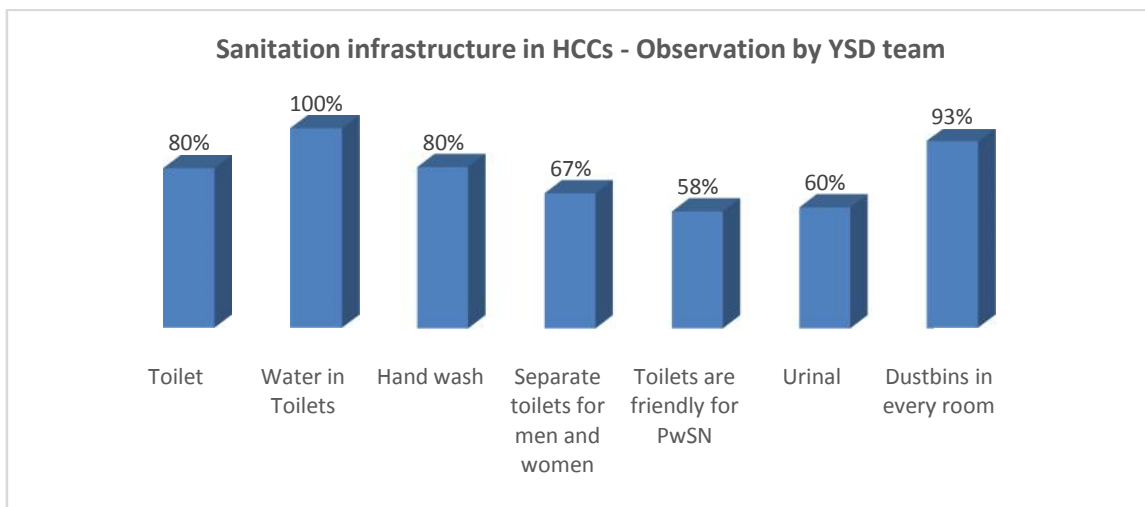
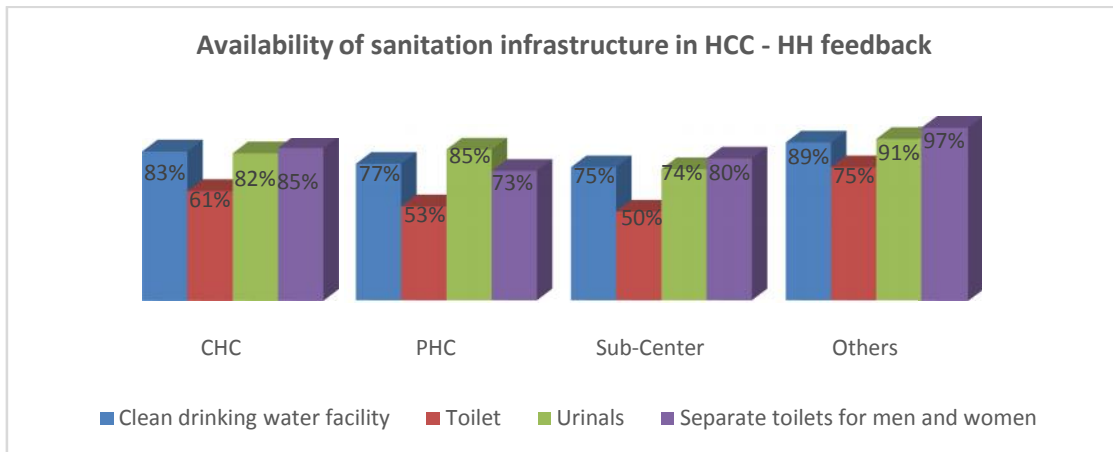
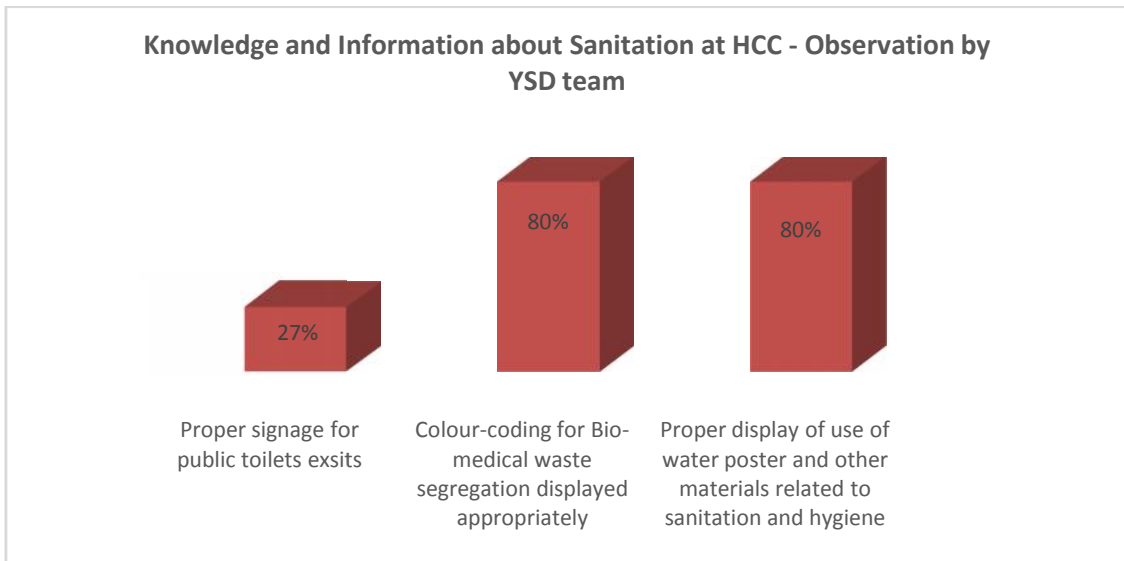


Figure 35: Sanitation infrastructure available in HCCs



Officials' feedback on availability of sanitation infrastructure in HCCs is similar to the findings from the observation by YSD team across various parameters like availability of toilets, availability of water in toilets, presence of separate toilets for men and women etc.

Figure 36: Efforts by HCC to share information on hygiene and sanitation

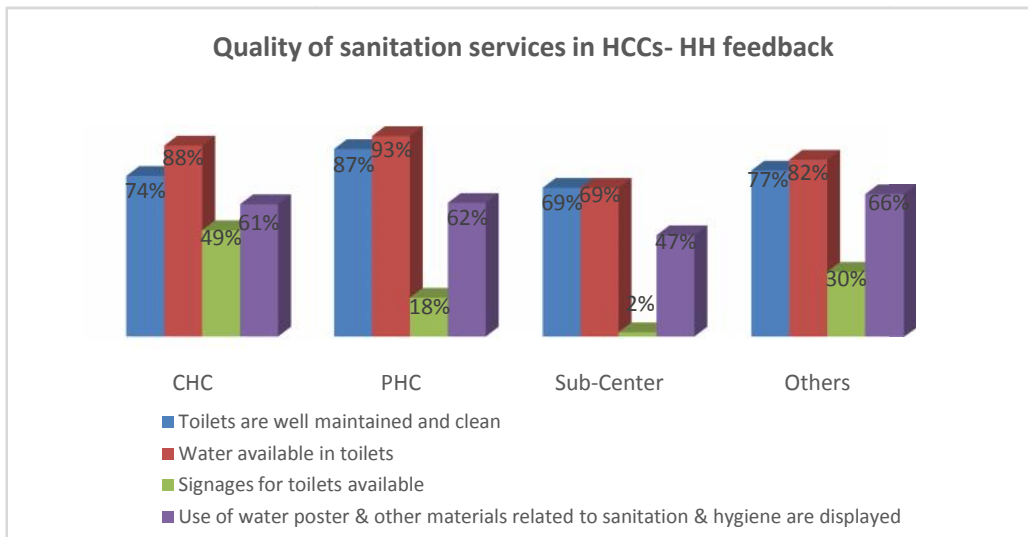


2.1 Service Quality

Toilets are well maintained and clean in a majority of the HCCs as reported by HHs. A majority of the toilets have water available for use. Signage display for toilets in a public place such as HCC is very low as reported by HHs; CHCs fare better than PHCs and Sub-centers. According to the observation by the team, half of the HCCs maintain their toilets clean; 83% HCCs clean toilets using soaping agent and disinfectants; 92% toilets in Health Care Centers provide privacy and security. Officials’ feedback on privacy and security in toilets is similar to the observation.

Observation study shows that 53% HCC segregate their waste; 63% among them segregate the waste in Laboratory and the remaining 37% segregate their waste in Operating room. It was observed that the surroundings of 60% HCCs were clean, 73% drains in HCC campuses were maintained clean and every room in 67% HCC was clean. A vast majority of the officials (93%) have reported that the surroundings of the HCC are maintained clean and every ward is cleaned everyday (93%).

Figure 37: Quality of sanitation services available in health care centers as reported by HHs

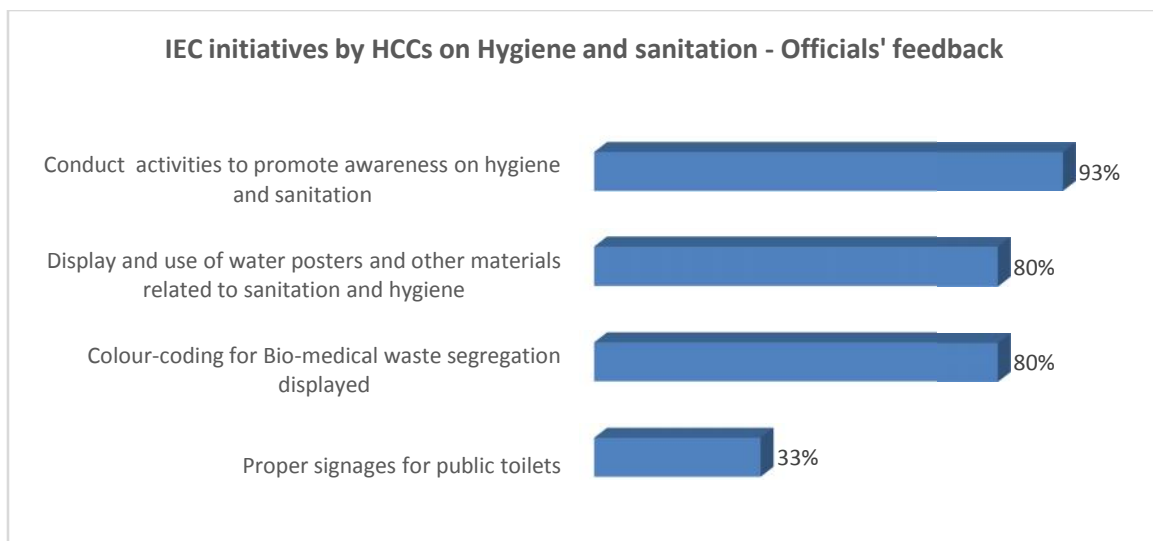


According to officials' feedback, 82% Health Care Centers have Filtered/ packaged/ RO/UV water as the source of drinking water. All (100%) officials wash hands after using the toilet. A vast majority of the HCCs (91%) clean the toilets three times a day. All toilets (100%) are cleaned with soaping agent and disinfectant.

Table 10: Maintenance of sanitation infrastructure in HCC- Officials' feedback

Maintenance of Sanitation Infrastructure in Health Care Centers	
Health care center premises & surroundings are kept clean	93%
Every ward in the health care center is cleaned every day	93%
Toilets are clean and maintained well	64%
Toilets provide privacy for use	91%
Toilets are safe to use	91%
Garbage bins are cleared every day	87%

A majority of the officials have reported that efforts towards creating awareness on hygiene and sanitation such as conducting activities to promote awareness on sanitation, display of posters on use of water and other related materials etc., are undertaken at the HCCs. Display of signage for public toilets is reported by only 33% officials.



2.2 Sanitation Problem Incidence and Resolution

Grievance redress mechanism is prevalent in many CHCs with 61% HHs reporting positive, however, the same is not true for PHCs and Sub-centers. Nearly half of the HHs that visited CHC, PHC and sub-centers for treatment reported facing sanitation related problems during their visit. Main sanitation problems reported include

- Toilets not being clean
- No water facility in toilets
- No separate toilets for women

Most complaints were lodged orally to the doctor. Problem resolution is average with less than half of those who faced problems reporting that their problems were resolved. However, many have expressed that they are satisfied with the problem resolution as shown in figure 6

Figure 38: Problem incidence and resolution in HCC as reported by HHs

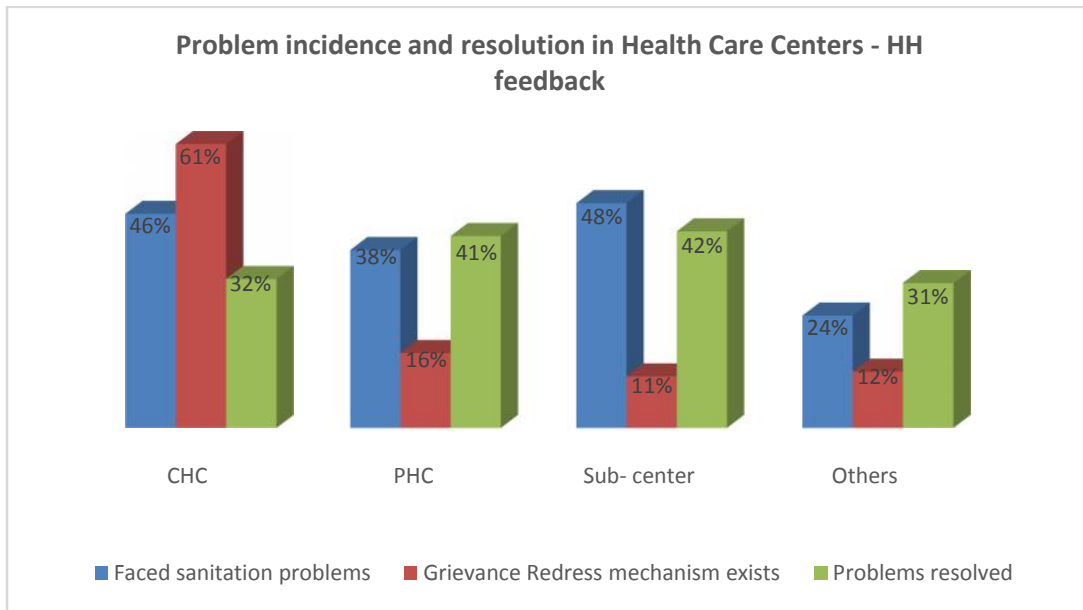
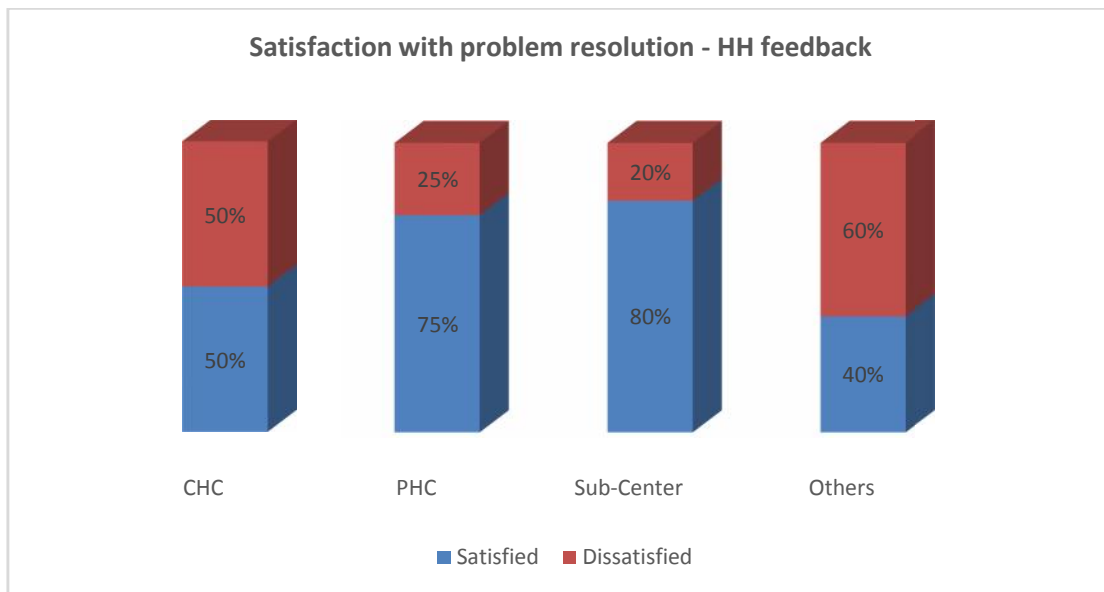


Figure 39: HH satisfaction with problem resolution in HCC



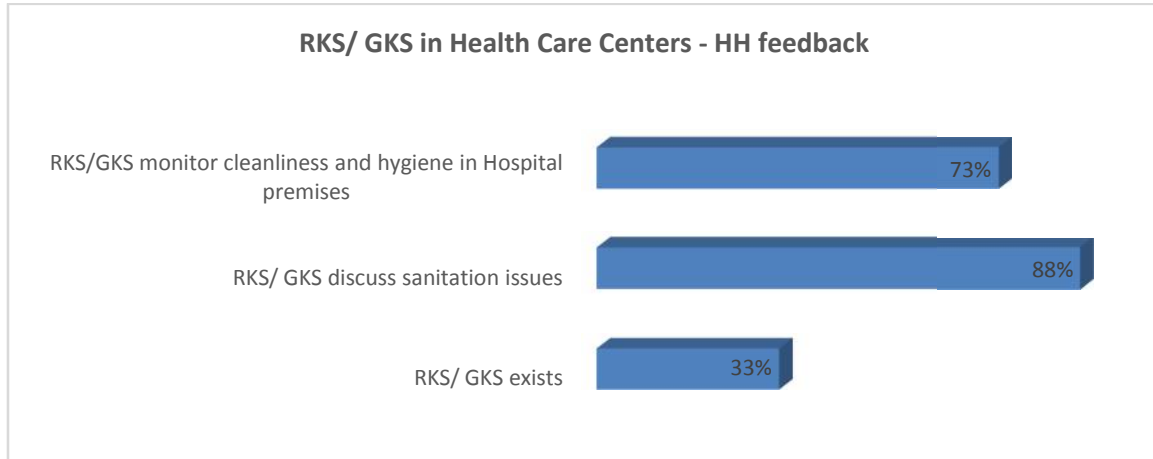
Slightly more than half of the (53%) officials reported facing sanitation problems while discharging their duties in Health care centers. The main problems reported include

- Toilets need repair (25%)
- Problems related to water availability in dressing room (25%)
- Insufficient toilets for patients (25%)

A majority of them (88%) lodged complaints to CDMO (29%), RKS (29%), ANM and medical officers (14%) and some of them also discussed the issues at the block level meetings for car festival (14%). Only 13% of those who complained said their problems were resolved, however 100% of those who complained are satisfied with their problem resolution

2.3 Public Participation and Monitoring

One-third the HHs that visited a HCC reported the presence of a RKS/ GKS while 65% did not know its existence. Where it is existing, a majority of them discuss sanitation issues and also monitor cleanliness and hygiene in hospital premises.



According to officials' feedback, all HCCs have RKS/ GKS. All RKS/ GKS take active part in monitoring cleanliness and hygiene in HCC, discuss sanitation issues in their meetings and participate in community awareness building activities. Around 60% officials have reported that HCCs have grievance redress mechanism and 87% have reported that RKS/GKS have displayed citizens' charter at the HCC.

All Health care centers maintain records

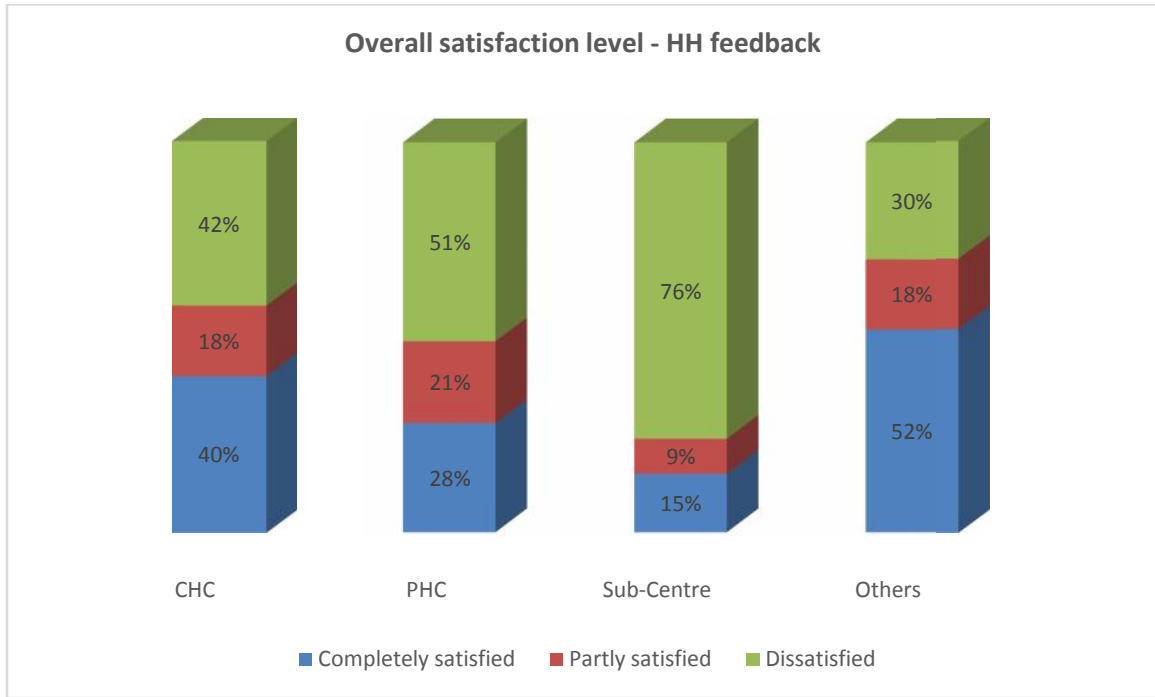
- 6% only in computers
- 47% only in Registers
- 47% in Both

All officials say it is easy to approach their higher authorities in times of necessity and 93% officials say process of receiving allocated funds to the HCC is also easy.

2.4 Overall Satisfaction and Suggestions for Improvement

Close to half of the HHs that visited a HCC are dissatisfied with the sanitation facilities. Users of sub-centers are more dissatisfied. Main reasons for dissatisfaction are

- Bad maintenance of toilets (21%)
- Lack of urinal facilities (21%)
- Dirty toilets (18%)



Little less than half of the officials are dissatisfied with the sanitation and hygiene facilities at HCC. Main reasons for dissatisfactions are

- Lack of toilet facility (42%)
- Lack of wash basin (33%)
- Surroundings of HCC being untidy (29%)
- Insufficient drinking water for patients (25%)
- Complaints not being addressed (11%)



Suggestions for Improvement

Users and officials of HCCs have made some suggestions that can improve the existing sanitation facilities in the health care centers.

Some of the suggestions from users are listed below:

- Provide sufficient toilets in Health Care Centers (25%)
- Provide water supply in toilets (23%)
- Provide safe drinking water facilities (8%)

Suggestions from officials are listed below:

- Health care centers should have toilets (33%)
- Government should provide buildings and toilets to HCC (27%)
- Provide water supply to the dressing room (27%)
- Awareness on sanitation among people should be created (13%)

2.6 Conclusion

- Most HCCs have separate buildings. Availability of sanitation infrastructure like toilets, water in toilets, hand wash etc. is found to be generally good across different types of health centers according to the feedback from Officials and observation by YSD. Usage of the same is also good. However, users have reported low availability of toilets. Most of the toilets are friendly for people with special needs (PwSN) which is very encouraging. A vast majority of the HCCs have access to clean drinking water and urinals.
- Toilets, wards and surroundings of the centers are maintained clean. Segregation of waste does not happen in all HCCs. IEC activities seem reasonably good but display of signage for public toilets is uniformly poor across different types of health centers.
- Grievance redress system is present in many health centers but problem resolution is low. Even with low resolution rate, satisfaction with problem resolution among users and officials is high.
- High presence of RKS/GKS has been reported by officials whereas HHs have reported it to be low with many not aware of its existence. RKS/GKS where present, are actively involved in monitoring sanitation and hygiene facilities of the HCCs.
- Dissatisfaction with sanitation and hygiene facilities among users and officials is evident. Main reasons for dissatisfaction are lack of sanitation services and /or poor maintenance of existing facilities.

Sanitation in Other Public Institutions

1.0 Background

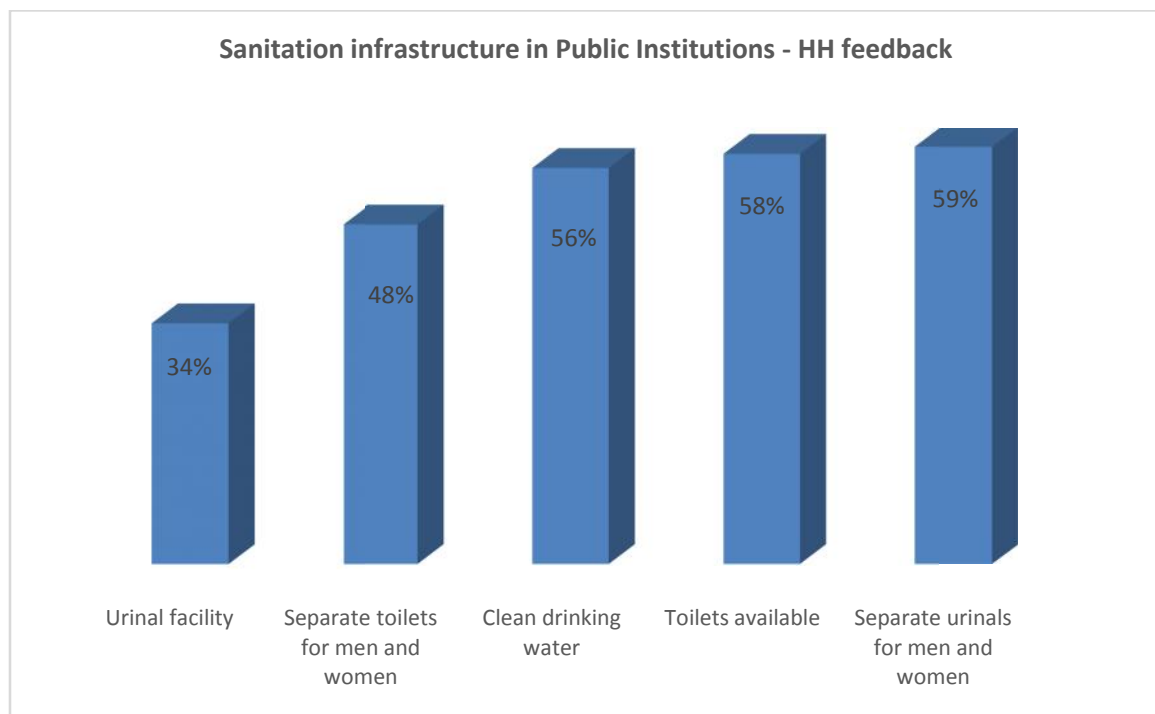
Gram Panchayat (GP) offices are a focal point in rural settings. Most people visit GP offices frequently for their day to day work. It is very important that sanitation and drinking water facilities are adequately available in public places like these. Hence one of the aspects covered in this study is the assessment of sanitation in public offices such as Gram Panchayat offices, Revenue offices, Agricultural offices etc.

Feedback was obtained from HHs (1319 #) that had visited public offices in the last one year and officials (22#) regarding their experiences with the sanitation facilities available in these offices. YSD team also monitored the availability and status of sanitation infrastructure in these public offices (22#)

2.0 Access and Usage

Among the 1969 HHs surveyed in the study, 67% had visited a public office in the last one year. Among them 94% had visited a Gram Panchayat (GP) office. During their visit, 21% HHs had used the toilets at the Public Institutions; 68% did not use the toilets because there was no necessity. Based on their feedback after using toilets in these offices, it is found that 58% offices have toilets, 48% offices have separate toilets for men and women, 34% offices have urinal facilities. Many of these toilets (69%) are friendly for people with special needs (PwSN).

Figure 40: Availability of sanitation infrastructure in public offices as reported by HHs



Officials' feedback indicates that all the public offices have a separate building, 68% of them have drinking water facility, 82% offices have toilets – 61% among them are functional. The figure below gives details of various sanitation infrastructure available in offices as reported by officials.

Figure 41: Availability of sanitation infrastructure in public offices as reported by officials

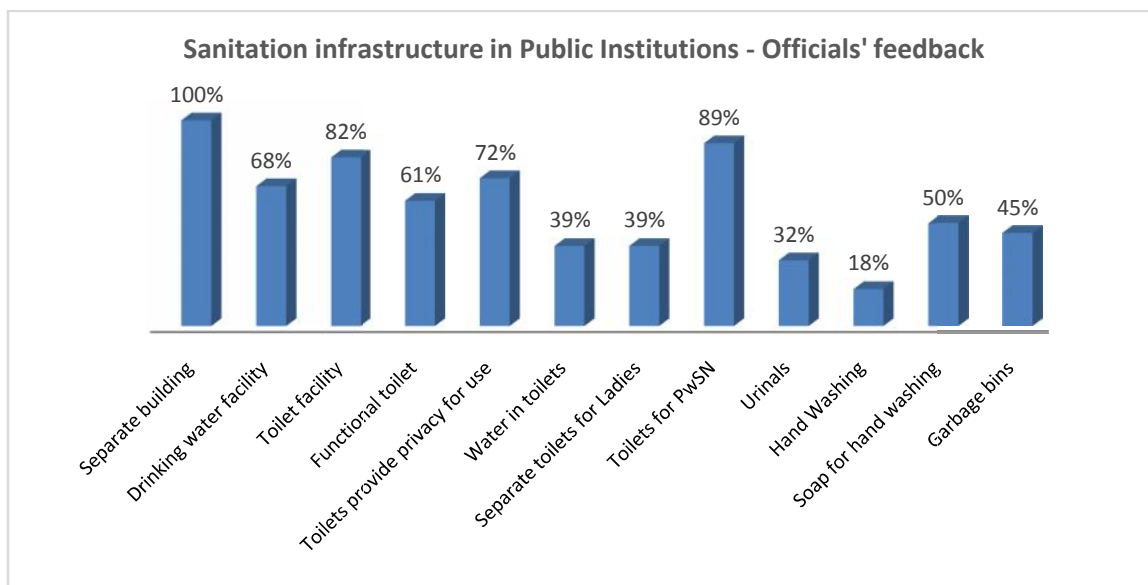
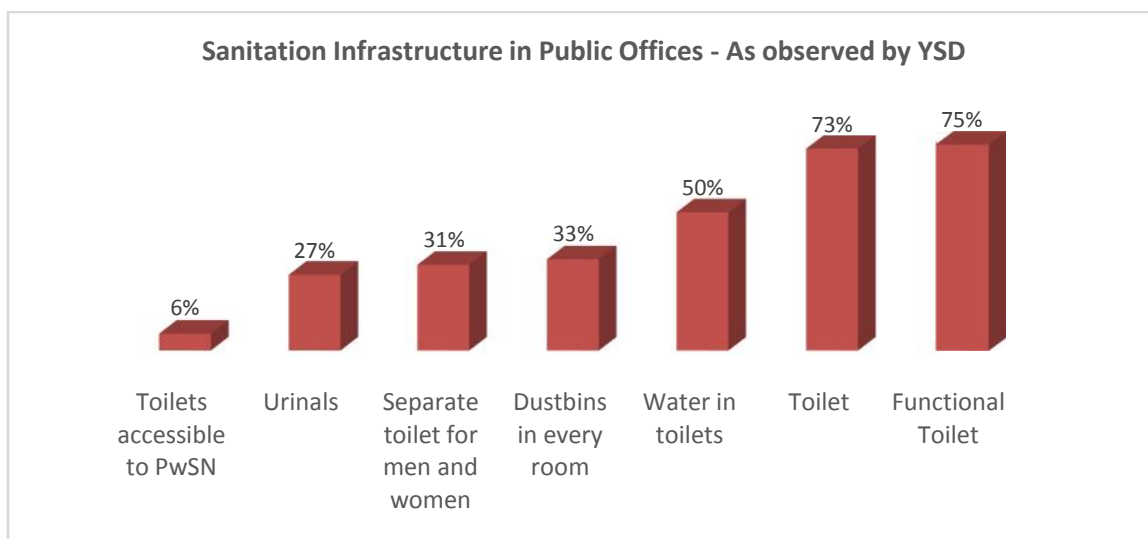


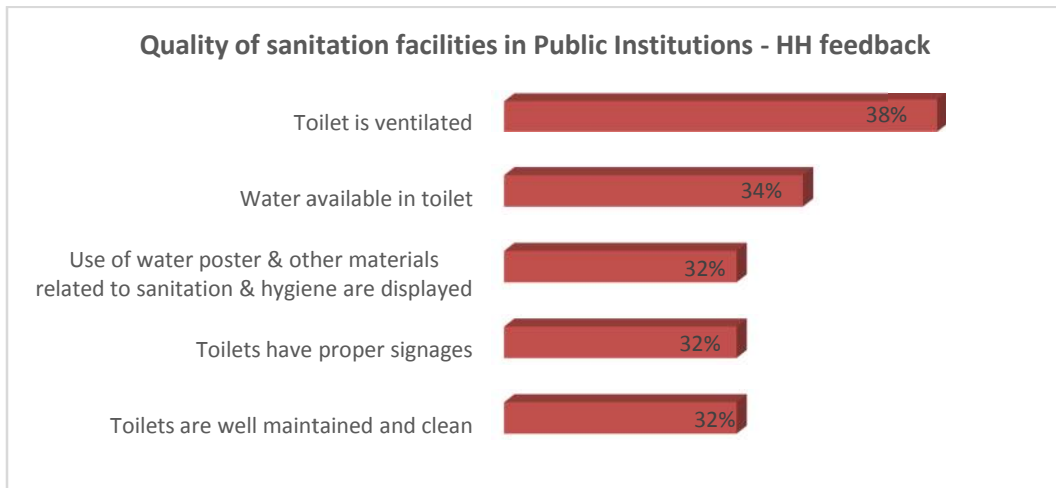
Figure 42: Availability of sanitation infrastructure as observed by YSD team



2.1 Service Quality

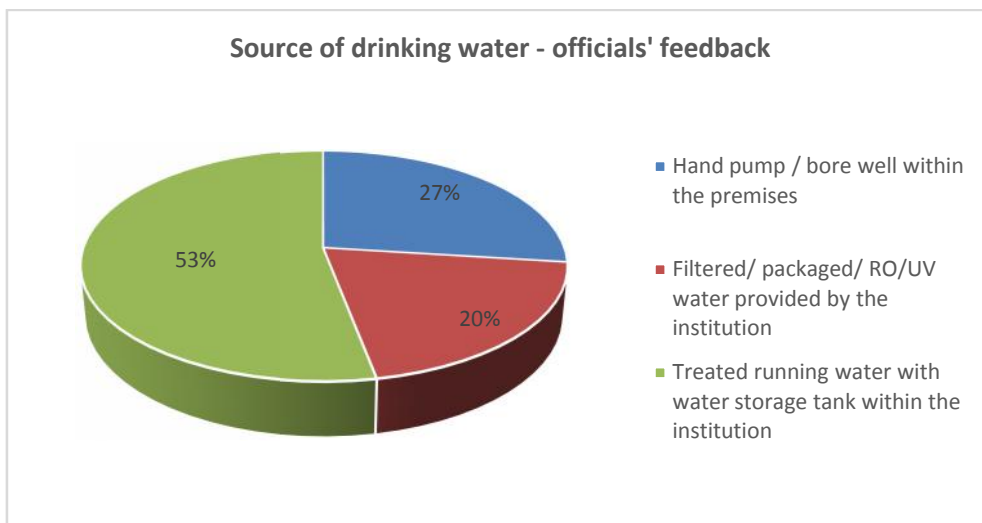
Only 32% of those who used the toilets at the public offices reported that the toilets were clean and were maintained well. Proper signage display was also reported by an equal number of HHs (32%). Similar feedback was obtained from the team that observed the toilets in public offices. The team reported that toilets in 56% offices were maintained clean. Availability of water in toilets and ventilation in toilets is reported by 40% HHs that had used the toilets.

Figure 43: Quality of sanitation facilities in public offices as reported by HHs



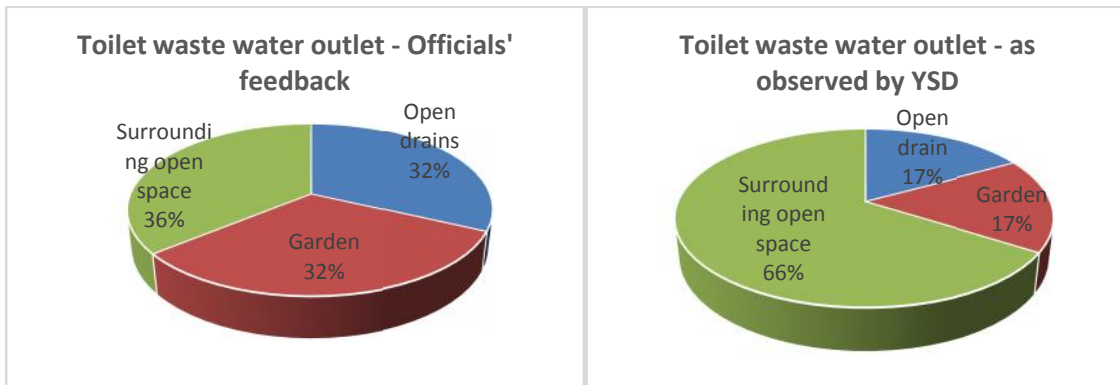
Treated water available within the institution is the main source of drinking water in 53% offices as reported by officials. The same was observed by the YSD team which reported that 57% offices used treated water available within the institution as the main source for drinking purposes.

Figure 44: Source of drinking water in public offices as reported by officials



Waste water from toilets in 36% offices flow into surrounding open spaces; 32% flows into open drains and remaining 32% flows into garden as reported by officials. During observation study by the team it was observed that waste water from 66% public offices went out into the surrounding open spaces.

Figure 45: Toilet waste water outlet



Maintenance and cleaning of toilets in offices is found to be average with officials reporting that toilets are cleaned daily in 44% offices while another 44% said toilets are never cleaned. When cleaned, 90% offices clean their toilets using soaping agent and disinfectant. On the contrary, it was observed that 44% offices cleaned toilets using soaping agent and disinfectants; 25% cleaned only with water.

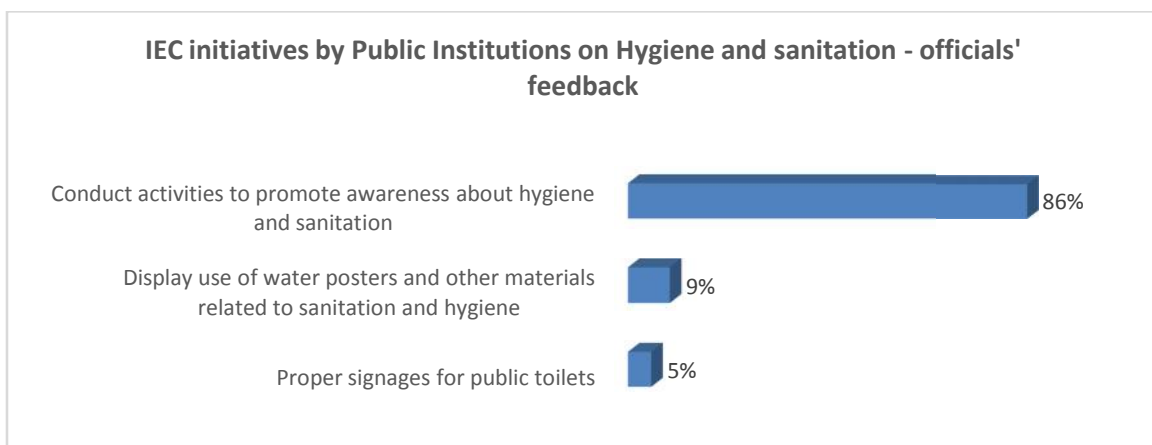
In 61% offices, toilets and urinals are cleaned by Peons while in remaining offices they are cleaned by concerned office staff as reported by officials. According to the officials, 91% toilets provide privacy for use. Observations show that 75% toilets in offices provide privacy and security for use.

A vast majority of the offices have their premises and surroundings clean (95%). Garbage bins are cleared on a daily basis in 68% offices as reported by officials.

2.2 IEC on Sanitation in Public Offices

Officials report that a majority of the public offices in Ganjam district conduct activities to promote awareness about hygiene and sanitation such as village cleaning and wash drive by GP and WSHG members, rally and door to door campaign, conduct awareness programmes in village about use of toilet etc. Observation of public offices show that the visible efforts are very low with only 5% reporting that offices display use of water posters and even display of signage for public toilet is seen in only 5% offices.

Figure 46: IEC efforts by public offices on sanitation and hygiene as reported by Officials



2.3 Sanitation Problem Incidence and Resolution

Problem incidence reported by HHs is low. Only 14% HHs have reported facing sanitation related problems during their visit to public offices. Among them, 74% reported that lack of public toilets is the main sanitation problem they face. Many of those who faced problems did not lodge complaint (65%). The remaining 34% who lodged complaints did so mostly orally (32%) to Sarpanch. Even among the few who lodged complaints about their problems, only 34% reported that their problems were resolved.

Existence of grievance redress mechanism was reported by 21% HHs, however, 68% officials reported the presence of grievance redress mechanism in offices. Only 5 cases were registered in the last one year of which 4 cases were resolved as reported by officials. Lack of toilets is reported as a main problem by officials as well.

Incidence of sanitation problems among officials while discharging their duties in public offices was high with 64% reporting facing problem. A vast majority of them (93%) lodged complaints regarding the problems to Block Development Officer. However, it is very disappointing to note that only 7% among them reported that their problems were resolved.

All public offices maintain records as reported by officials. A majority of them (91%) maintain registers as well as electronic version of the records in computers. A majority (95%) of the officials say it is easy to approach higher authorities in times of necessity and also report that the process of receiving allocated funds to the institution is easy.

Satisfaction with problem resolution is high among HH respondents with 95% of those whose problems were resolved, reporting that they are satisfied with the resolution.

2.4 Overall Satisfaction and Suggestions for Improvement



Overall satisfaction with sanitation facilities in public offices is good with 77% HHs reporting that they are satisfied. Among those HHs that are dissatisfied, main reasons for dissatisfaction shared are as follows

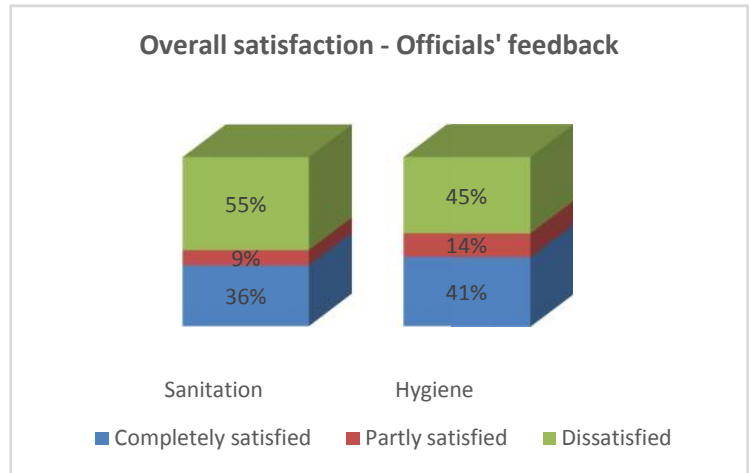
- Lack of toilets: 50%
- Not allowed to use toilets: 11%
- Lack of separate toilets for women: 6%

Half of the officials are dissatisfied with sanitation and hygiene facilities in the public offices they work at.

Figure 47: Overall satisfaction with sanitation and hygiene as reported by officials

Main reasons for dissatisfaction among officials are

- Lack of toilets :50%
- Lack of drinking water: 47%
- Lack of hand washing: 10%
- Lack of toilets for PwSN: 20%



Users and officials have come forward with suggestions that can help improve the existing sanitation facilities in public offices. Some of the key suggestions are listed below in table 1 and table 2.

Table 11: Key suggestions for improvement of sanitation facilities in Public offices by HH users

Suggestions by HHs	%
Every public institution should build a toilet	29%
All sanitation problems should be solved at all institutions	15%
Toilets should be cleaned everyday	10%

Table 12: Key suggestions for improvement of sanitation facilities in Public offices by Officials

Suggestions by Officials	%
Separate toilets should be constructed for women	14%
Every public institution should construct toilet	18%
People should use the toilets	18%
Water supply should be made available for drinking and toilet usage	23%
Toilet construction should be completed within the right time	27%

2.5 Conclusion

- Most public institutions have toilets of which roughly 70 % are functional. Availability of Urinals is however low. Accessibility of toilets to PwSN is rated uniformly low and observed to be so too. Usage of toilet is low. Generally officials have reported higher availability of sanitation infrastructure as compared to HHs.
- Though drinking water is available in a reasonable number of offices water in the toilet is available in very few.

- General cleanliness of office premises is good. Garbage bins are not available in sufficient numbers. Where available, Garbage clearance is good. Cleanliness and maintenance of toilets is below average.
- Wastewater outlet from toilets into the surrounding spaces is differently reported by officials and by the observation team. However, it is reported by both. This is a serious environmental as well as health issue.
- Efforts on spreading awareness on sanitation and hygiene from the offices, is good based on official feedback. However, observation study gives contrasting views. Signages for public toilets are also missing in a majority of the public offices.
- Problem incidence reported by HHs is low whereas officials have reported higher incidence rate. Both have however reported a very low problem resolution.
- Cooperation from higher officials is good and funds availability for sanitation infrastructure is found to be good.
- Overall satisfaction with sanitation in public offices is above average. Officials are more dissatisfied than HH users.

Comparison across Agencies

1.0 Background

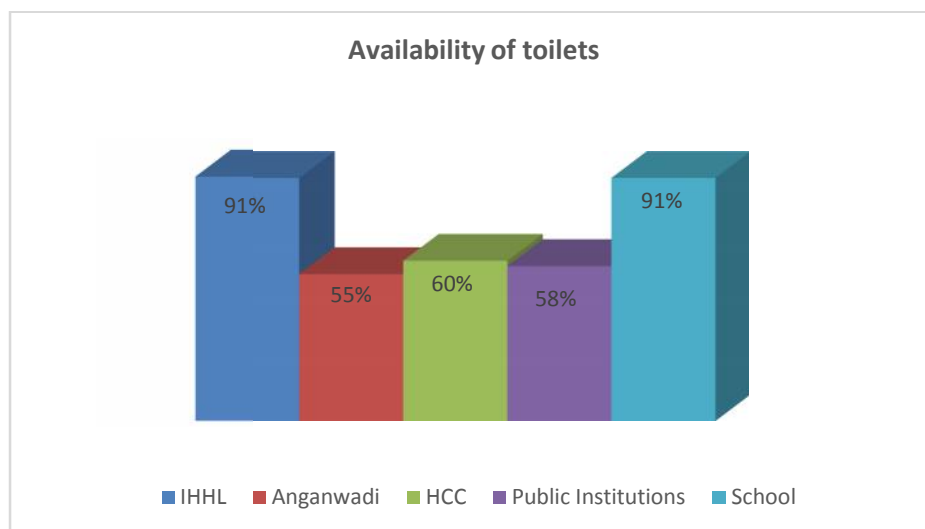
This chapter attempts to compare the quality of sanitation facilities across different agencies in Ganjam district. Comparison is based on certain key indicators such as

1. Availability of toilets
2. Availability of water for toilets
3. Availability of Hand wash facilities
4. Maintenance of toilets
5. Quality and impact of IEC efforts
6. Rate of sanitation related problems resolution
7. Overall satisfaction with sanitation services

1.1 Availability of Toilets

Availability of toilets in households and schools is significantly higher as compared to other agencies.

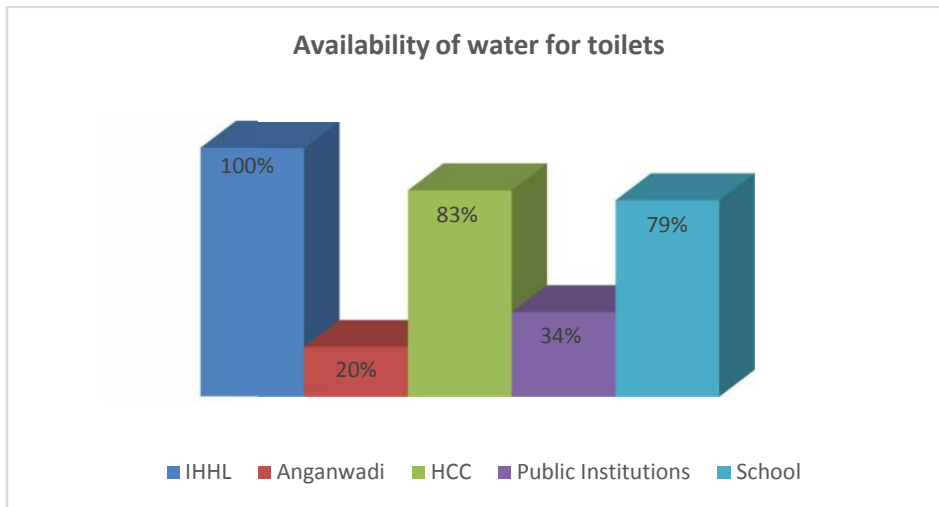
Figure 48: Availability of toilets across agencies



1.2 Availability of Water for Toilets

Availability of water for use in toilets is highest among HHs and lowest in Anganwadi centers. All HHs have water available for use in toilets. Some of them have the water stored within the toilets while others have it stored outside. Only 20% Anganwadi users have reported availability of water in toilets.

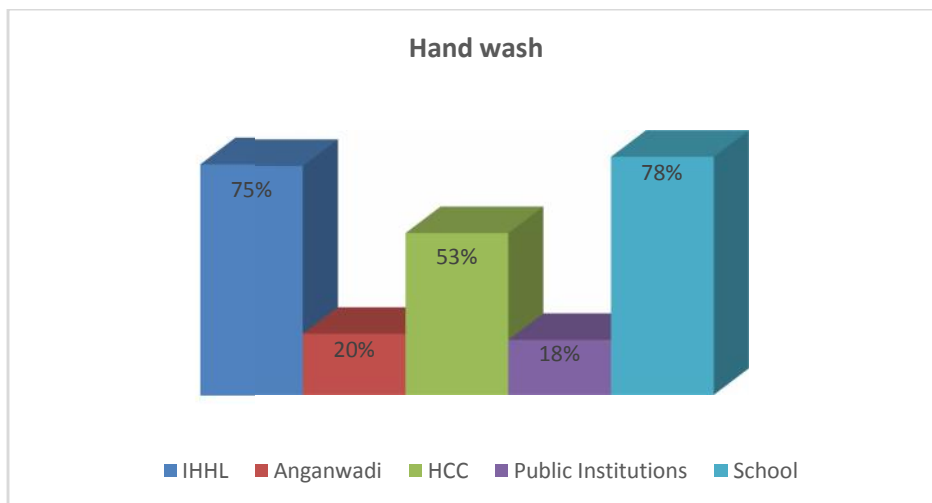
Figure 49: Availability of water for use in toilets across agencies



1.3 Availability of Hand Wash Facilities

Availability of hand wash facilities is highest in schools with 78% schools having functional hand wash facilities. This is followed by HHs (75%) and health care centers (53%). Anganwadi centers and Public institutions rank low with less than one-fourth centers and offices having hand washing facilities available.

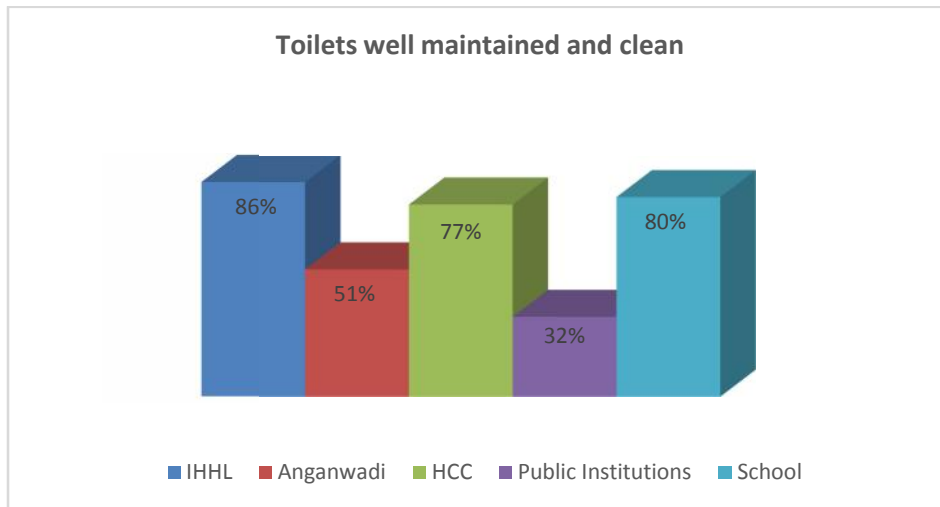
Figure 50: Hand wash facilities across different agencies



1.4 Maintenance of Toilets

Toilets in many public institutions are not clean and well maintained with only 32% offices having clean toilets. Half of Anganwadi centers also do not have clean and well maintained toilets. Health care centers and schools fare better with nearly 80% of them having clean toilets.

Figure 51: Maintenance of toilets



1.5 Quality and Impact of IEC Efforts

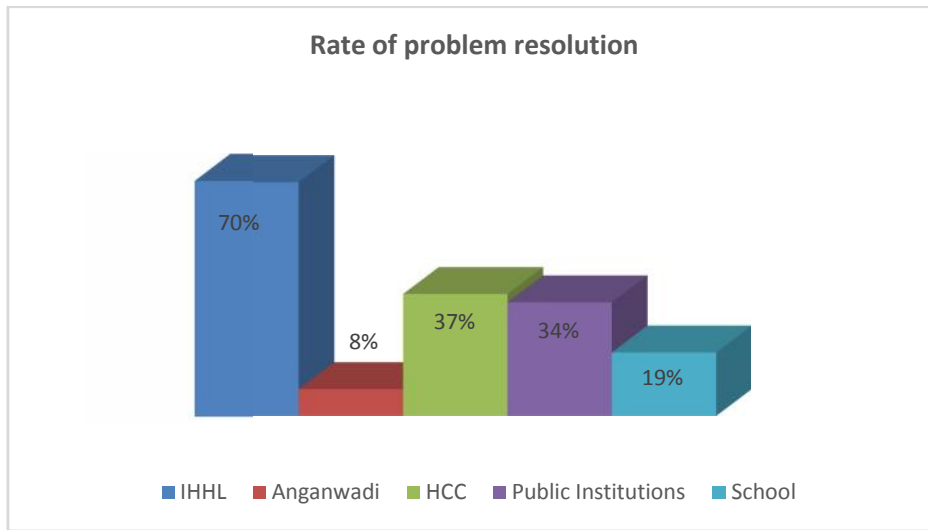
Though all the agencies have made efforts to spread awareness about sanitation and hygiene practices, some have fared well while others have a lot to catch up with. Many (62%) schools have displayed posters related to use of water and other sanitation and hygiene practices. Also, efforts are made to include sanitation and hygiene related messages into regular curriculum as well as cultural events. A little more than half of the health care centers have also displayed posters and messages related to hygiene and sanitation. A less number of public institutions (32%) have signage for toilets and also displayed posters related to use of water.

Several efforts have been made by the government at the GP level to create awareness about SBM-G. Many HHs (70%) have found these initiatives useful resulting in completion of toilet construction, applying for new constructions as well as improving the toilet usage habits.

1.6 Rate of Sanitation Related Problems Resolution

Generally the problem resolution rate is low across all agencies. HHs have reported a higher resolution rate as an exception. The lowest is in Anganwadi centers with only 8% complaints being addressed.

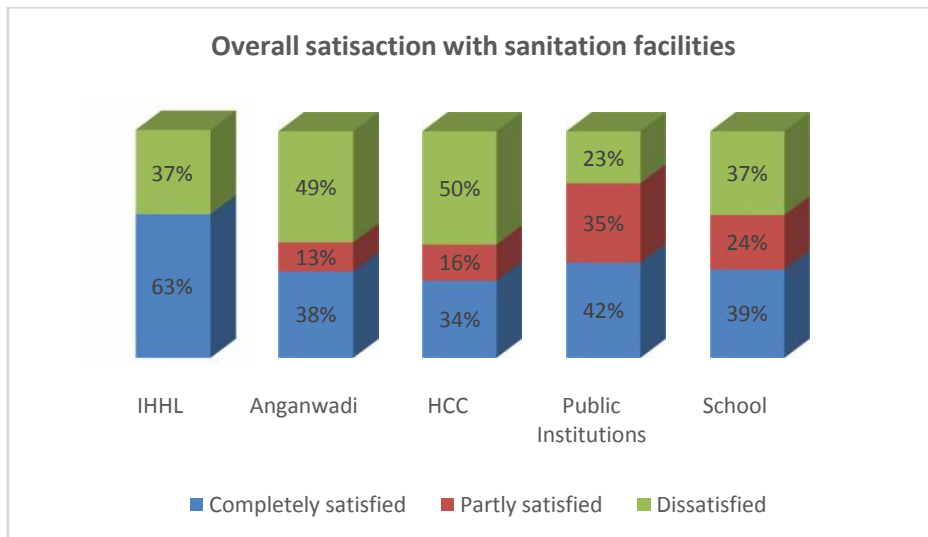
Figure 52: Rate of sanitation problem resolution



1.7 Overall Satisfaction with Sanitation Facilities

Overall satisfaction with the quality of sanitation facilities across agencies is good. More than 60% users have reported satisfaction with sanitation facilities in schools and public institutions. The same is true with IHHL as well. Satisfaction reported with sanitation facilities in health care centers and Anganwadi centers is lower but not too far off when compared with other agencies.

Figure 53: Overall satisfaction with quality of sanitation facilities



1.8 Conclusion

- Sanitation facilities at the HH level (IHHL) under SBM-G and sanitation in schools fare well across most of the key parameters. Availability of toilets, water in toilets, maintenance of toilets and overall satisfaction is rated high among schools and HH users.
- Anganwadi centers are rated lowest across most of the parameters. Sanitation in public institutions are closely behind Anganwadi centers. Health care centers fare well across certain parameters while they are rated poorly across certain other parameters.

- Overall sanitation facilities across all agencies including HH sanitation (IHHL) show scope for improvement across various indicators especially with IEC efforts and grievance redress.

Conclusions and Recommendations

1. SBM-G Fares Well in Ganjam District

The study has shown that Ganjam district has performed reasonably well as compared to other districts of Odisha in terms of implementation of the SBM-G. The fact that the analysis of the best coverage GPs vs the worst coverage GPs does not reveal any glaring differences is reflective of the good implementation. Not only that, in general, the construction of toilets as per design guidelines, usage of the HH toilets, general perception of people about toilet usage and sanitation are all pointing to the quality of implementation of the programme. This can be highlighted and other districts in the State could follow the good practices.

2. Lack of Processing within Stipulated Time

Though the application process is well known and is found to be easy, the processing is not done within the stipulated time frame. For example, 79% of the HHs who have constructed toilets under SBM-G have not received the work order within the stipulated 7 days. The number of days has ranged from 8 to more than 31 days in some cases.

Another example is that of the release of incentive money where 27% of the respondents have received the incentive money in 31 or more days and 17% have received it in 16-30 days' time. This could be due to irregularity in flow of funds to GPs under the SBM-G or delays in processing at the GP level itself or both.

Streamlining of the processing through better computerization or hiring of additional staff or training the available staff to improve their efficiency are some of the steps that can be taken to address this issue. Involving local NGOs or CBOs in the review and approval process could also be considered to save time and make it real-time.

3. Poor Sanitation Infrastructure in Anganwadis

The findings show that almost half the Anganwadis do not have toilets and 80-85% of those that do have toilets, do not have water in toilets which has led to almost half of them not being used. Availability of hand washing facilities is also poor. Accessibility of available toilets to CwSN is pathetic.

The ICDS would need to allocate resources (and budget for them if need be) for construction of toilets in Anganwadis as well as provision of water in the toilets constructed. For immediate relief, the existing toilets can be provided with stored water using water sources from nearby locations in the village.

4. Greater Emphasis on Segregation of Waste in Health Care Centers

The study reveals that a little over 50% of the health care centers segregate their waste. This is an alarming situation especially in a health care center. Better enforcement of waste segregation as well as education of the staff on its importance is the need of the hour.

5. Need for Improved Menstrual Hygiene Management Facilities in Schools

While sanitation facilities in schools are generally good in terms of availability of toilets, separate toilets for girls and boys, toilets for CwSN, water availability and availability of hand washing facilities, menstrual hygiene management is an area that requires greater attention. Another issue that needs addressing is the low level of training reported for teachers on this matter.

Provision of adequate space for changing, and dustbins in every toilet would be a step in the right direction. Adequate training programmes for teachers in menstrual health management can be conducted.

6. Sanitation Facilities in Gram Panchayat Offices are far from Satisfactory

There is a lack of water in toilets, hand wash facilities and signage. High incidence of problems and dissatisfaction prevails.

Construction of toilets in all GP offices is essential. Provision of water in these toilets is critical for them to be used. Allocation of funds for construction of toilets, and provision of water through stored or piped supply have to be given top priority.

7. Generally Poor Availability of Toilets

Except in the case of HH toilets and schools, the availability of toilets is low.

Priority should be given to construction of toilets in Anganwadis, health center and public institutions. This can be accomplished through better budgeting, enhanced allocation of resources and probably generation of resources from the community.

8. Poor Quality of Toilet Construction by NGOS and Contractors

The construction quality of toilets was rated as poor during physical verification and during FGDs. If facilitation of construction by beneficiaries themselves rather than by NGOs or Contractors is done by the Government, the quality of construction is likely to be much better. This facilitation can be done through setting up of more Rural Sanitary marts to make materials available nearer to their location to provide ease of purchase and lowering of costs; extensive dissemination of information on toilet construction and the provisions of SBM-G by Swachhta Doots; and a sense of pride and ownership resulting from beneficiaries constructing their own toilets. In addition awareness of RSM is pretty low and needs to be built too.

9. Most Toilets Lack Water

The usage of toilets is greatly discouraged by the lack of water in them. While the availability of water is fairly good at the HH level, in health centers and in schools, Anganwadis and public institutions fare quite badly in this regard. Lack of water in the toilet has been cited as one of the main reasons for dissatisfaction.

Use of conservatory approaches such as rain water harvesting, use of recycled water could be adopted to augment water availability in toilets.

Also, physical verification of household toilets showed that only 53% of the toilets were used. Piped water connection in households is found to be low. Focused Group discussions among the community also showed that they said they are reluctant to use toilets at home due to lack of running water in the toilet. Efforts at increased piped water coverage would go a long way in encouraging usage of already constructed toilets at household level.

10. Dismal Hand Washing Facilities in Public Institutions, Anganwadis and Health Care Centers

It has been well established that washing hands after the use of toilet and before and after meals is critical to the status of public health. It is surprising that public institutions, Anganwadis and health centers hardly have hand washing facilities across the district. All the efforts that are put into encouraging and informing the public about the criticality of hand washing are negated if there are no facilities to wash hands.

While it is ideal to integrate hand washing facility as a part of the toilet design, in places where this is difficult, stored water could be provided in drums or portable hand washing structures used.

11. Maintenance of Toilets is Rated High in Households, Health Care Centers and Schools

While maintenance of toilets in HHs, health care centers and schools has been rated highly, the same cannot be said about Anganwadis and public institutions. It has to be examined whether lack of personnel or lack of efficiency in cleaning is the cause for this low rating. Appointment of designated staff for maintenance, provision of water for cleaning and probably learning from other institutions would result in better maintenance of toilets.

12. Varied Inclusivity in Terms of Accessibility to PwSN and Discrimination

Accessibility to PwSN is reasonable in Health Care Centres average in Schools and Public institutions but poor in Anganwadis. All the service providers require to work at greater accessibility to PwSN by improving designs of toilets or access path. Absence of norms for this issue it is important that complete accessibility be added to the guidelines.

Discrimination in terms of denied access to toilets has been reported in Schools and Anganwadis to a significant level. Though the practice is not rampant it is something that has to be discouraged through education of staff and awareness building among students on their rights.

13. Low Reach High Impact of IEC Efforts

While the IEC efforts across the agencies differ in magnitude, for example schools performing relatively better than SBM-G, the impact of the efforts made is significant. Since small efforts lead

to higher impact, an increment in efforts throughout would lead to greater awareness among the public.

Larger allocations to IEC efforts which are currently low priority in the budget would go a long way in improving sanitation and public health in Ganjam. Use of innovative methods to spread awareness such as focused campaigns is advisable.

14. Low Grievance Redress across Agencies

SBM-G fares significantly better in problem resolution than do Anganwadis, health care centers, public institutions and schools. Setting up grievance redressal mechanisms/ strengthening the existing ones is recommended. Putting up complaint/ feedback boxes and displaying citizen charters widely would also help.

15. Well Established Community Participation Structures in Schools and Anganwadis

Schools and Anganwadis have set up community participation structures quite well. Not only are the structures in place, they are also functioning very well. The set up in health care centers is poor but where there are RKS/GKS they are active. It is important to encourage compliance in this regard as these structures can be tapped into to help improve upkeep and increase usage of sanitation facilities.

16. Corruption Evident in Beneficiary Selection and Material Purchase

Our study has shown that there is significant corruption reported by beneficiaries. They have paid bribes for being selected as beneficiaries as well as for obtaining materials. While incidence of bribes for materials can be brought down by setting up many Rural Sanitary Marts and materials available easily, the selection process needs to be made more transparent. One way of doing that would be to get officials to follow selection norms more strictly. For example, if names of beneficiaries were to be put up on the wall and discussed in the 'gram sabha' as directed by the guidelines for SBMG, people would be less likely to pay bribes for being selected while officials would be discouraged from asking for bribes.

17. High Overall Dissatisfaction with Sanitation Facilities across Agencies

Dissatisfaction with sanitation facilities is significantly high across agencies. One major reason for this dissatisfaction is lack of water availability followed by lack of maintenance, delayed disbursement of incentive money and low problem resolution.

Addressing all of these issues through recommendations made earlier as well as through public consultations can be considered.

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