

SUMMARY

RURAL SANITATION IN GANJAM, ODISHA: A CITIZEN REPORT CARD

Swachh Bharat Mission-Gramin



Rural Sanitation in Ganjam, Odisha: a Citizen Report Card

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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. 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. 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. In order to help address this issue YSD selected the district of Ganjam to first 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 (Swacha Vidyalaya, and Sarva Shiksha Abhiyan), Anganwadis (ICDS), Health Centres(National Health Mission), and public offices. **The project thus 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

1.1 Methodology

Social Accountability Tools will be used;

1. *Citizen Report Card*: feedback from users and implementers
2. *Physical Verification of Institutional Sanitation*:
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.)

Sampling details for CRC

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

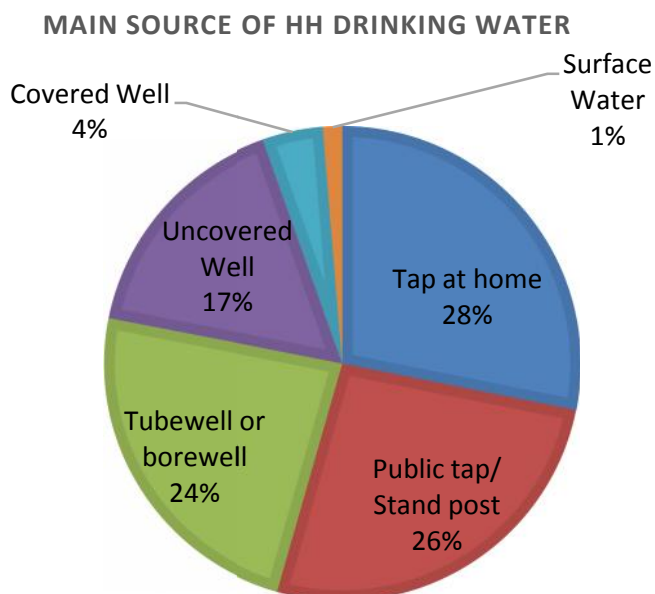
2.0 Major Findings from CRC (Feedback from households and officials) and Physical Verification

2.1 Socio Economic profile of respondents

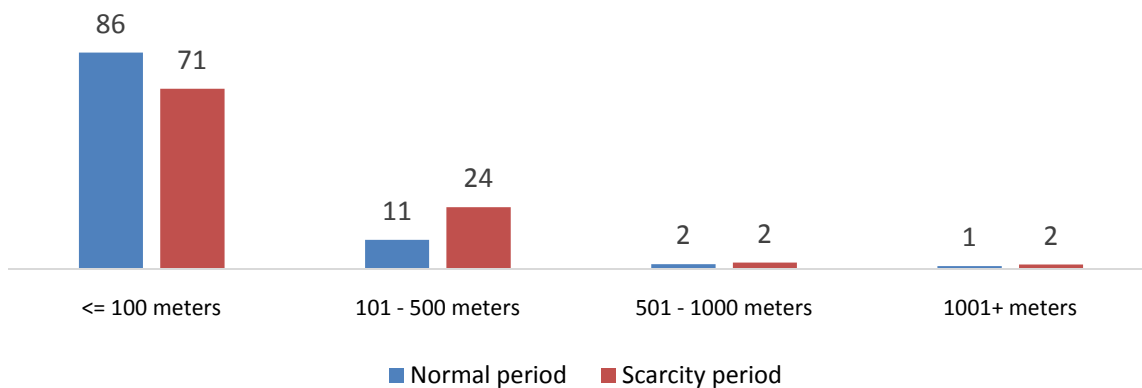
1. 88% villages covered were main villages
2. 83% households covered had male heads, 78% above 50 years of age
3. 53% of the respondents were heads of the households
4. 68% households have BPL cards
5. Average family size is 4.92
6. 50% of respondents were illiterate, 18% literate without formal education, 10% completed secondary level and the rest above that.

2.2 Feedback from Households - Individual Household Latrine

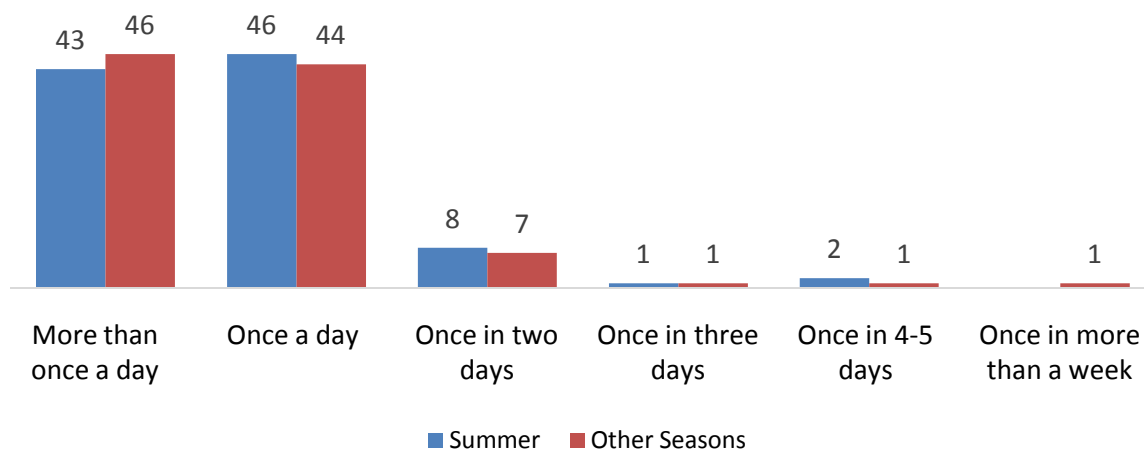
2.2 1 Access and usage of Drinking water



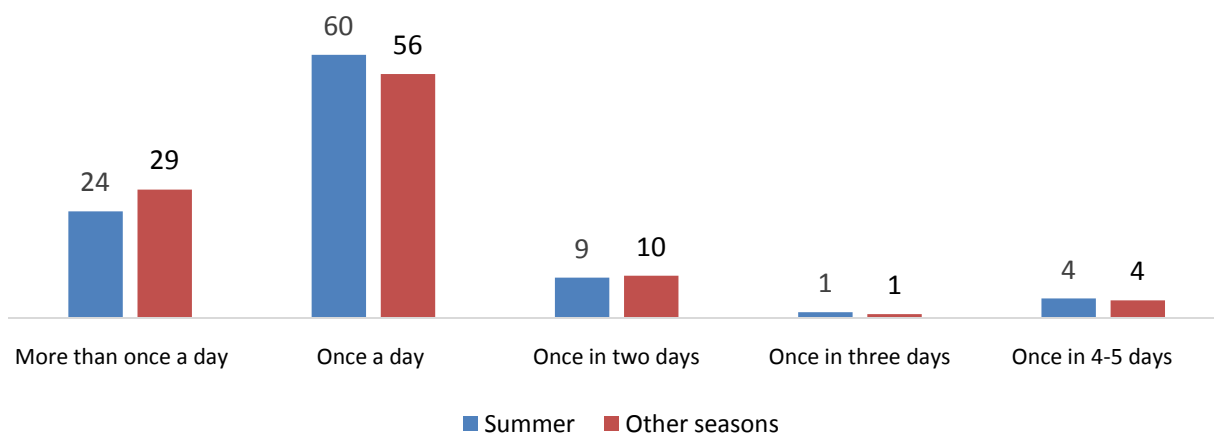
DISTANCE TRAVELED TO COLLECT WATER FROM THE MOST FREQUENTLY USED DRINKING WATER SOURCE OUTSIDE THE HOUSE (%)



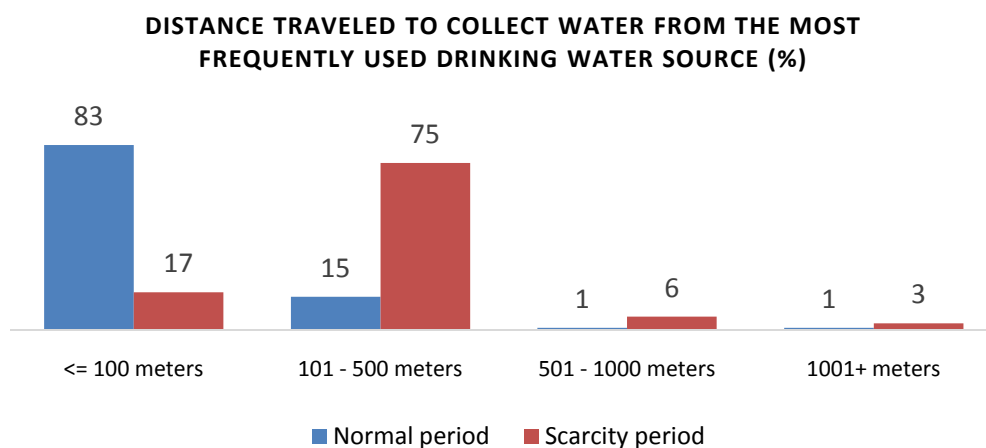
TAP AT HOME - FREQUENCY OF DOMESTIC WATER SUPPLY (%)



TAP AT HOME - FREQUENCY OF DRINKING WATER SUPPLY (%)

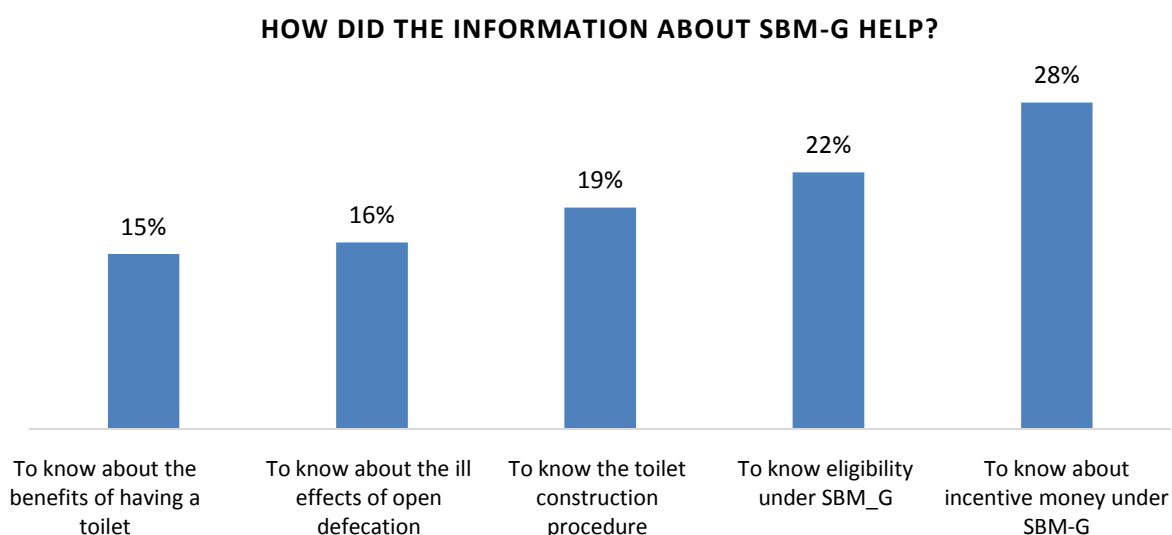


2.2.2 Access and Usage Domestic Water sources

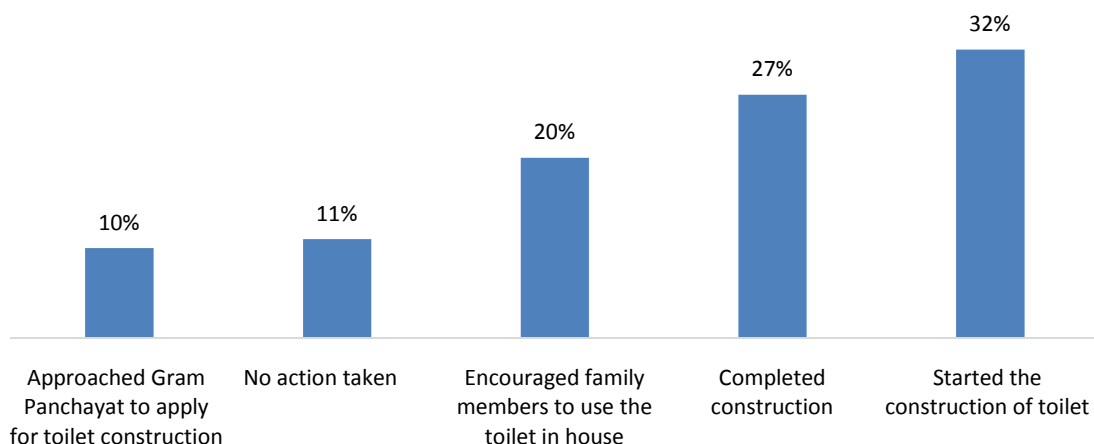


2.2.3 Awareness on Sanitation: SBM-G

1. Only 44% of households are aware of SBMG
2. IEC activities to spread awareness on SBM-G were held once in a few months (55%) or once a month (36%), 90% found the information useful
3. 86% of those who know about SBMG know the eligibility criteria to be beneficiaries under SBM-G
4. Gram sabhas were sources of information for 53% of them and visits to GP office for 33% ,GP members were sources of information for 54% of them
5. 85% HHs are aware of the incentive money offered under SBM-G



ACTION TAKEN BASED ON INFORMATION RECEIVED ABOUT SBM-G



2.2.4 Quality and Reliability of service: SBM-G

1. A majority of the HHs covered in the study had completed toilets (91%)
2. 73% of these HHs were built because everyone in the family expressed a need for a toilet
3. On an average it took about 3.3 months to complete the toilet construction
4. Reasons for discontinuation of toilet construction by the few HHs are
 - a. *Lack of funds*
 - b. *Contractor did not complete the work*
5. 9% HHs that do not have toilets defecate in the open at the nearby fields (average 156 mts. Away) or use neighbors toilets. Children and family members with disability do the same
6. 70% HH knew the application process for toilet construction under SBM-G
7. 84% among them found the process easy. 97% reported availability of the application form during their visit.
8. 94% are aware of supporting documents required for the process
9. 70% of them had to make only one visit to finish the application process while another 23% had to go twice
10. 77% reported being aware of the work order

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

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

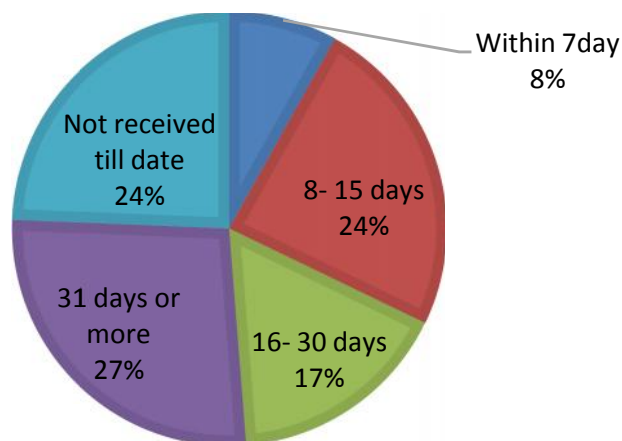
1. Only 44% HHs were aware of Rural Sanitary Mart.
2. 90% toilets were completed as per design in SBM-G guidelines
3. More than 90% report that toilets designed are easy to use for adults, children and seniors.

4. 64% report the toilets designed are disability friendly

2.2.5 Other findings

1. 80% of the households got the materials by themselves or through contractors. Only 12% used the rural sanitary mart.
2. One third HHs paid extra money to get toilets under SBM-G. ,20% to get selected as a beneficiary and 43% to arrange materials for toilet construction
3. 80% HHs did not borrow money to build toilets
4. 79% HHs know the exact incentive amount offered under SBM-G
5. 70% beneficiaries received incentives by making one visit to the GP office while another 27% made 2-3 visits
6. Majority of them (76%) did not face any discrimination to get their toilet under SBM-G

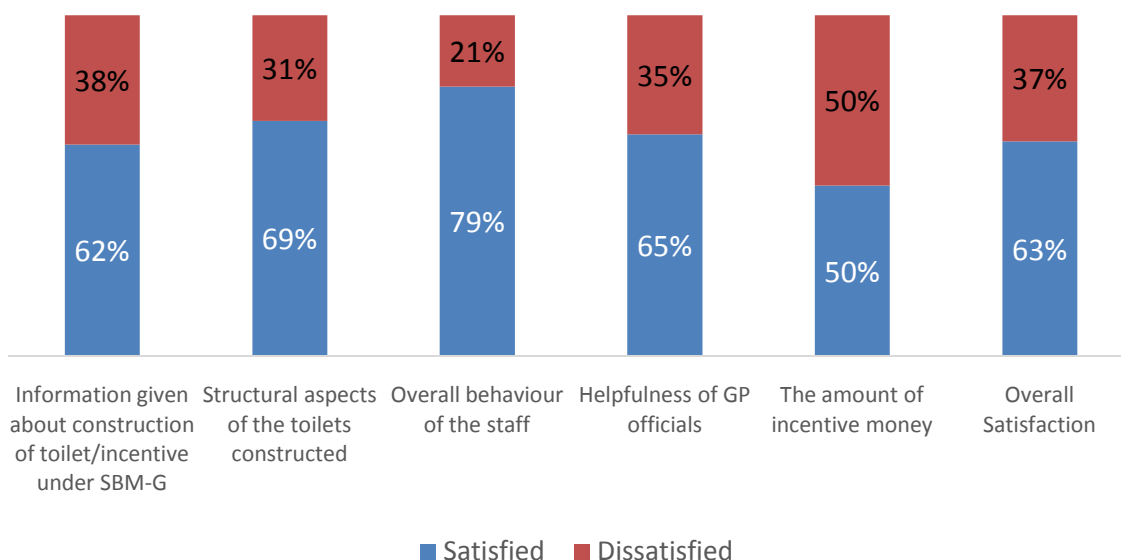
TIME TAKEN TO RECEIVE INCENTIVE MONEY AFTER SUBMISSION OF UTILISATION CERTIFICATE



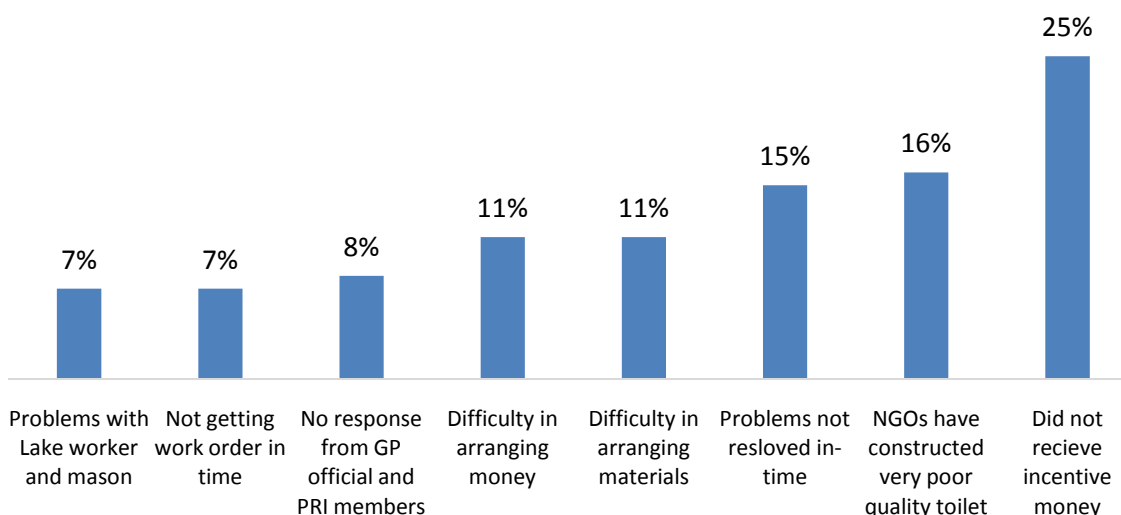
2.2.6 SBM-G Problem incidence and resolution

1. 24% HHs reported facing problems during construction of toilets under SBM-G
2. 94% of the complaints lodged were oral complaints made to GP members, SBMG officials of local leaders
3. 70% of these problems were resolved
4. Major problems faced were difficulty in receiving incentive, in getting materials, in arranging money for building toilet and lack of workers and masons

2.2.7 Satisfaction with SBM-G



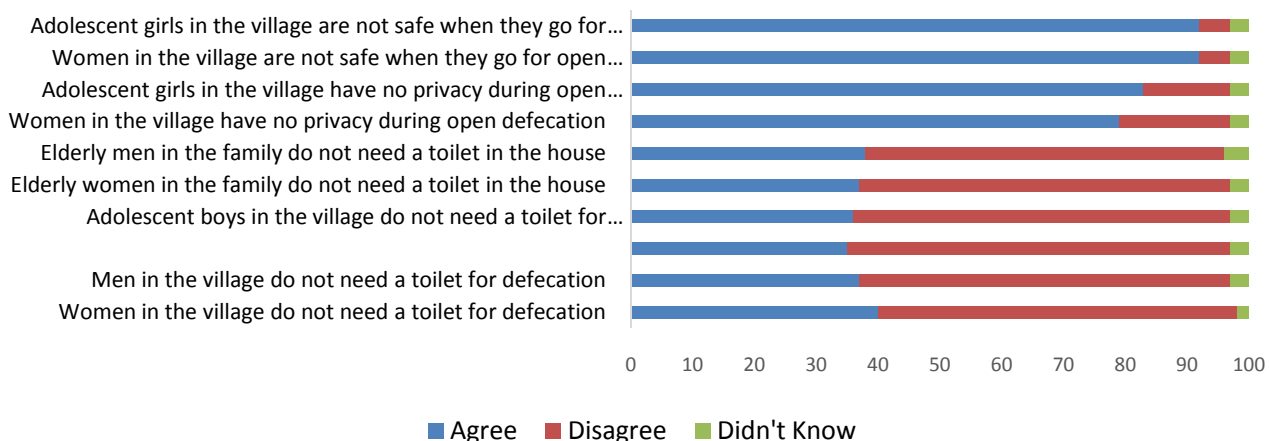
REASONS FOR DISSATISFACTION



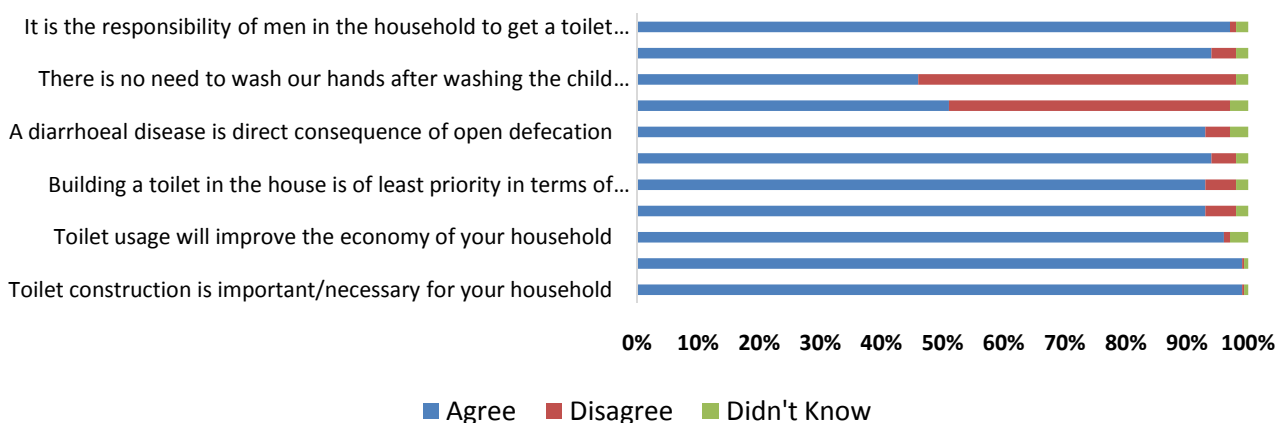
2.2.8 Perceptions on toilets

67% HH rate the presence of toilets and 54 % HH rate the usage of toilets in their villages as **GOOD**

PERCEPTIONS ON TOILET



PERCEPTIONS ON TOILET

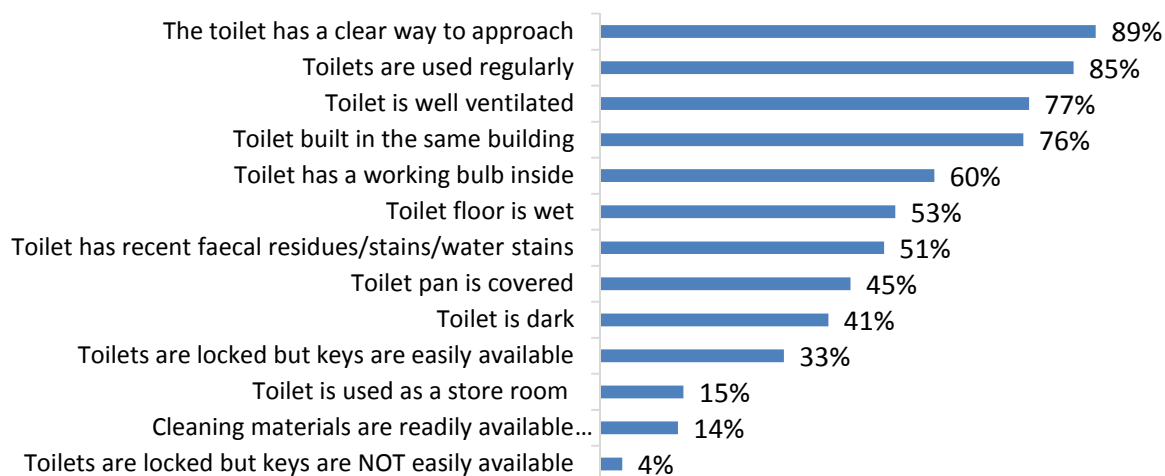


2.3 Observation of IHHL:SBM-G

1. Average height of toilet was six feet and 7 inches
2. Water was stored outside the toilet in 59% households stored mainly in buckets or small tanks

Construction materials used in toilet	
Roof	<ul style="list-style-type: none"> • Cement Concrete-42% • Iron tin roof-35% • Asbestos roof-23%
Floor	<ul style="list-style-type: none"> • Cemented Floor-91%
Door	<ul style="list-style-type: none"> • Iron tin door-51% • Aluminium door-33%

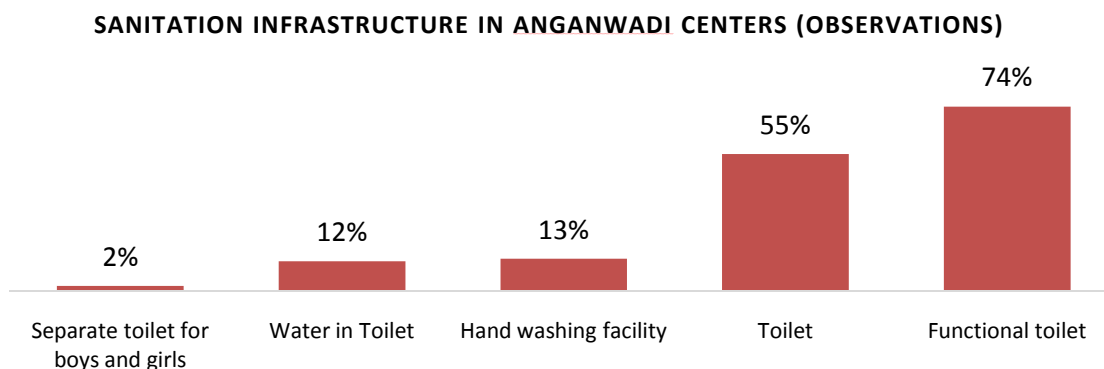
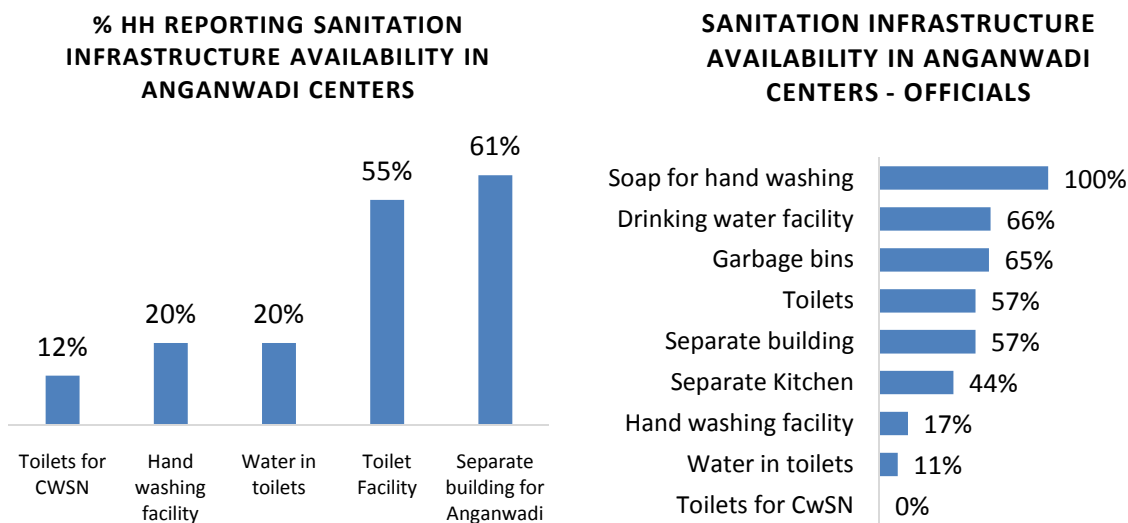
TOILET OBSERVATION



Highlights

1. Only 44% households aware of SBMG
2. While most households agree with the need for a toilet, almost 40% do not feel men and women in general, elders in particular, adolescent boys or girls do not need toilets. This attitude needs to be changed
3. Inadequacy of incentive money and delay in receiving it are major reasons for dissatisfaction
4. One third HHs paid extra money to get toilets under SBM-G. ,20% to get selected as a beneficiary and 43% to arrange materials for toilet construction
5. Most complaints are made orally.

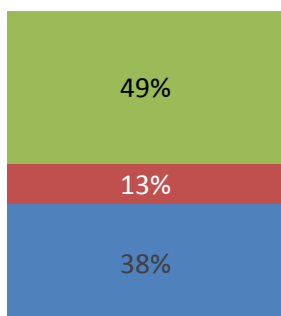
3.0 Sanitation in Anganwadi Centre



Highlights

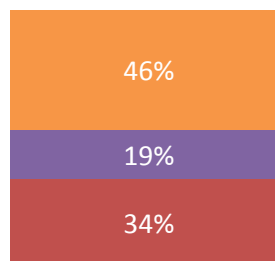
1. A little more than half the Anganwadis have toilets
2. Availability of water in toilets is very low;
3. Hand washing facility is low
4. Officials say there are no toilets accessible for Children with special needs while household survey and observation show 12 % toilets to be CwSN friendly
5. Monitoring committees (Mothers committee and monitoring village committee) are performing well.
6. Problem incidence high. Most complaints made orally. Resolution is low. No clear grievance redress system seen.
7. High usage of soaping agent and disinfectant in cleaning of toilets.
8. Most of the waste water goes into the surrounding area
9. Repair work mostly done by CDPO or GP/Govt
10. High dissatisfaction among officials on sanitation and Hygiene services as compared to households

SATISFACTION WITH SANITATION FACILITIES IN ANGANWADI CENTERS- HH



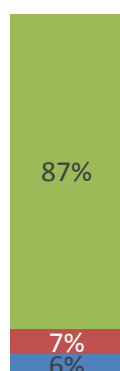
■ Completely Satisfied
 ■ Partially satisfied
 ■ Dissatisfied

SATISFACTION WITH HYGIENE FACILITIES IN ANGANWADI CENTERS- HH



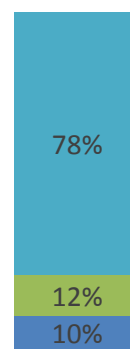
■ Completely Satisfied
 ■ Partially satisfied
 ■ Dissatisfied

SATISFACTION WITH SANITATION FACILITIES IN ANGANWADI-OFFICIALS



■ Completely satisfied
 ■ Partly Satisfied
 ■ Dissatisfied

SATISFACTION WITH HYGIENE FACILITIES IN AWC-OFFICIALS

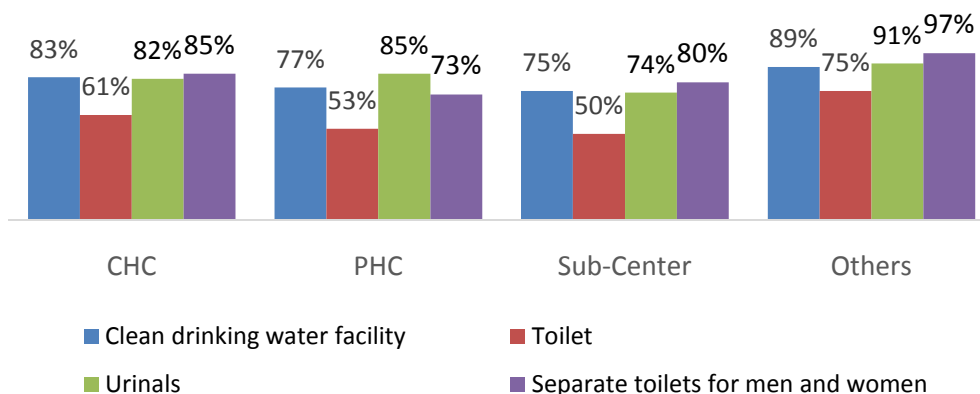


■ Completely Satisfied
 ■ Partly satisfied
 ■ Dissatisfied

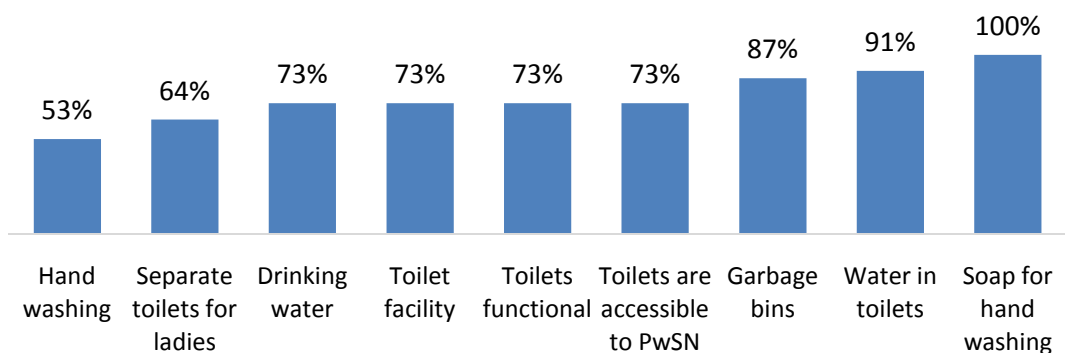
4.0 Sanitation Services in Health Centres

1. 50% HHs have visited a Government hospital for treatment
2. >60% HHs used the toilets at the Health care center; most others did not use the toilet because there was no necessity to use.
3. >70% toilets at Health Care Centers are user friendly for people with special needs and patients with wheel chair

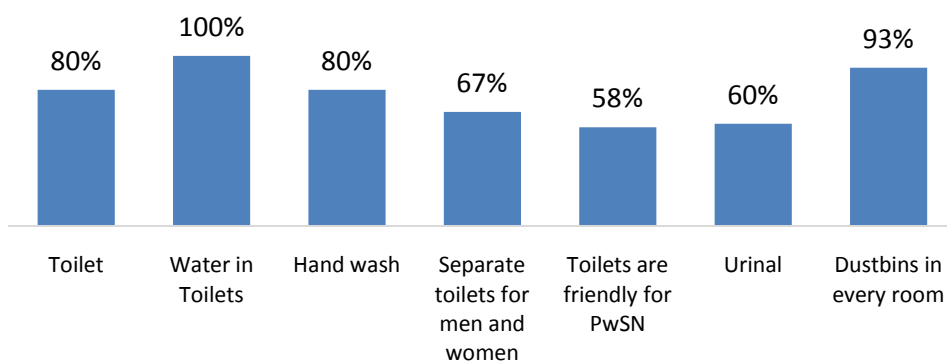
SANITATION INFRASTRUCTURE AVAILABLE IN HEALTH CARE CENTERS - HH



SANITATION INFRASTRUCTURE IN HEALTH CARE CENTERS - OFFICIALS



SANITATION INFRASTRUCTURE IN HCCS - OBSERVATION

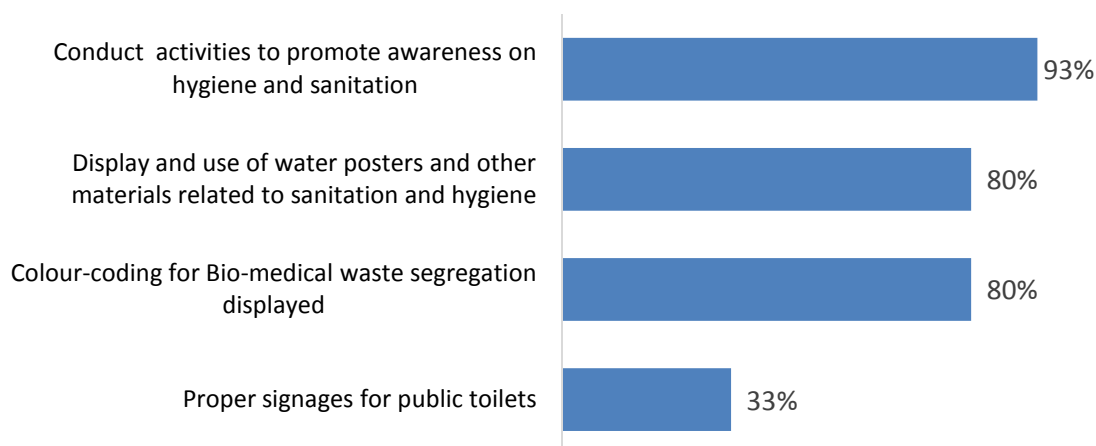


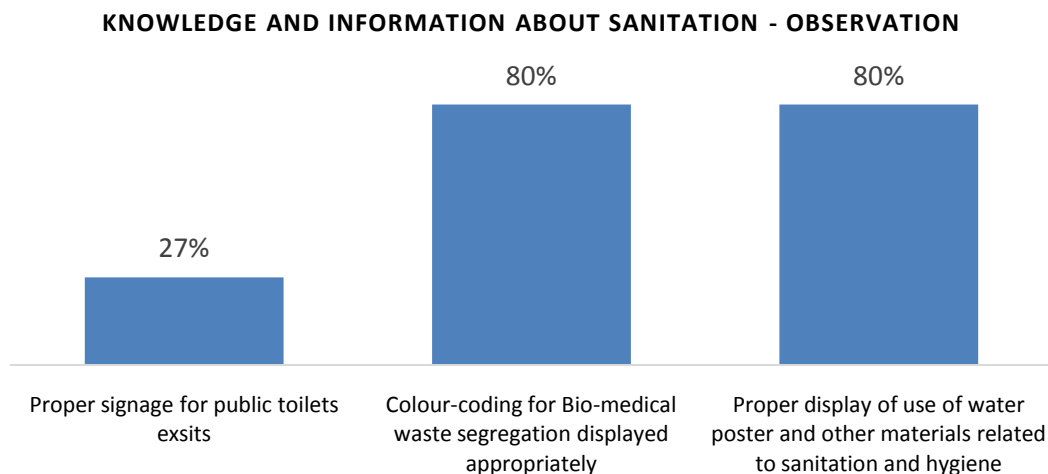
Highlights

1. In general toilets are available in over 70% of the health centres but availability is much lower in PHCs and Sub centres.
2. While households and Service providers report toilets to be largely friendly for PwSN, observation shows that 58% of the toilets are actually PwSN friendly.
3. While households have reported higher availability of separate toilets for women observation and feedback from officials shows it is around 65%.
4. Availability of water is reported to be high by households and service providers and is corroborated by observation too.



IEC INITIATIVES BY HEALTH CARE CENTERS ON HYGIENE AND SANITATION - OFFICIALS





Highlight

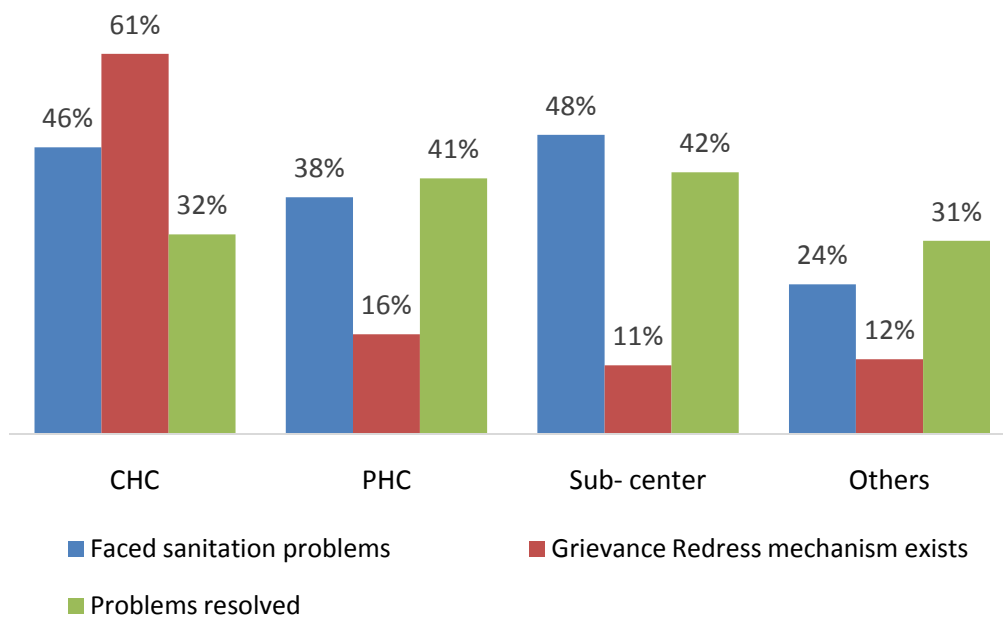
Household survey, service provider feedback and observation converge to show very low use of proper signage but high color coding for bio-medical waste and display of posters for water use and other IEC material.

4.1 Problem incidence and resolution

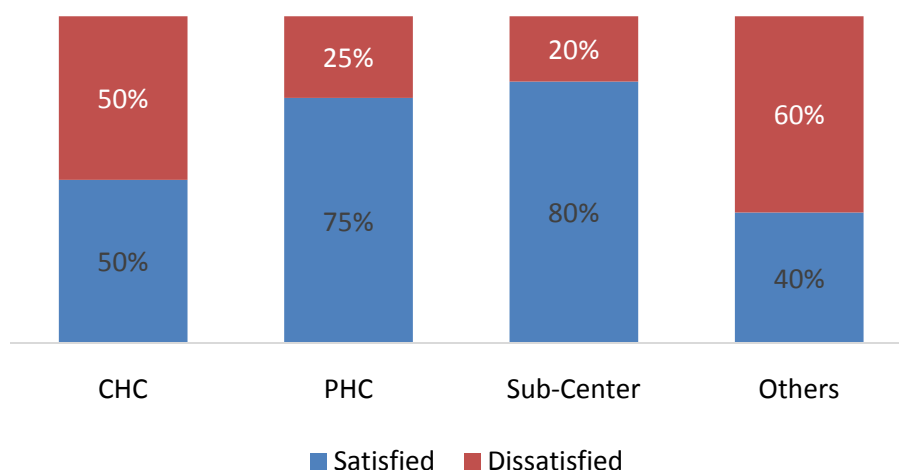
1. Main sanitation problems faced by households include
 - a. *Toilets not being clean*
 - b. *No water facility in toilets*
 - c. *No separate toilets for women*
2. Most complaints were lodged orally to the doctor
3. Main problems faced by officials include
 - a. *the toilets need repair*
 - b. *problems related to water availability in dressing room*
 - c. *insufficient toilets for patients*

Among officials, 53% faced problems, 89% complained and only 13% of those who complained had their problem resolved.

PROBLEM RESOLUTION IN HEALTH CARE CENTERS- HH

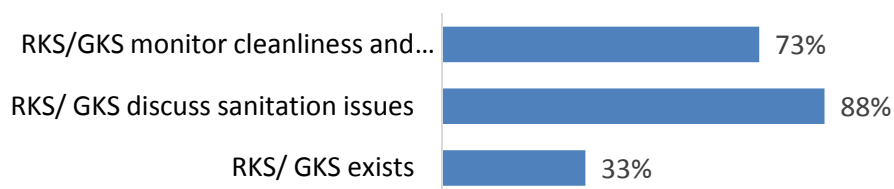


SATISFACTION WITH PROBLEM RESOLUTION - HH

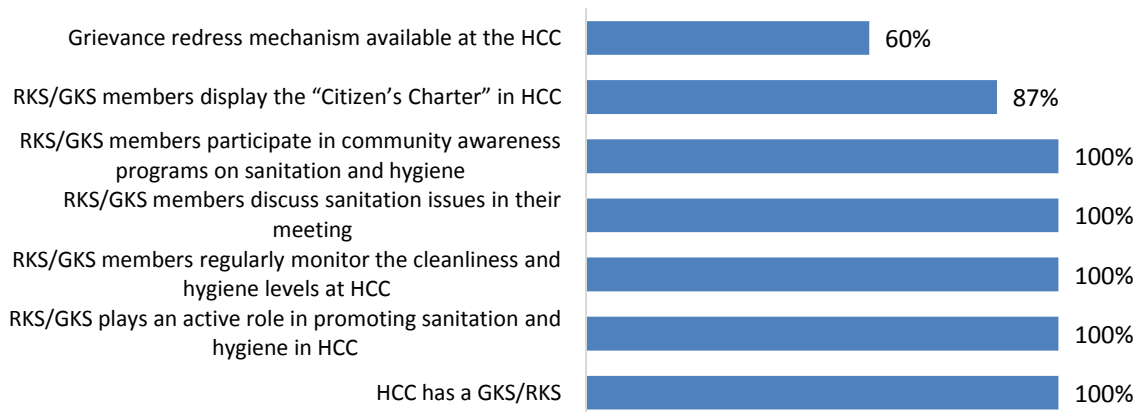


HCC Sanitation- Public participation

RKS/ GKS IN HEALTH CARE CENTERS - HH



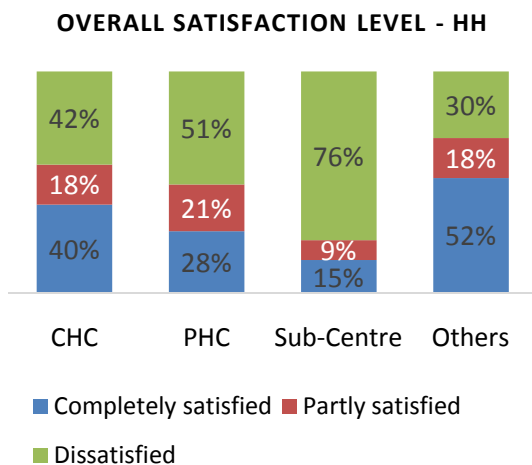
Accountability and Participation mechanisms in Health care Centers (officials)



Highlights

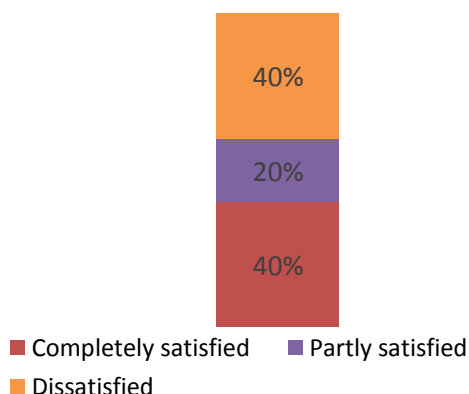
1. While officials claim that all health centres do have a GKS/RKS households have said only 33% of the health centres have RKS/GKS
2. While officials claim excellent working of these committees households are less generous in their feedback

4.2 HCC Sanitation Services –Satisfaction

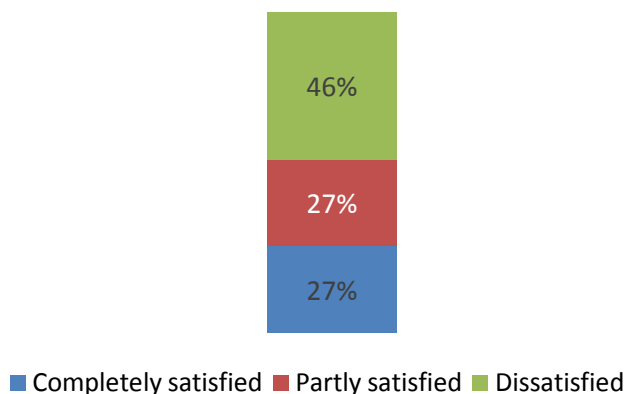


Reasons for Dissatisfaction (HH)	%
Bad maintenance of toilets	21%
Lack of urinal facilities	21%
Toilets are dirty	18%

OVERALL SATISFACTION WITH SANITATION FACILITIES IN HCC - OFFICIALS



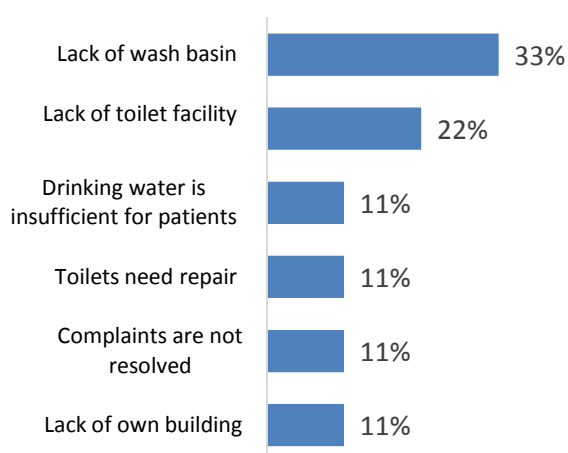
SATISFACTION WITH HYGIENE FACILITIES IN HCC- OFFICIALS



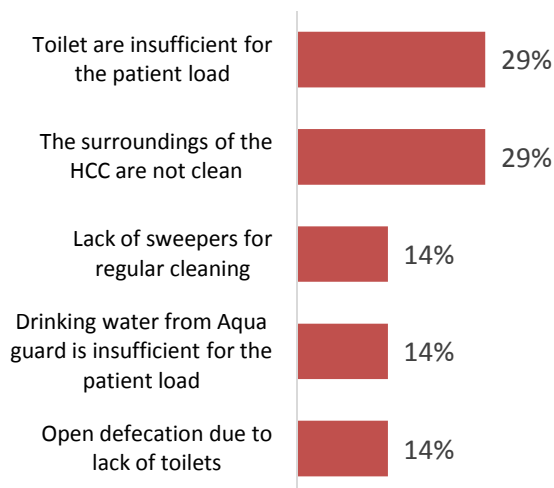
Highlights

1. Dissatisfaction with services of health centres is generally high, more so on services of Sub Centres
2. Officials are also greatly dissatisfied with sanitation and hygiene services at the centres
3. Lack of sufficient number of toilets and their maintenance are the two main reasons for the dissatisfaction among households as well as officials
4. Observation also shows maintenance as poor.

REASONS FOR DISSATISFACTION WITH SANITATION FACILITIES- OFFICIALS



REASONS FOR DISSATISFACTION WITH HYGIENE FACILITIES- OFFICIALS



Observations show

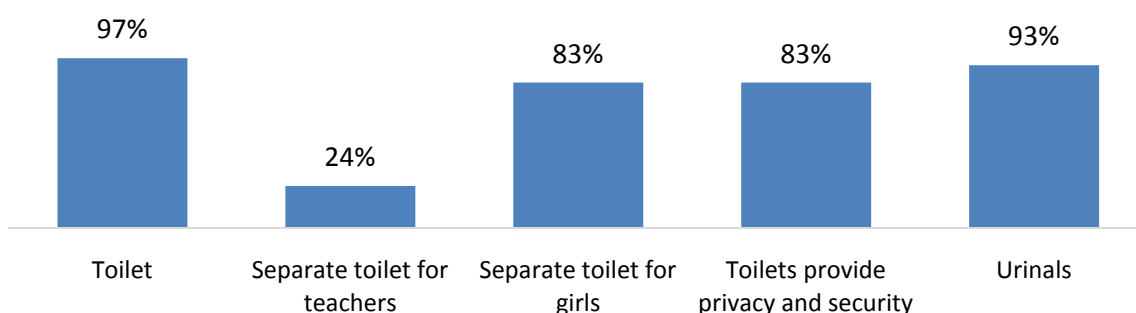
Surroundings of 60% HCCs are clean	50% HCCs maintain their toilets clean
73% drains in HCC campuses are clean	Every room in 67% HCC is clean
83% HCCs clean toilets using soaping agent and disinfectants	

5.0 Sanitation Services in Schools

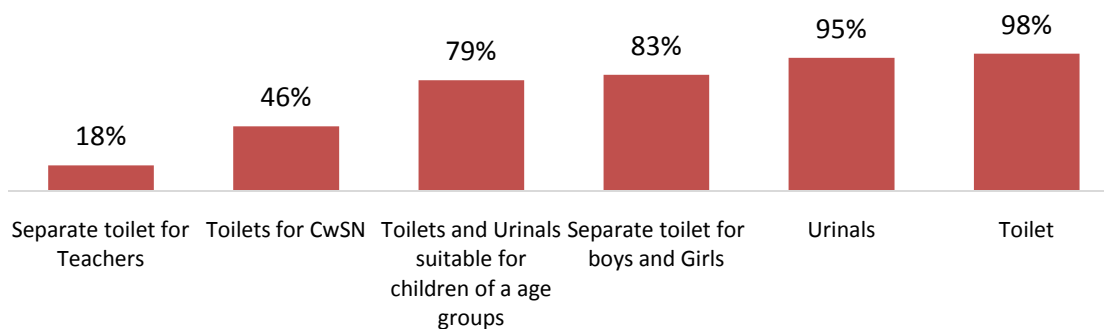
5.1 Infrastructure in schools is generally good.

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

TOILET FACILITIES IN SCHOOLS- OFFICIALS



AVAILABILITY OF TOILETS IN SCHOOLS- OBSERVATION



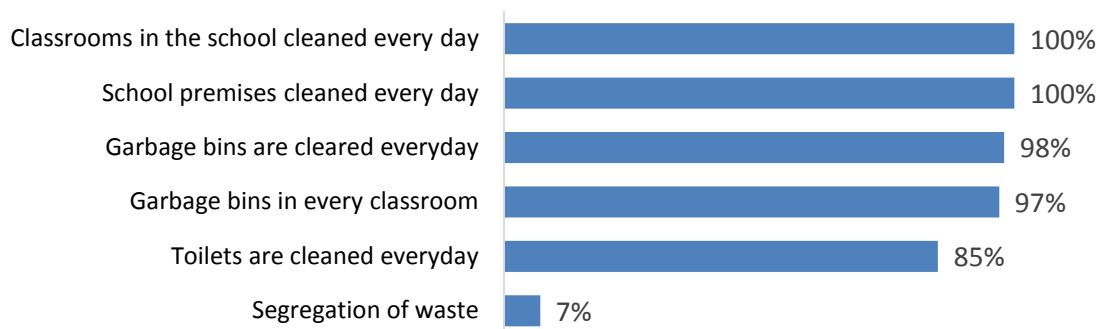
Highlights

1. Households, officials and observations confirm high availability of toilets in schools, separate toilets for girls too
2. Very few schools have separate toilets for teachers and availability of toilets for CwSN is low too.

5.2 Quality of Service – household and staff feedback

1. 67% HHs have children using the toilets in the schools
2. Reasons for not using toilet - lack of water, lack of separate toilets for boys and girls and blocked toilets
3. 15% HHs children not allowed to use toilets in the schools
4. 80% HHs reported that the school toilets were maintained clean
5. 90% HHs say children wash their hands after using the toilets in schools
6. Soaps for hand washing reported by
 - Primary school: 58% HHs
 - Upper Primary schools: 35% HHs
 - High School: 64% HHs
7. More than 75% HHs say hand washing facilities in schools are functional and accessible to children of all age groups
8. 73% schools clean toilets in the morning before the children arrive
9. 95% schools clean toilets using soaping agent and disinfectant
10. Person responsible for upkeep, cleaning and maintenance of toilets and hand wash at the school
 - *School Staff* – 67%
 - *Class monitor* – 25%

CLEANLINESS IN SCHOOLS - OFFICIALS



Observations shows

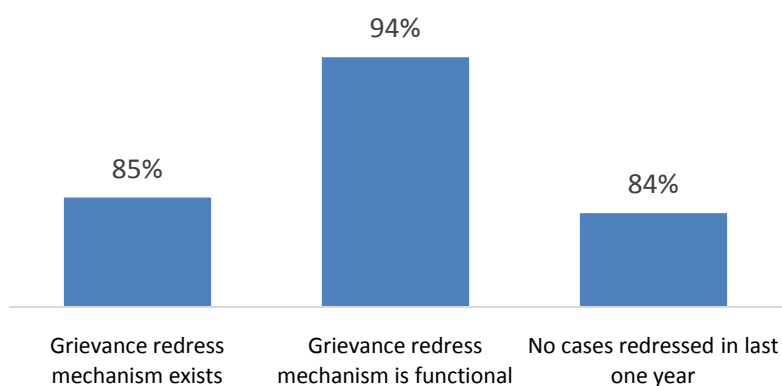
1. 30% of the toilets that have access to water have the source within the toilet.
2. 75% toilets in schools are hygienic to use
3. 87% toilets are easy to clean
4. 77% schools have all toilets that have roof and natural ventilation; 18% schools have some toilets that have roof and ventilation
5. No Open Defecation was observed near 67% schools

6. Only 1% schools segregate its solid waste
7. Menstrual health facilities are very poor
8. Garbage bins are available mainly in classrooms

5.3 Problem resolution

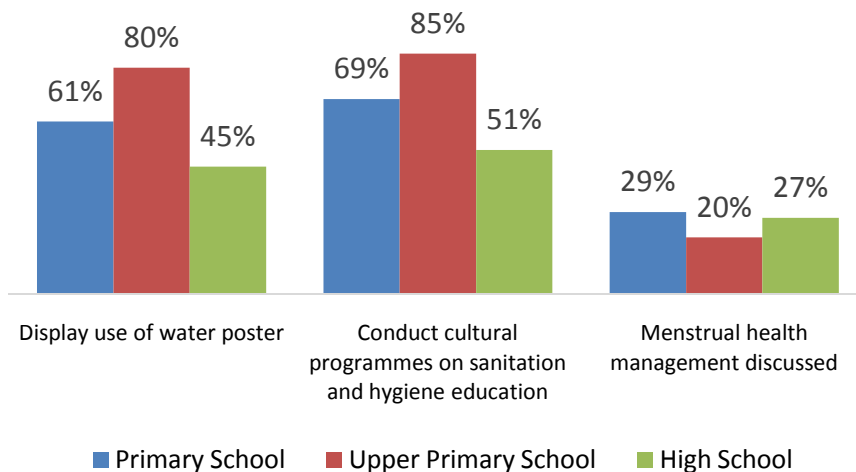
1. Children from <30% HHs faced sanitation related problems in schools
2. The main problem reported - Toilets not clean
3. Less than 50% of those who faced problems have lodged complaints to the class teacher
4. 19% among those who complained reported problem resolution
5. Problems were resolved immediately or within a week

GRIEVANCE REDRESS MECHANISM - OFFICIALS

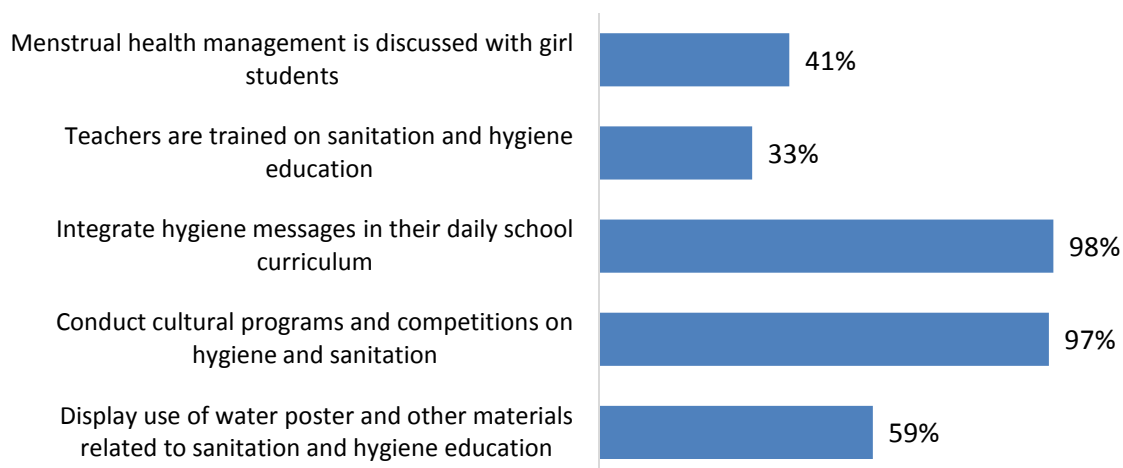


5.4 Sanitation and Hygiene education in schools

SANITATION AND HYGIENE EDUCATION IN SCHOOLS - HH



IEC ON SANITATION AND HYGIENE - OFFICIALS



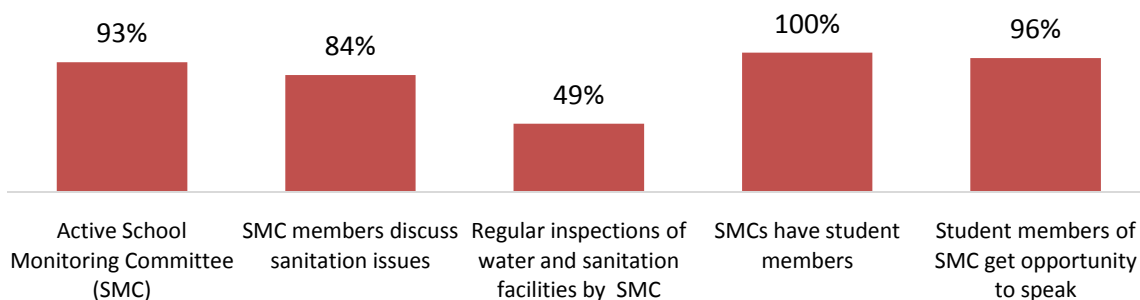
Highlights

1. Upper primary schools perform better as compared to high schools or primary ones in IEC activities in general.
2. Observation shows 57% schools have displayed use of water poster and other materials related to sanitation and hygiene education
3. IEC on menstrual health is rated poor by households and staff alike.

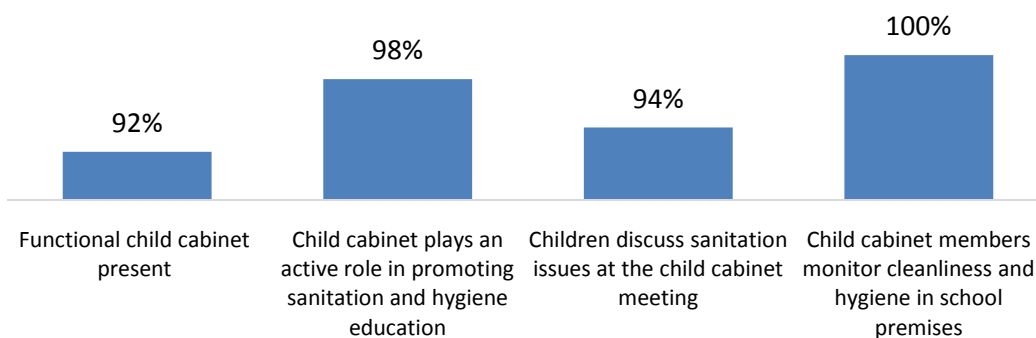
5.5 Public Participation in sanitation in schools

Participation	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%

SCHOOL MANAGEMENT COMMITTEES - OFFICIALS



CHILD CABINET IN SCHOOLS - OFFICIALS

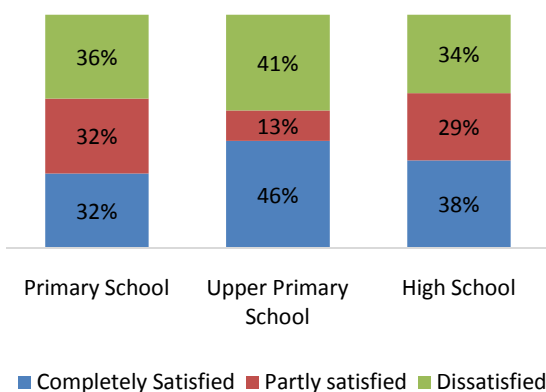


Highlights

1. Child cabinets are present in most schools and participation by the members is good.
2. SMCs are present in a majority of schools and active but their monitoring is not so efficient.

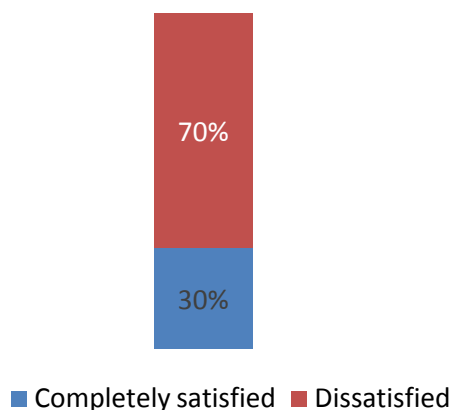
5.6 Satisfaction with Sanitation in school

Overall Satisfaction - HH



Reasons for Dissatisfaction (HH)	%
Toilet is not clean	37%
Toilets are not available	32%
Lack of water facility	22%

SATISFACTION WITH SANITATION FACILITIES IN SCHOOL



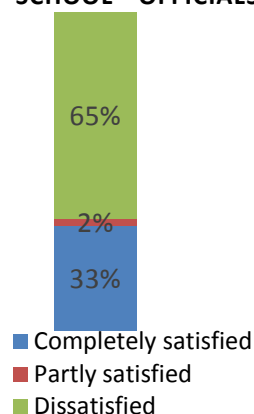
REASONS FOR DISSATISFACTION WITH SANITATION FACILITIES



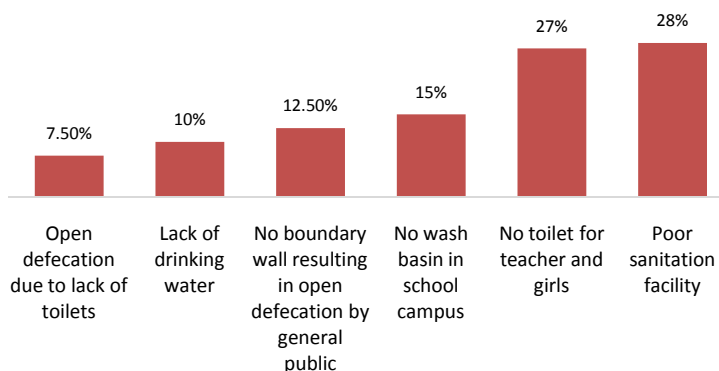
Highlights

1. Staff of schools are much more dissatisfied than households with the school sanitation facilities
2. Major reasons seem to be lack of water in the toilet, lack of cleanliness and lack of toilets for teachers.
3. Dissatisfaction with hygiene facilities also shows a similar pattern

SATISFACTION WITH HYGIENE FACILITIES IN SCHOOL - OFFICIALS



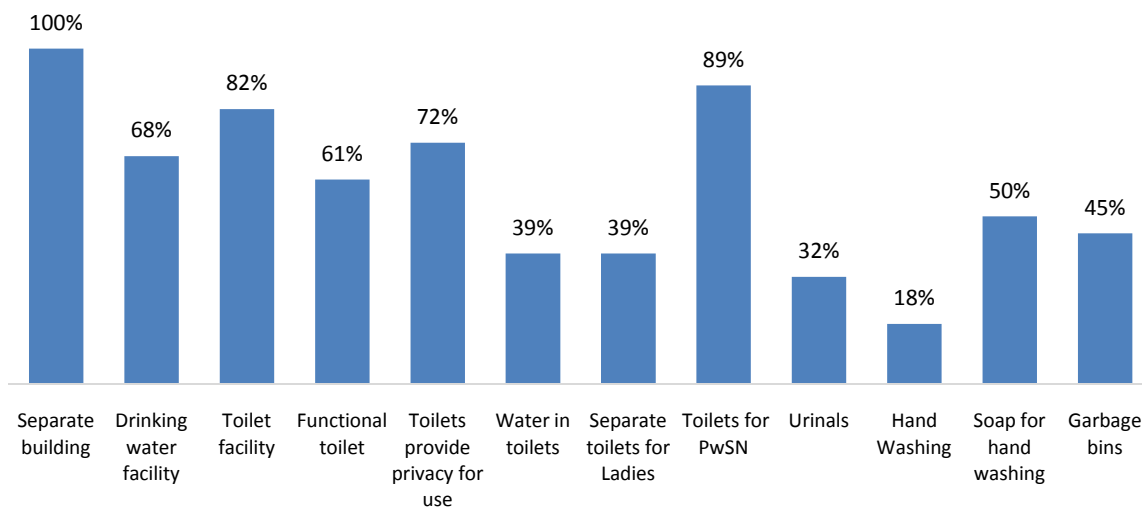
Reasons for dissatisfaction with Hygiene facilities - officials



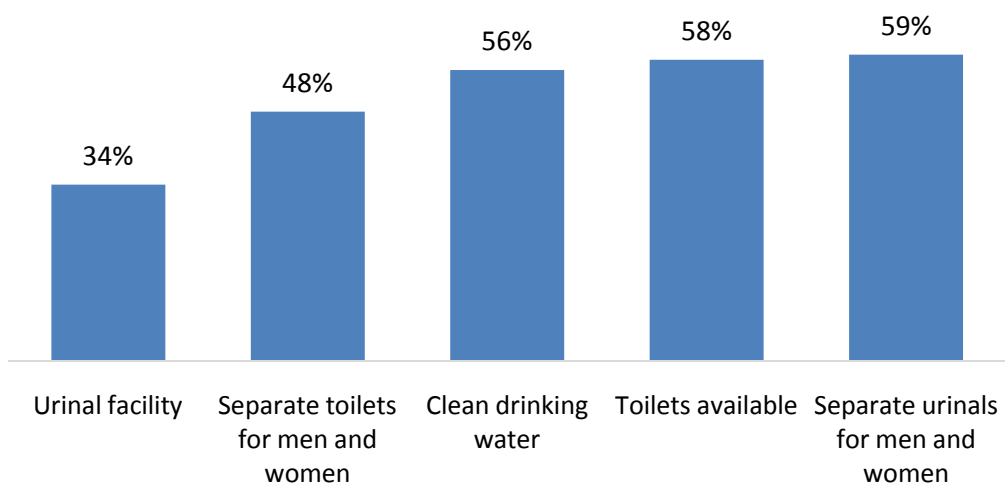
6.0 Sanitation in Other public institutions

1. 67% HHs have visited a Public office in the last one year
2. 94% have visited Gram Panchayat office
3. 21% HHs had used the toilets at the Public Institutions; 68% did not use the toilets because there was no necessity
4. 69% of the toilets in the Public Institutions were friendly for people with disability

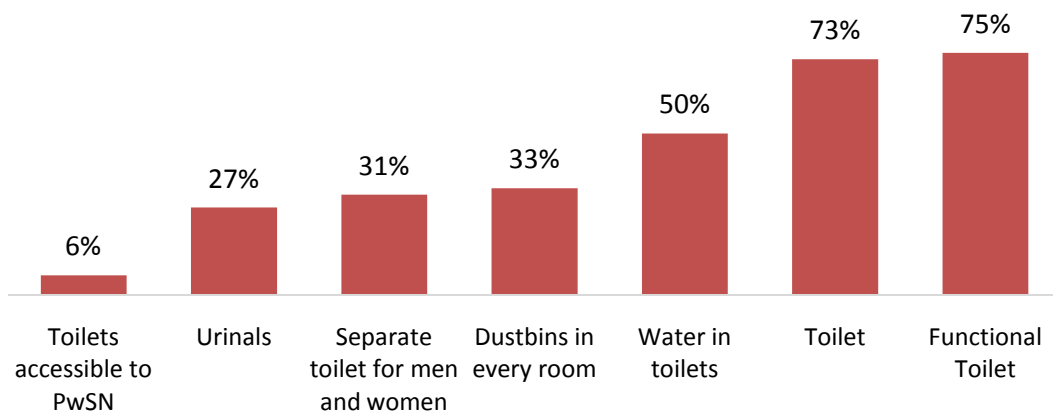
SANITATION INFRASTRUCTURE IN PUBLIC INSTITUTIONS - OFFICIALS



SANITATION INFRASTRUCTURE IN PUBLIC INSTITUTIONS - HH



SANITATION INFRASTRUCTURE IN GP OFFICES- OBSERVATION

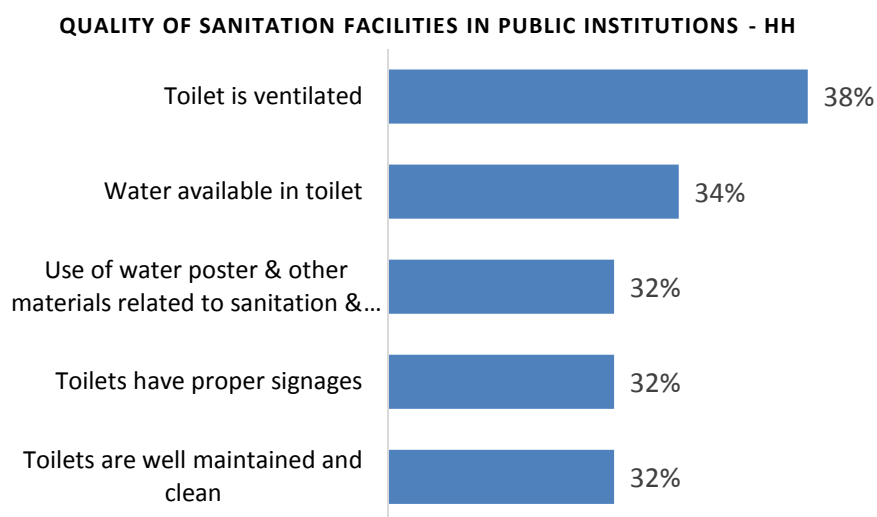


Highlights

1. Most public institutions have toilets of which roughly 70 % are functional
2. Availability of Urinals is however low
3. Accessibility of toilets to PwSN is rated uniformly low and observed to be so too.
4. Though drinking water is available in a reasonable number of offices water in the toilet is available in very few.
5. Garbage bins are also not available in sufficient numbers

6.1 Quality of Service and Problem resolution

1. 74% reported that lack of public toilets is the main sanitation problem they face
2. 65% of them did not lodge complaint
3. 33% lodged oral complaints to Sarpanch
4. 34% among who complained said their problems were resolved
5. 95% whose problems were resolved are satisfied with the problem resolution

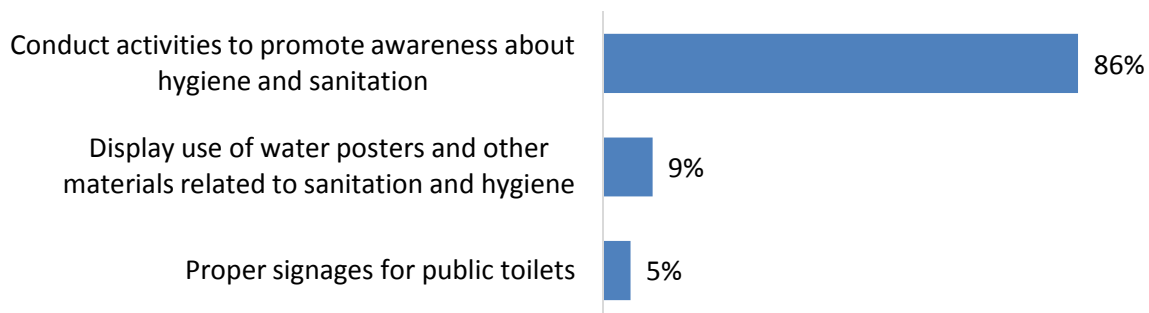


As can be seen from the chart above – quality of sanitation facilities is uniformly poor across parameters; Official speak is to the contrary

1. 44% offices clean the toilets daily while another 44% never clean their toilets
2. 90% of those toilets that are cleaned use soaping agent and disinfectant
3. 61% office toilets and urinals are cleaned by Peons while the remaining are cleaned by concerned office staff

Maintenance of sanitation infrastructure in Public Institutions - officials	
Office premises & surroundings are kept clean	95%
Toilets are clean and maintained well	67%
Toilets provide privacy for use	91%
Garbage bins are cleared every day	68%

IEC INITIATIVES BY PUBLIC INSTITUTIONS ON HYGIENE AND SANITATION - OFFICIALS

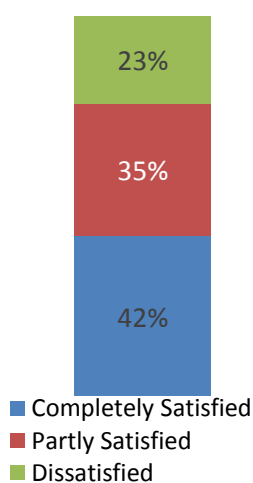


Observation shows

1. 56% GP Offices maintain their toilets clean
2. 44% GP Offices clean toilets using soaping agent and disinfectants; 25% clean only with water
3. 95% dustbins are not over flowing
4. Display of water posters and signage is hardly 5% which the officials have agreed about

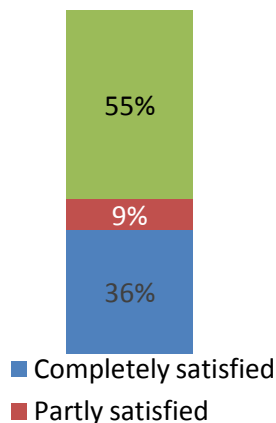
6.2 Satisfaction with sanitation in public institutions

OVERALL SATISFACTION - HH

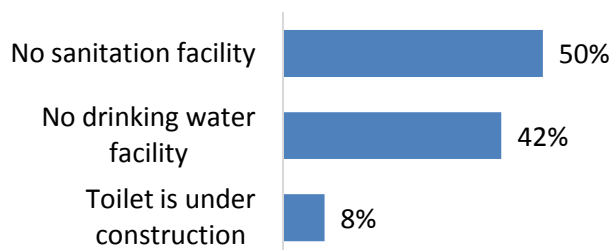


Reasons for Dissatisfaction (HH)	%
No toilets	50%
Not allowed to use the toilet	11%
No separate toilets for women	6%

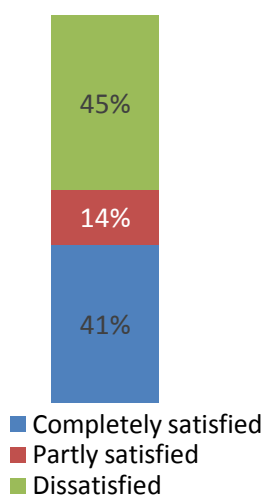
SATISFACTION WITH SANITATION FACILITIES IN PUBLIC INSTITUTIONS- OFFICIALS



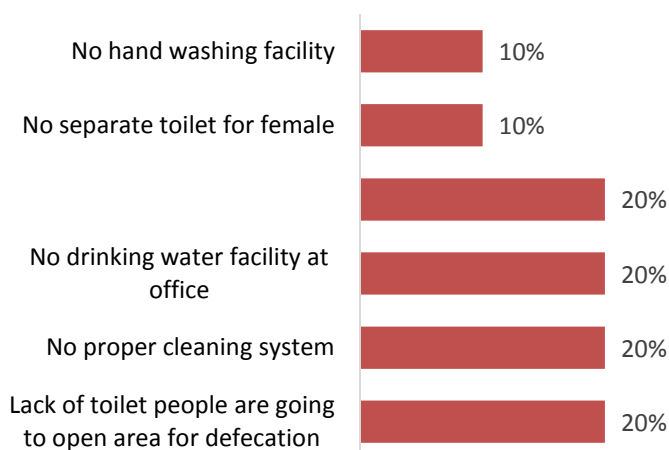
REASONS FOR DISSATISFACTION WITH SANITATION FACILITIES - OFFICIALS



SATISFACTION WITH HYGIENE FACILITIES IN PUBLIC INSTITUTIONS - OFFICIALS



REASONS FOR DISSATISFACTION WITH HYGIENE FACILITIES-OFFICIALS



Highlights

1. Dissatisfaction is higher among officials than among households.
2. Main reasons for households is lack of toilets and not being allowed to use them while for officials it is lack of water and lack of drinking water facility

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