

Rural Sanitation in Ganjam: a Citizen Report Card

Swachh Bharat Mission-Gramin

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 #)

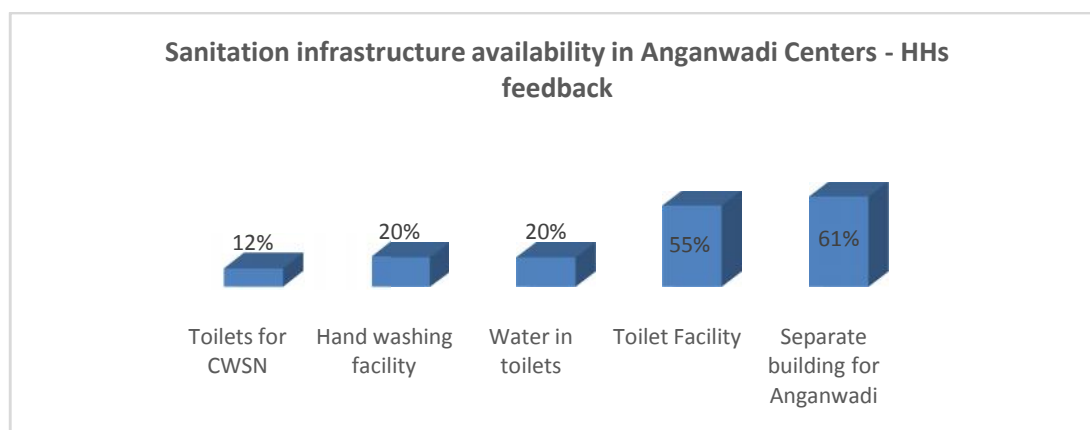
2.0. Access

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.

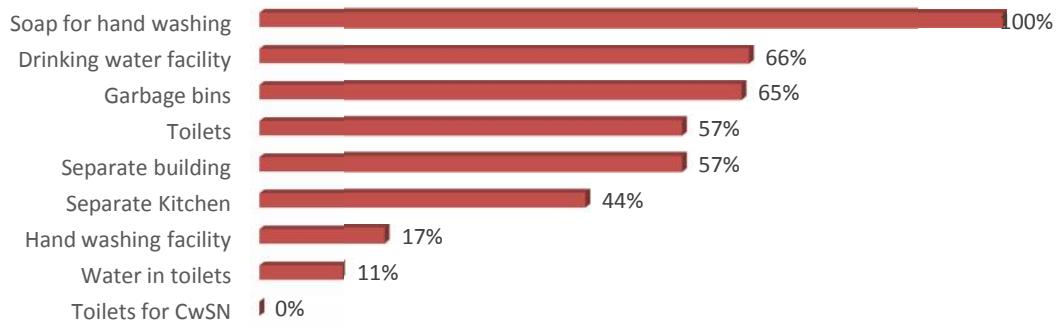
Among the HHs that have children going to Anganwadi centers, 61% reported that the Anganwadi Center has a separate building. Anganwadis that do not have a separate building function from other Anganwadi center buildings (40%) or rented building (30%) as reported by the staff.

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 1: Sanitation facilities in Anganwadi Centers



Sanitation infrastructure availability in Anganwadi Centers- Officials feedback



Sanitation infrastructure in Anganwadi Centers - Observation by YSD team

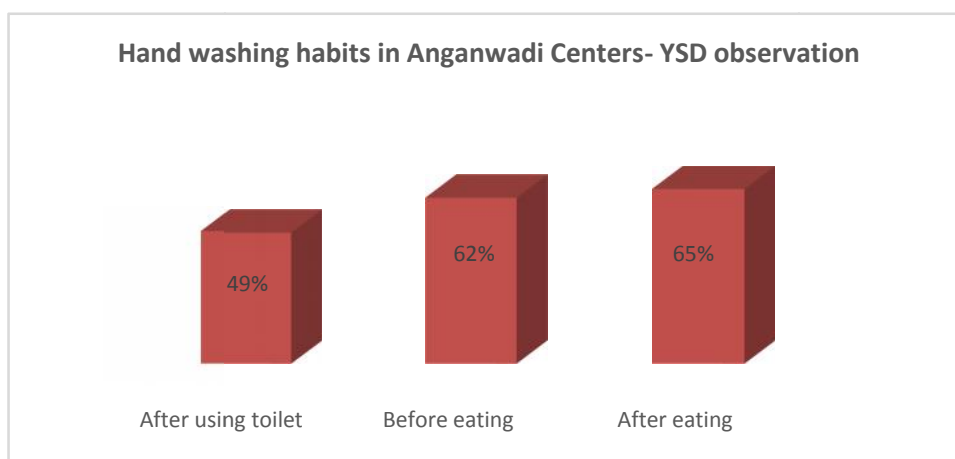


Figure 2: Hand washing habits among children as reported by Anganwadi staff



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:

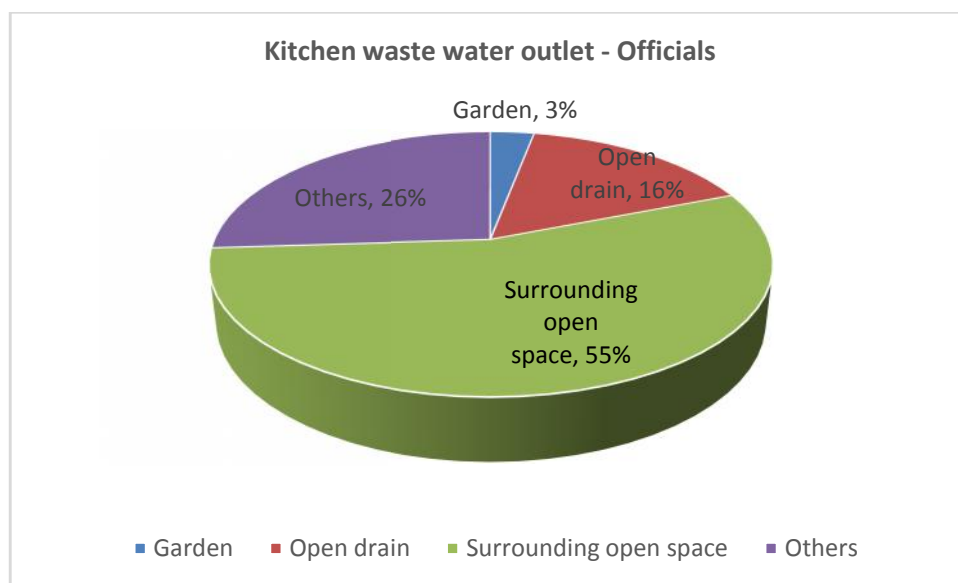
Table 1: Reasons for not using the toilet in Anganwadi centers

| Reasons | % |
|--|----|
| 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 & girls | 13 |
| No water | 49 |

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

Figure 3: 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

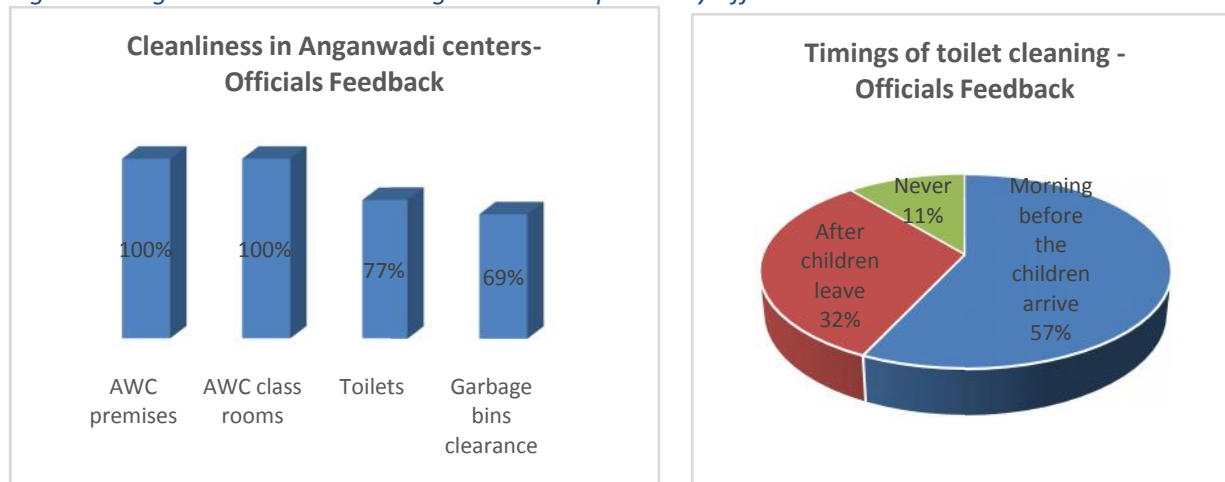
About half the HHs (51%) reported that the toilets in Anganwadi centers are well maintained and clean. A majority of the officials (94%) reported that the toilets are cleaned using soaping agent and disinfectant.

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 4: Anganwadi Centre cleaning details as reported by officials



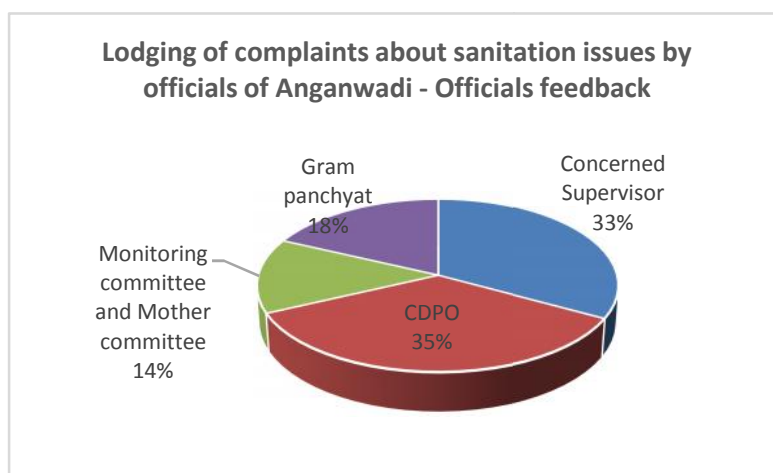
It was observed that around 60% AWCs clean toilets before the children arrive and after the children leave which is partly in agreement with the officials' feedback where 57% officials have reported that the toilets are cleaned before the children arrive.

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.

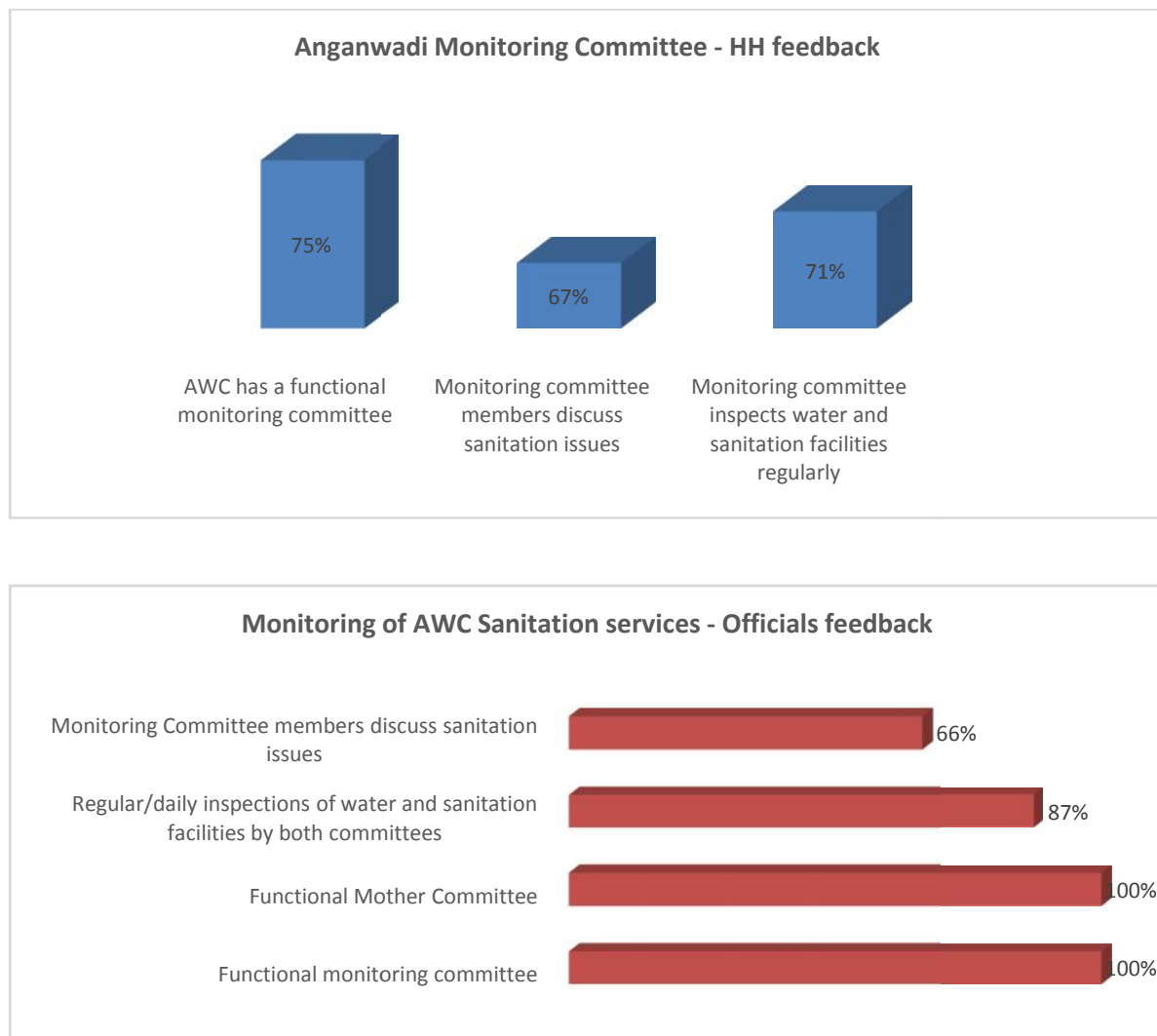


As compared to HHs, a larger number of officials (90%) have reported facing sanitation issues in Anganwadi centers while discharging their duties. Main problems reported include problems related to water availability (33%) and lack of wash basins (30%). A majority of them (91%) lodged complaints however 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 5: 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 6: Overall Satisfaction with sanitation facilities in Anganwadi Centers

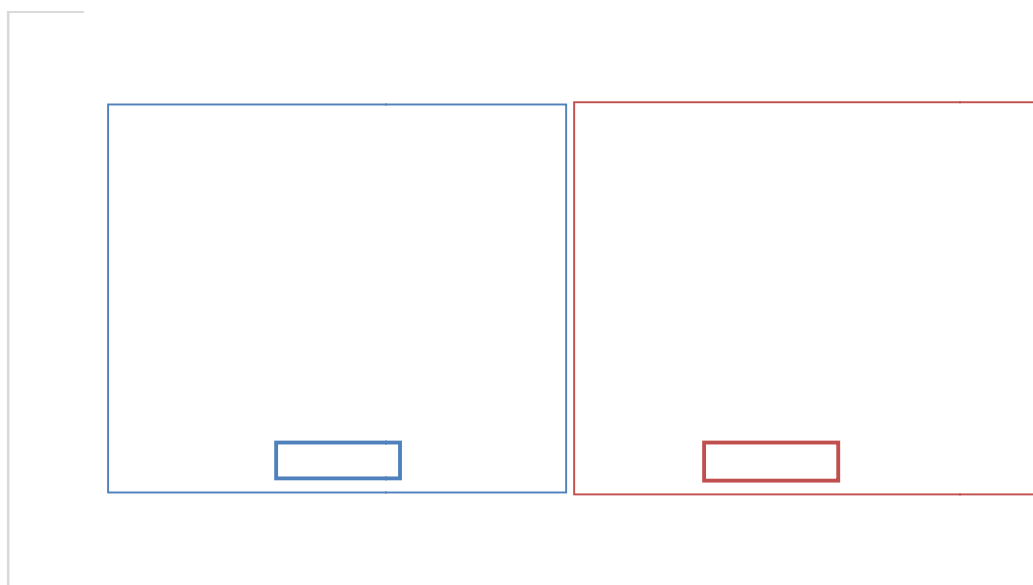


Table 2: Reasons for dissatisfaction with sanitation and hygiene in Anganwadi centers – HH feedback

| 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 AnganwadiCenters

| 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.

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