

# Mapping Policies and Tracking Budgets for Hand Hygiene

A Study of Select Ministries of the Government of India



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**June 2022**



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# Abbreviations

<b>ABHR</b>	Alcohol-based Hand Rub
<b>ANM</b>	Auxiliary Nurse Midwife
<b>AWPB</b>	Annual Work Plan & Budget
<b>BDO</b>	Block Development Officer
<b>BE</b>	Budget Estimate
<b>CCI</b>	Child Care Institutes
<b>CHC</b>	Community Health Centre
<b>CMO</b>	Chief Medical Officer
<b>CSS</b>	Centrally Sponsored Scheme
<b>CSO</b>	Civil Society Organizations
<b>DALY</b>	Disability-adjusted Life Year
<b>FC</b>	Finance Commission
<b>GLAAS</b>	Global Analysis and Assessment of Sanitation and Drinking-Water
<b>GHD</b>	Global Handwashing Day
<b>GoI</b>	Government of India
<b>GP</b>	<i>Gram Panchayat</i>
<b>HBCC</b>	Hand Hygiene Behaviour Change Coalition
<b>HH</b>	Hand Hygiene
<b>HH4A</b>	Hand Hygiene for All
<b>HWS</b>	Handwashing station
<b>HWWS</b>	Handwashing with Soap
<b>IEC</b>	Information, education, communication
<b>ICDS</b>	Integrated Child Development Services
<b>ILO</b>	International Labour Organization
<b>IPC</b>	Inter-Personal Communication
<b>JMP</b>	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
<b>MDM</b>	Mid-day Meal
<b>MoE</b>	Ministry of Education
<b>MoHFW</b>	Ministry of Health & Family Welfare



<b>MoJS</b>	Ministry of <i>Jal Shakti</i>
<b>MoPR</b>	Ministry of <i>Panchayati Raj</i>
<b>MWCD</b>	Ministry of Women and Child Development
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>NGO</b>	Non-Governmental Organization
<b>NHM</b>	National Health Mission
<b>ODF</b>	Open Defecation Free
<b>PHC</b>	Primary Health Centre
<b>PMSSN</b>	<i>Pradhan Mantri Swasthya Suraksha Nidhi</i>
<b>PPC</b>	People's Plan Campaign
<b>PRI</b>	<i>Panchayati Raj</i> Institutions
<b>RE</b>	Revised Estimate
<b>RGSA</b>	<i>Rashtriya Gram Swaraj Abhiyan</i>
<b>RKS</b>	<i>Rogi Kalyan Samiti</i>
<b>RSBY</b>	<i>Rashtriya Swasthya Bima Yojna</i>
<b>RUSA</b>	<i>Rashtriya Uchhatar Shiksha Abhiyan</i>
<b>SAP</b>	<i>Swachhta</i> Action Plan
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SC</b>	Sub-Centre
<b>SDGs</b>	Sustainable Development Goals
<b>SDH</b>	Sub-Divisional Hospital
<b>SHG</b>	Self-help Group
<b>SMC</b>	School Management Committee
<b>SMSA</b>	<i>Samagra Shiksha Abhiyan</i>
<b>UNICEF</b>	United Nations Children's Fund
<b>VWSC</b>	Village Water and Sanitation Committee
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization

# Introduction

## 1. Setting the context of Hand Hygiene in India

Water, sanitation and hygiene, one of the major determinants of health, has gained significant political visibility during the time of the pandemic. COVID-19, despite being a public health emergency, is also a WASH emergency. One of the key effective measures to combat COVID-19 is to maintain COVID appropriate behaviours. These include handwashing with soap and water at critical times; masking and maintaining appropriate physical distancing. Hence, hygiene gains prominence not only in the current discourse of WASH pedagogy but also as a preventive and protective measure for future epidemics. The WHO/UNICEF Joint Monitoring Programme (JMP) for Water supply, Sanitation and Hygiene Report 2021 shows that 68 per cent of population in India has basic hygiene services, 29 per cent have limited hygiene service and 3 per cent have no facility for hygiene services<sup>1</sup>. From this, 37 per cent of rural population has limited hygiene services<sup>2</sup>. Apart from the SDG 6, which is the global goal for water, sanitation and hygiene, the Hand Hygiene for All (HH4All) Global Initiative - a WHO and UNICEF-led initiative aims to implement WHO's global recommendations on hand hygiene to prevent and control the COVID-19 pandemic and work to ensure lasting infrastructure and behaviour<sup>3</sup>.

Despite the global pressure on hygiene promotion and even prior to the pandemic, India's hygiene data show a gloomy picture. The National Sample Survey 76th Round (2018-19) revealed that 64.2 per cent of household members (44 per cent urban, 74.7 per cent rural) did not wash hands before eating, while 25.9 per cent (11.7 per cent urban, 33.2 per cent rural) did not clean their hands with soap after defecation. Further, even in institutions such as schools and *anganwadi* centers, the National Annual Rural Sanitation Survey (NARSS) 3, 2020 reported 99.6 per cent of public toilets in

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<sup>1</sup> The SDG service ladder for hygiene defines a 'basic hygiene service' as a having a facility at home for washing hands that has both soap and water available. Households that have a handwashing facility but lack water and/or soap are classified as having 'limited hygiene services'. In some settings, ash, soil, sand or other materials are used as handwashing agents, but these are less effective than soap, and are also counted as a limited service.

Note: Handwashing facilities may be located within the dwelling, yard or plot. They may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

<sup>2</sup> Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs. Geneva: World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) 2021

<sup>3</sup> <https://www.who.int/initiatives/hand-hygiene-for-all-global-initiative>





the villages surveyed through observations had handwashing facilities with both soap and water. However, only 37.5 per cent sampled *anganwadis* had soap and water near the toilet, 54.8 per cent had only water, while only 2.0 per cent had neither soap nor water for handwashing<sup>4</sup>. Despite increasing budgets for water and sanitation over the years in the country, nevertheless, the budget for hygiene services within WASH is easily missed and tends to fall within the cracks of the WASH sector.

## 2. The state of Hand Hygiene at the Global and National level

It is a well-established fact that hygiene behaviours contribute to the prevention of diseases and in the promotion of good health, and thereby have long-term beneficial economic implications. In India, 48.2 million (38.4 per cent) children under the age of five years are stunted, and half of all under nutrition cases associated with diarrhea and infections result from unsafe water and sanitation, and unhygienic behaviours. Economic gains from decreased incidence of diarrhea and acute respiratory infections resulting from handwashing with soap are significant. Annual net costs to India from not washing hands with soap after contact with faeces are estimated at USD 23 billion. In contrast, the annual net returns from national behaviour change programmes aimed at handwashing are estimated to be USD 5.6 billion, at USD 23 per disability-adjusted life year (DALY) avoided<sup>5</sup>.

The GLAAS 2018/2019 findings indicate the following:

- Over 40 per cent of countries (38 of 93 countries) reported having national hygiene coverage targets that align with SDG indicator 6.2.1 on the proportion of the population with a handwashing facility with soap and water at home<sup>6</sup>. The same number of countries do not have a national target for hygiene.
- The vast majority of countries addressed promotion of handwashing with soap and water in their hygiene policies and plans (93 per cent of countries). Hygiene promotion in schools and hygiene promotion in health care facilities were also included in most hygiene policies and plans.
- Out of the 38 countries that reported having basic hygiene targets for handwashing facilities on premises with soap, only nine countries (23 per cent) could provide data on current coverage for this target. As a comparison, nearly one-half of countries could report progress on urban drinking, water and sanitation targets.
- There are limitations in hygiene expenditure data since available data on expenditures on hygiene promotion and handwashing is sparse. While 54 out of 115 countries provided WASH expenditure data in the GLAAS 2018/2019 country survey, only 17 of these countries could provide estimates of any hygiene expenditures.
- Overall, it is difficult to compare hygiene expenditures as countries may have categorized hygiene expenditures in different ways and/or not fully reported all expenditures. Specific to the South Asia region the experience from Bangladesh is shared in Box 1. below.

<sup>4</sup> Promises & Reality: Citizen's Report on Year Two of the NDA II Government, 2020-2021, Wada Na Todo Abhiyan

<sup>5</sup> Townsend J., Greenland K., & Curtis V. (2016). Costs of diarrhoea and acute respiratory infection attributable to not handwashing: the cases of India and China. *Tropical Medicine & Internal Health*. 22(1), 74-81. <https://doi.org/10.1111/tmi.12808>.

<sup>6</sup> Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. Geneva: World Health Organization; 2020.





## Box 1: Hand Hygiene in Bangladesh

Similar to India, other countries like Nepal and Sri Lanka in the South Asia Region have a mention of hygiene in other policies (water/sanitation). Whereas Bangladesh and more recently Pakistan has taken a lead to address hygiene, in 2012, it launched a National Hygiene Promotion Strategy (NHPS). The strategy has been an integral part of the Sector Development Plan (SDP), 2011-25 for water and sanitation sector in Bangladesh. The NHPS, like the SDP, is for a period of 15 years, starting from FY 2010-11, divided into a short-term period (2011-15), medium term (2016-20) and long term (2021-25). This strategy incorporates five behavioural domains including sanitation, hygiene, water hygiene, personal hygiene, food hygiene and environmental hygiene promotion. The country aims to spend 5 percent of the national WASH budget towards hygiene from 2022. The monitoring of progress is captured expected to be captured in 1) progress monitoring to measure the achievement of targets set for different phases, and (2) impact monitoring to evaluate behaviour change as a result of interventions. This has been initiated through surveys conducted every 4-5 years, this was last done in 2014 and then 2018. In addition to this strategy, Bangladesh has also launched National Standards for WASH in Schools includes a standard for convenient hand washing facilities close by (soap and running water available all the time) and the national menstrual hygiene promotion strategy 2020. As a response to the COVID-19 pandemic in 2020, the government developed the National WASH Sector Strategic Paper 2020-22. Pakistan, as a response to COVID-19, in 2021 Pakistan was one of the first countries to develop and launch the Hand Hygiene for All roadmap, aimed at ensuring universal hand hygiene by 2030. (Refer to Annexure II for more details on the mapping of countries with hygiene policies, budgets and monitoring).

Coming now to the budgetary allocations for water and sanitation in India, budgetary allocation for the Department of Drinking Water & Sanitation (DDWS) under the Ministry of Jal Shakti (MoJS) witnessed a substantial increase of Rs. 60,030 crores (179 per cent increase) from the previous year's allocation in the financial year 2021-22 (BE). The allocation of Rs. 50,011 crores for the Jal Jeevan Mission (JJM) in 2021-22 (BE) was a welcome step confirming the prioritization of water supply services in the wake of the pandemic<sup>7</sup>.



Following this, the objectives, scope and methodology of the paper are given below:

### 3. Objectives

-  To map government policies/programmes that mention hand hygiene and explore the possibilities in government programmes that can be leveraged for hand hygiene promotion in select Ministries and departments at the Union government level;
-  To capture and analyse the fund flow and budgets under these government programmes;

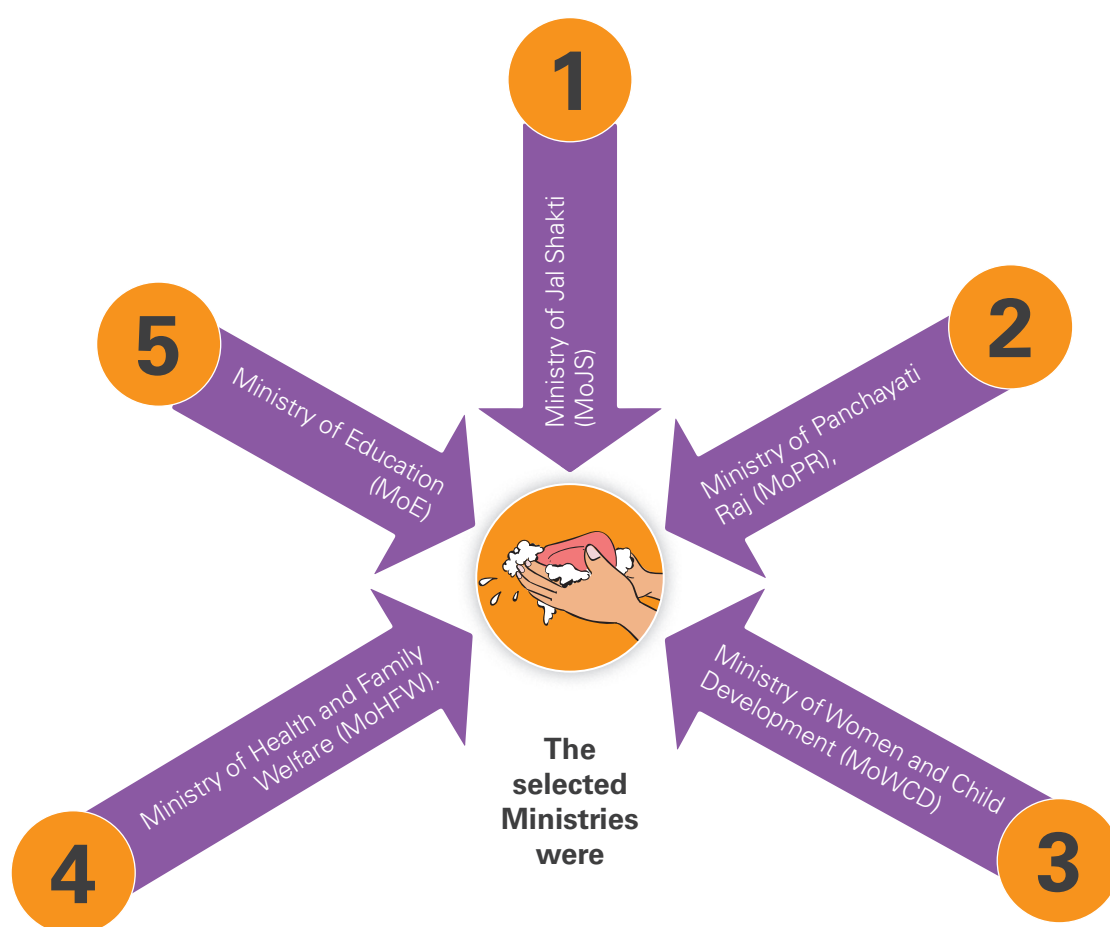
<sup>7</sup> Budget in the Time of the Pandemic: An Analysis of Union Budget 2021-22, Centre for Budget and Governance Accountability



-  To identify existing budget lines (in case if any) where hand hygiene work (promotion, infrastructure, monitoring, capacity building) exists or/and can be added in the flagship programmes of select Ministries/Departments;
-  To provide suggestions on hand hygiene leveraging actions in Ministries/schemes for the relevant National government level stakeholders.

## 4. Scope and Methodology

The methodology for this paper entailed an extensive and thorough secondary review of hand hygiene promotion activities of Centrally Sponsored Schemes (Refer to Annexure VI. for the list of schemes reviewed) in select Ministries followed by detailed budget tracking and analysis at the National government level.



Budgetary allocations and expenditure of these Ministries for last five years i.e. 2017-18 (Actuals), 2018-19 (Actuals), 2019-20 (Actuals), 2020-21 (Revised Estimates), 2021-22 (Budget Estimates) were assessed. The assessment also included a thorough review of budget line items. Relevant secondary literature and policy documents on the situation of hand hygiene promotion at the National government prior to and during the COVID-19 pandemic (2017-18 to 2021-22) was analysed. Efforts made by National government to address challenges in hand hygiene promotion activities through an examination of relevant GOs, SOPs, advisories to Supreme Court were also be documented.





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## Limitations

The study is based entirely on secondary data sources and as such is more of a scoping/diagnostic study on hand hygiene interventions in select relevant Ministries in the country. Due to COVID-19 there was no travel or meetings planned. As there is no separate budget line for handwashing or hand hygiene, budgetary data on hand hygiene were not only difficult to track at the National government level but the details to the extent of mapping hand hygiene interventions were also not available. Specific recommendations on budgets for hand hygiene proved to be challenging. Further, monitoring hand hygiene in public places is also a challenge. Information on monitoring hand hygiene in public spaces was hard to find. While there are monitoring indicators/tools available for households, schools and health care facilities, and although India has developed monitoring mechanisms there are very few dedicated to monitoring hand hygiene in public spaces. The insights and findings presented here are majorly focused on select five Ministries and do not necessarily provide a national level picture.

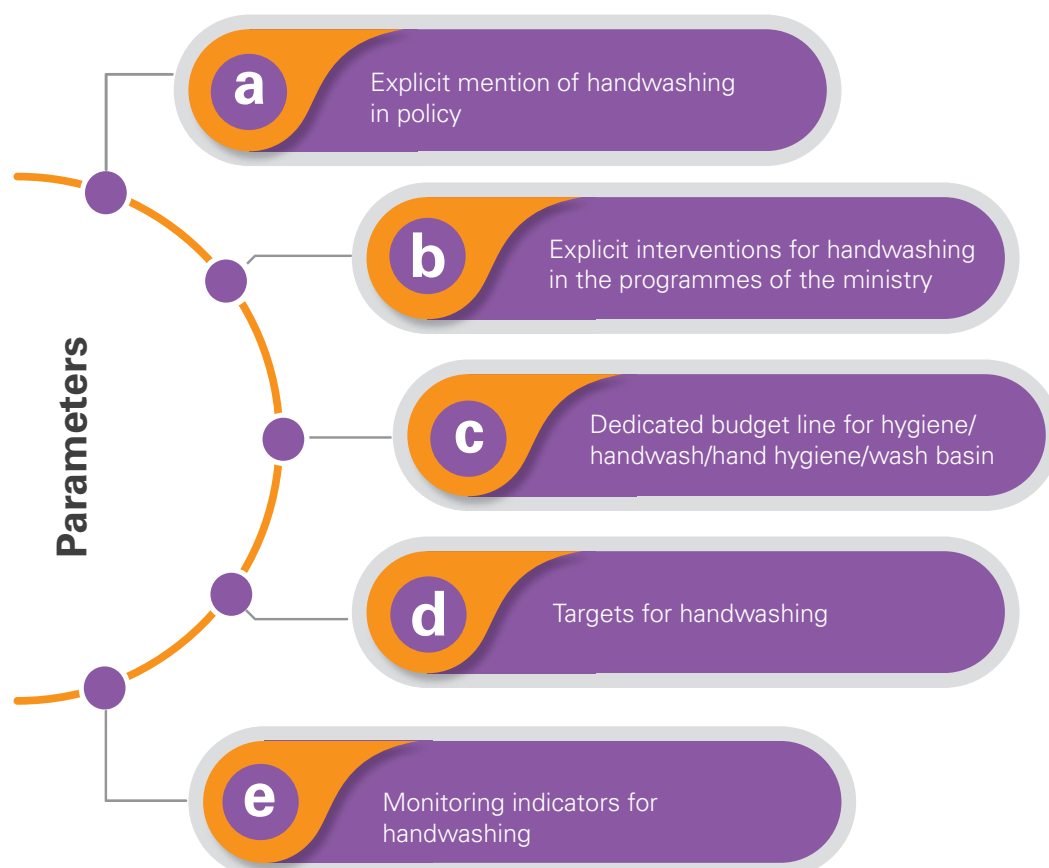


## SECTION II:

# Review of policies and budgets leveraging hand hygiene activities/ interventions in select Ministries and schemes

This section provides broad findings from the review of policies, programme guidelines and budgets of five ministries with respect to hand hygiene.

Hand hygiene measures although not explicitly stated in schemes and programmes across Ministries and departments of the country, are embedded in guidelines. A comprehensive review of all existing schemes under the selected 5 Ministries shows 9 specific schemes namely *Swachh Bharat* Mission (R), *Jal Jeevan* Mission, National Health Mission, SMSA, Mid-Day Meal, *Swadhar Greh*, Child Protection Scheme (CPS) and *Anganwadi* Services under Umbrella ICDS and Gram Panchayat Development Plan have components which could be leveraged for of Hand Hygiene in them (Table 1). The color ranking given in Table 1. is based on 5 parameters.



Focus on Hand Hygiene	Very High	High	Moderate	Mild
Code – this is based on the numbers of parameters met by the ministry/schemes/programme	5 parameters met	4 parameters met	3-2 parameters met	1 parameter met

**Table 1:** Priority to hand hygiene in 5 Ministries studied

S.No.	Ministry/Department	Scheme	Focus on Hand Hygiene (parameters met)
1.	Ministry of Jal Shakti	Swachh Bharat Mission (R)	a, b, d & e
		Jal Jeevan Mission	a, b, d & e
2.	Ministry of Health & Family Welfare	National Health Mission	a, b & e
		Samagra Shiksha Abhiyan	a, b & e
3.	Ministry of Education	Mid-Day Meal	a, b & e
		Swadhar Greh	a
4.	Ministry of Women & Child Development	Child Protection Services	a
		Anganwadi Services	a, b & e
		Gram Panchayat Development Plan	a

A snapshot of the Ministries with the corresponding schemes shows that the MoJS achieves four parameters and hence has got a yellow ranking. Although there is no separate budget allocated for hand hygiene initiatives, there is scope for budgets to be leveraged under the IEC component which will be discussed in the following sections.



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# 1. A review of Ministry of Jal Shakti for hand hygiene

The SBM (G) and the JJM are the two centrally sponsored schemes that deal with WASH. The SBM (G) guidelines of 31<sup>st</sup> December 2018 clearly emphasize on regular and proper cleanliness to be maintained in school toilets and also specified GPs to prioritize repair of drinking water systems including hand wash from 14th FC funds<sup>8</sup>. After the completion of SBM Phase I, the SBM Phase II has highlighted that the district administration should continually engage with ODF villages for at least nine months. During this period, the guidelines suggest that ODF plus activities such as cleanliness of water source, decentralized SLWM, maintenance of school and anganwadi toilets, handwashing and personal hygiene should be undertaken. It is notable that handwash has been prioritized as an ODF Plus activity indicating to the intention of making ODF villages sustainable in the long run. Regarding construction of IHHLs, it has been mentioned that a facility for water storage, to enable handwashing, and keeping toilet clean would be provided with available technologies and their costs to the beneficiary to enable him/her to make an informed choice. Other than providing the incentive of Rs. 12,000 under SBM (G) for construction of one unit of IHHL which could also include storage for handwashing and cleaning of the toilet, the following paragraph shows the focus on hand hygiene within the SBM (G)

*“Clarification regarding availability of water for toilets – It is desired that facility for water storage, handwashing and cleaning of toilets, if not already there, maybe created/strengthened along with construction of a toilet. As sanitation is primarily a behavioural and demand driven issue, this includes behaviour for hygiene as well. Many households may already have provision for water within the house or nearby places, and it suffices if the person uses the same for toilet purposes and there remains no need for him to invest in a separate water storage facility such as a tank or wash-basin along with constructing a toilet...”* (MDWS Ltr No. S-18/10/2015-SBM, dated 20.07.2015)

Moreover, the practice of handwashing with soap before meals, after defecation, availability of soap and water in or near the toilet have been considered as household survey parameters under SBM (G). This is not in the SBM MIS presently. Handwashing with soap at homes and in schools and anganwadis before mid-day meals has been considered as a next step for ODF + villages. Under SBM-Phase II, since the objective is to sustain ODF status of villages and make them ODF Plus, as part of behaviour change at least 5 information, education, communication (IEC) messages through wall paintings and billboards on specified themes one of which is handwashing with soap should be carried out. Further, the guidelines highlight the requirement of wash basins in community sanitary complexes.

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<sup>8</sup> MDWS, MoPR, MHRD Joint D.O.No.11/145/2015-CD.I, April 2016



## Box 2. Swachhta Action Plan

### What is the Swachhta Action Plan?

With a view to make 'Swachhta' or cleanliness everyone's business, the Prime Minister, called upon all Ministries/Departments to bring Swachhta as an element in their schemes and activities so that each of them and the institutions, corporations and offices under them can contribute to achieve Swachh Bharat. The Department of Drinking Water and Sanitation (DDWS), Ministry of Jal Shakti being the nodal Department coordinated with all 76 Ministries/Departments to finalize and collate their Swachhta Action Plans (SAP). In the financial year 2017-18, 76 Ministries/Departments earmarked funds worth 5,248 crore rupees for their Swachhta plans. Each Ministry/Department started implementing its SAP from 1st April 2017. To highlight the contribution and efforts proposed by the Ministries/Departments and to track and monitor the progress in implementation of the SAP, a portal was created <https://swachhtaactionplan.gov.in>. Presently the portal is being accessed by all 76 Ministries/Departments to upload their SAP with budget, activities, photographs, reports.

## 1.1. Analysis of budgetary trends in JJM and SBM

2021-22's Union Budget support for drinking water does reflect a recognition of the acute need for higher investment in this critical area. In the BE for 2021-22, the Department of Drinking Water & Sanitation under the Ministry of Jal shakti witnessed a substantial increase (179 per cent) from the previous allocation (Figure 1.1). This was due to the quantum jump (335 per cent) in allocations for the JJM in 2021-22 BE compared to the allocation made in the previous year<sup>9</sup>. This allocation of Rs. 50,011 crores is a welcome step confirming the prioritization of water supply services in the wake of the pandemic (Figure 1.2). However, utilization of JJM funds has not been uniform with 16 states having spent less than 50 per cent of the funds received till January 2021<sup>10</sup>.



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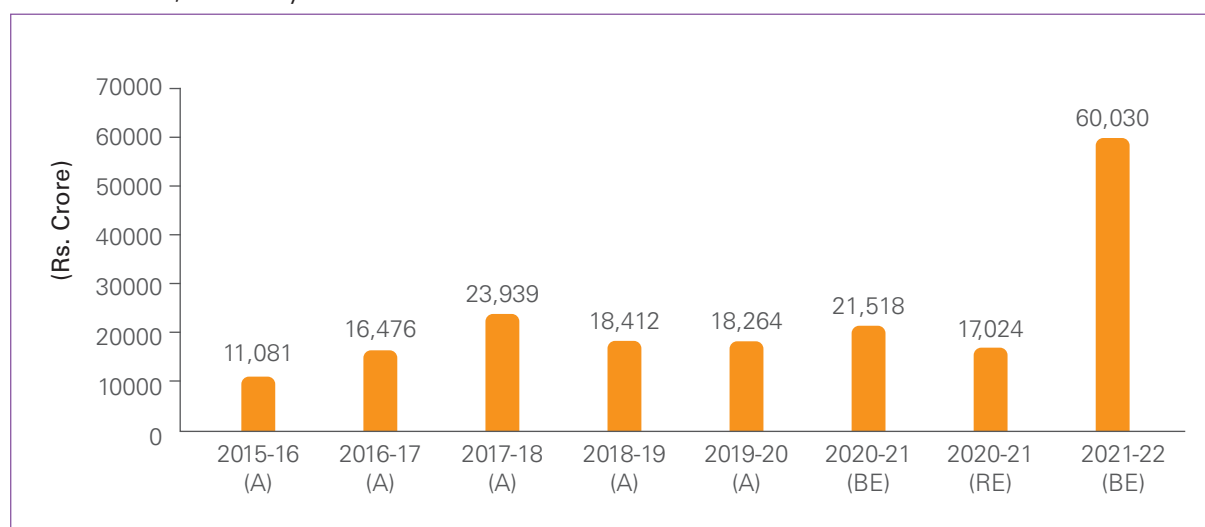
<sup>9</sup> Budget in the Time of the Pandemic: An Analysis of Union Budget 2021-22, Centre for Budget and Governance Accountability, New Delhi, February 2021

<sup>10</sup> Budget Briefs, Vol 13/Issue 10, Jal Jeevan Mission GoI, 21-22 (Pre-budget): Accountability Initiative, Centre for Policy Research, New Delhi



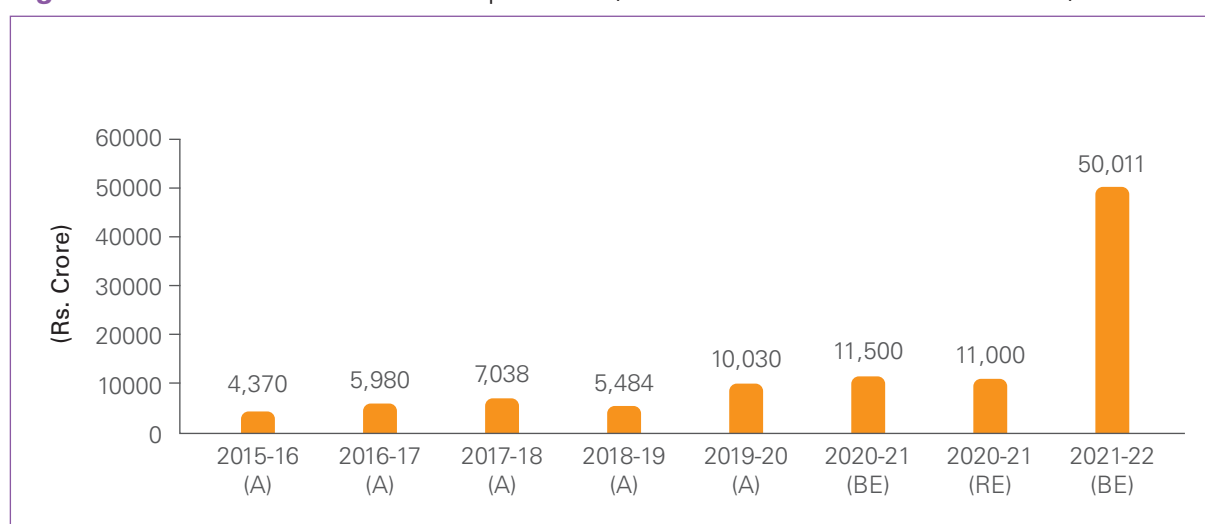


**Figure 1.1:** Union Budget Expenditure / Allocations for the Department of Drinking Water & Sanitation, Ministry of Jal Shakti



Source: Compiled by CBGA from Union Budget Documents, various years.

**Figure 1.2:** Union Government's Expenditure/Allocation for Jal Jeevan Mission/NRDWP



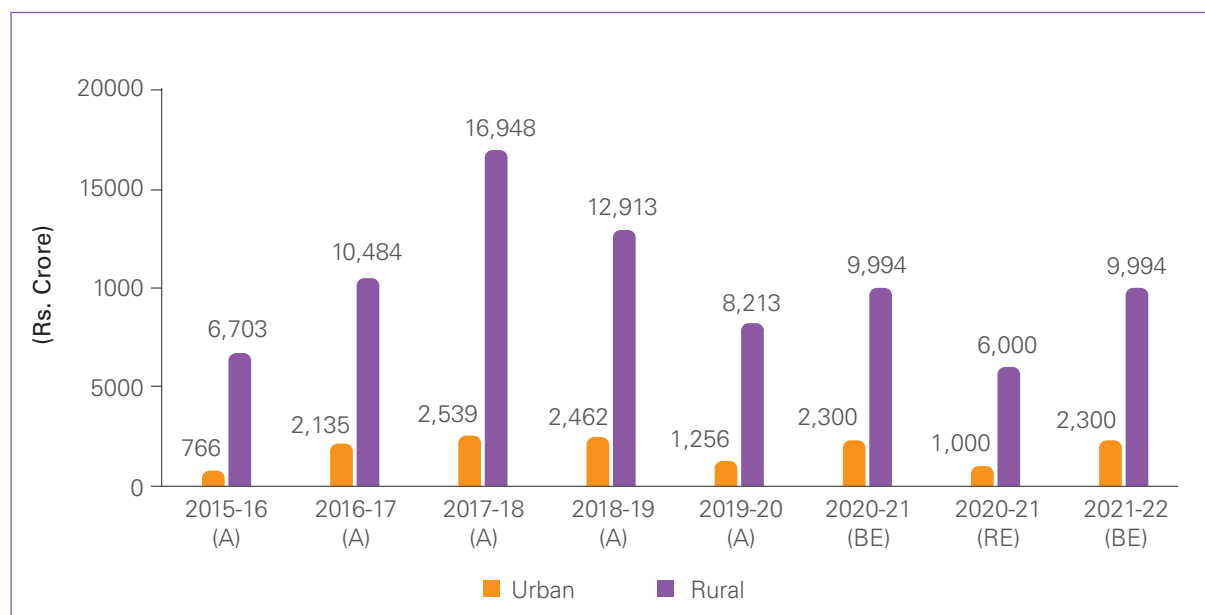
Source: Compiled by CBGA from Union Budget Documents, various years.

The Government of India, in February 2020, launched Phase-II of the Swachh Bharat Mission (Grameen) (SBM [G]) with a total outlay of Rs. 1,40,881 crores to focus on the sustainability of ODF status and SLWM. The Union government's budgetary allocation for Swachh Bharat Mission – Rural (SBM-R) recorded an increase of 66.5 percent in comparison to 2020-21 RE. However, since 2020-21 was the year of the COVID-19 pandemic, fund utilization was impacted to a large extent. In 2021-22 (BE), the allocations were the same as compared to 2020-21 BE amounting to Rs. 9,994 crores (Figure 1.3). A similar trend was observed in the allocations for SBM-Urban in 2021-22 BE and 2020-21 BE<sup>11</sup>.

<sup>11</sup> Budget in the Time of the Pandemic: An Analysis of Union Budget 2021-22, Centre for Budget and Governance Accountability, New Delhi, February 2021



**Figure 1.3:** Union Government's Expenditure/Allocation for Swachh Bharat Mission – Rural & Urban



Source: Compiled by CBGA from Union Budget Documents, various years

SBM (G) Phase-II has been planned to be a new model of convergence between different verticals of financing and various schemes of Central and State Governments. Apart from budgetary allocations from the Department of Drinking Water and Sanitation (DDWS) and the corresponding state share, the remaining funds will be dovetailed from the 15th Finance Commission (FC) grants to rural local bodies, MGNREGS and Corporate Social Responsibility (CSR) funds.<sup>12</sup>

Even though, hand hygiene does not explicitly feature in the SBM-II budget, however there is ample scope of leveraging it under the 'IEC and capacity building' section. According to the guidelines, up to 5 per cent of the total funding for programmatic components of SBM (G) Phase-II funds can be used for IEC and capacity building; up to 2 per cent can be used at the Centre level; and up to 3 per cent to be used at the State/district level. To prioritize handwashing, the State department can use this 3 per cent towards handwashing promotion for the State and district.

Both the JJM and the SBM-II focus on behaviour change and the use of IEC. Directions are given to state governments to follow and within the IEC, handwashing should be stressed on. In case states are interested in using more IEC, there should be flexibility in the IEC budget to be increased.

In this manner, the funds for handwashing facilities and the maintenance of the same in public spaces and institutions within the jurisdiction of the Gram Panchayat, can be leveraged from 15th FC, MGNREGS and CSR. Where the allocations towards IEC and capacity building can be used towards the consistent hand hygiene promotion. A communication of the same from MoJS to the states, in the form of an advisory or guideline would be required, to highlight the explicit prioritization of the Ministry towards hand hygiene.

<sup>12</sup> Manual: IEC for ODF Plus, Department of Drinking Water and Sanitation, MoJS, June 2021i



## 2. A review of Ministry of Health and Family Welfare for hand hygiene

The importance of hand hygiene in health settings cannot be stressed, more especially in the current context. Not only is it one of the core tenets of public health but also gained prominence during the pandemic. Since public health care facilities are a major mechanism of social protection to meet the health care needs of large segments of the population, cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience relating to a clean environment. It is essential to have health care facilities clean and to ensure adherence to infection control practices. For this purpose, Swachhta Guidelines for Public Health Facilities were issued separately.

To complement the Swachh Bharat Mission's effort and improve health outcomes through infection control the MoHFW launched the "Kayakalp Award Scheme" in May 2015. The scheme is intended to encourage and incentivize Public Health Facilities (PHFs) in the country to achieve a set of standards related to cleanliness, hygiene and infection control practices. High performing facilities are given cash awards and Certificate of Commendation based on periodic assessments using the Kayakalp assessment criteria.<sup>13</sup> The Kayakalp Award brought the message of Swachhta in public health institutions to the forefront. In the first year, the scheme was introduced in District Hospitals (DH), and from 2016-17 the Kayakalp Initiative is being implemented in Community Health Centres (CHCs)/Sub Divisional Hospitals (SDHs) and Primary Health Centres (PHCs). Awards are given to the best facilities.

Prior to the Kayakalp Award, the National Health Mission (NHM) through its Indian Public Health Standards (IPHS) 2012 Guidelines incorporated the significance of hygiene in public healthcare institutions with a focus on hand hygiene. Annexure I shows the different hand hygiene components in the IPHS Guidelines 2012, NHM. To complement and leverage the gains made so far, the Ministry of Health & Family Welfare and Department of Drinking Water & Sanitation (MoJS), have launched a joint initiative- Swachh Swasth Sarvatra. These operational guidelines are intended for Mission Directors, programme officers of the National Health Mission, District Collectors, Chief Medical Officer and Facility in charges of concerned CHCs and PHCs to guide and support them in implementation of this joint initiative.

The objective of the Swachh Swasth Sarvatra is to maximize gains through convergence and collaboration, funding support and capacity building in (i) Enabling Gram Panchayats where Kayakalp awarded PHCs are located to become ODF (ii) Strengthening Community Health Centres (CHC) in ODF blocks to achieve a high level of cleanliness to meet Kayakalp standards through a support of Rs.10 Lakhs under NHM (iii) Build capacity through training in Water, Sanitation and Hygiene (WASH) to nominees from such CHC and PHCs.

Another programme under the NHM which is a direct nutrition intervention is the Mother's Absolute Affection Programme Promotion of Breastfeeding (MAA). This provides for counselling during

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<sup>13</sup> The parameters on which the performance of the facility would be judged are as follows: hospital/facility upkeep, sanitation and hygiene, waste management, infection control, support services, hygiene promotion.i



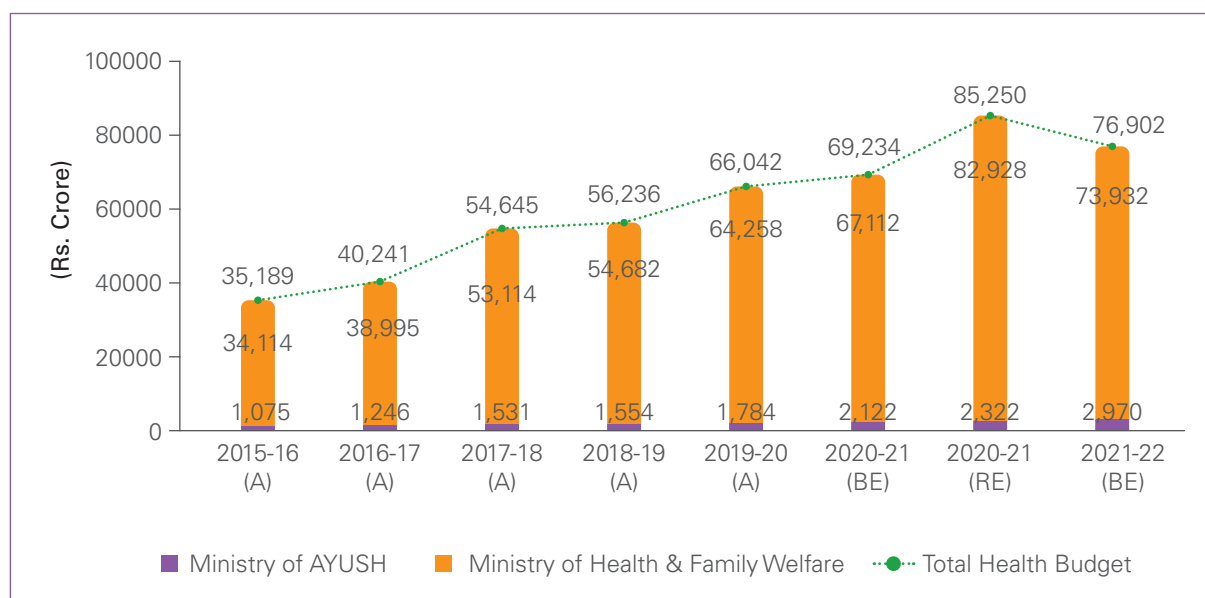
pregnancy; counselling for breastfeeding to care givers of children; counselling for complementary feeding and handwashing to care givers of children 0-6 months. Additionally, in July 2017, the VISHWAS campaign under NHM focused on bringing about synergies in health, water and sanitation at the village level, hand hygiene was a key part of the campaign. This was an effort in convergence with SBM, to be implemented by the Village Health Sanitation and Nutrition Committees (VHSNC). For furthering the hand hygiene agenda, it would be helpful to assess the progress of this initiative.

## 2.1 Analysis of budgetary trends in NHM

Coming to the analysis of budgetary trends under NHM, the budget of Rs. 76,902 for 2021-22 (BE), in the Ministry of Health and Family Welfare, shows an increase of 9.97 per cent over 2020-21 (BE), falls short of 2020-21 (RE) figure by 10.86 per cent. The increase in allocation in 2020-21 RE is largely COVID-19 related. This is the case with both the Department of Health and Family Welfare (DoHFW) and the Department of Health Research (DoHR) (Figure 2). With reference to schemes, despite the increase in allocation in 2021-22 BE from 2020-21 BE, the share of the NHM in the total health budget has fallen from 49.26 per cent to 48.32 per cent<sup>14</sup> (Table 2).

The doctor to population ratio in India is 1: 1511 as against the WHO norm of 1:1000 and the nurse to population is 1:670 against the norm of 1:300. The Rural Health Statistics 2019 reports a shortfall of 23 percent, 28 percent, 35 percent against the required number of Sub-Centres, Primary Health Centres and Community Health Centres respectively in rural area. Considering this situation, the focus on strengthening public sector healthcare infrastructure and human resources is of utmost importance.

**Figure 2:** Trend in the Budget Provision for the Ministry of Health & Family Welfare



Source: Compiled by CBGA from Union Budget Documents, various years.

<sup>14</sup> Budget in the Time of the Pandemic: An Analysis of Union Budget 2021-22, Centre for Budget & Governance Accountability, New Delhi, February 2021



**Table 2:** Budget Expenditure on Major Health Sector Schemes (Rs. crore)

Schemes	2015-16 (A)	2016-17 (A)	2017-18 (A)	2018-19 (A)	2019-20 (A)	2020-21 (BE)	2020-21 (RE)	2021-22 (BE)
NHM (H&FW) including AYUSH	20213	22870	32000	31502	35155	34105	42872	37159
Pardhan Mantri Swasthya Suraksha Yojana (PMMSY)	1578	1953	3159	3797	4683	6020	7517	7000
Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY)	-	-	-	1998	3200	6400	3100	6400

Source: Compiled by CBGA from Union Budget Documents, various years.

### 3. A review of Ministry of Education for hand hygiene

The provision of water, sanitation and hygiene facilities in school secures a healthy school environment. Girls are particularly vulnerable to dropping out of school, partly because many are reluctant to continue their education when toilets and washing facilities are not private, safe or simply not available/ functional. The Samagra Shiksha Abhiyan scheme is an overarching programme for the school education sector extending from pre-school to class 12 has been prepared with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. It subsumes the three erstwhile Schemes of Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE). This was done under the pressing need to shift the conceptual design of school education from being fragmented to being more holistic.<sup>15</sup> SMSA covers all children from the age of 4 to 18 years and treats school education holistically as continuum from pre-school, primary, upper primary, secondary and senior secondary levels.

The inclusion of hand hygiene in the programmes of the MoE (erstwhile MHRD) is noticeable through the launch of the Swachh Vidyalaya programme and especially the Swachh Vidyalaya Puraskar (SVP) in 2016. (Refer to Box 3)

In addition to the Swachh Vidyalaya initiative, there is also the Composite School Grant (which is an annual grant for school maintenance), which is a sub-component of SMSA. This is provided for annual maintenance of existing school building, toilets and other facilities to upkeep the infrastructure in good condition and also to implement Swachh Bharat campaign in schools. Detailed guidelines have been issued by GoI for judicious utilization of the Composite School Grant in consultation with members of the School Management Committee.

<sup>15</sup> Public Education Review of Select Schemes in School Education Phase I, CBGA & UNICEF Assam 2019



## Box 3. Swachh Vidyalaya and Swachh Vidyalaya Puraskar

### Swachh Vidyalaya

The Swachh Vidyalaya Initiative was launched by Gol in collaboration with State/UT governments, public sector undertakings and private corporate for provision of separate toilets for girls and boys in all government schools. Under this initiative, 4.17 lakh toilets including 1.91 lakh girls' toilets were constructed/made functional in 2.61 lakh government schools in one-year period up to 15th August, 2015. Under the Swachh Vidyalaya initiative, State and UT governments have been requested to keep the toilets functional and take steps to create awareness about the benefits of handwashing, sanitation and hygiene among school children. State and UT governments have been requested to take mass Swachhta Pledge and undertake cleanliness activities in schools through various activities like forming child cabinets, drawing/painting competitions etc. and to inculcate behavioural changes. During Swachhta Pakhwadas the focus was on sanitation and hygiene in schools.

### Swachh Vidyalaya Puraskar

The Swachh Vidyalaya Puraskar (SVP) was founded in 2016 to recognize and celebrate excellence in WASH in schools. The main objective is to help schools to identify the areas of improvement in WASH infrastructure and processes categorized under five sub categories: Water, Sanitation, Hand washing with Soap, Operations and Maintenance, Behaviour Change Activities and Capacity Building. The explicit purpose of the award is to honor schools that have undertaken significant steps towards fulfilling the mandate of the Swachh Vidyalaya Campaign. The SVP intends to identify and award schools in rural and urban areas for excellence in the areas of water, toilet, hand washing with soap, operation and maintenance, and behaviour change and capacity building. There is a specified methodology for selection of schools for the SVP awards. As per the SVP guidelines, awards are given to schools at District, State and National Level. This aims to promote schools in achieving a Swachhta Scale and standard for which a Standard Operating Procedure (SOP) has also been released by MoE.









Under the Right to Education Act, the Results Framework Document (RFD) for Elementary Education has an indicator of percentage of Elementary schools/sections having handwash facility clearly showing the intent of the sector in promoting hand hygiene. Hand hygiene in pre-school education is also a critical for the entire cycle of hygiene to be a success. Separate norms regarding sanitary facilities have been laid out such as providing separate toilets for boys and girls, suitable for small children, toilets should be safe and have regular water supply, soap/hand wash and clean towel should be made available, bathroom fixtures and sinks to be provided at the level children can reach easily and garbage bin with a lid should be provided in each class and in outdoor area. Another hand hygiene intervention is present in the District Institute of Education and Training<sup>16</sup>

<sup>16</sup>The DIET is a nodal agency for providing academic. and resource support at the district and grassroots levels for the success of various strategies and programmes undertaken in the areas of elementary education.



(DIET) which has clearly suggested physical norms for the buildings within the DIET. In the hostels, toilets with wash basins of specified square feet per unit have been indicated<sup>17</sup>. Besides the SMSA scheme, the National Programme of Nutritional Support to Primary Education, commonly known as the Mid-Day Meal Scheme<sup>18</sup> has an extensive range and scope of hand hygiene interventions and specifications which leverage hand hygiene. (Annexure III). The safety and hygiene specifications in the MDM Guidelines, demand for all cooks, helpers and other functionaries to be trained in hygienic habits, such as regular cutting of nails, washing hands and feet with soap before commencement of cooking/serving, etc. The support of the community members is also one of the ways in which the message of hand hygiene is expected to be spread. Community members, including mother's groups, could be solicited to ensure that children wash their hands with soap before eating, use clean plates and glasses, avoid littering and wastage of food, and clean their plates, rinse their hands and mouth after eating. Moreover, instructions on how utensils need to be wiped as well as using clean cloths to wipe hands were given.

The priority for hand hygiene given by the Department of School Education and Literacy, Ministry of Education can be ascertained by the celebration of Global Handwashing Day (GHD) on 15th October 2021. This was intended to provide a boost to ongoing efforts of Ministry of Education and respective State Education Departments. The theme for GHD 2021 is 'Our Future is at Hand – Let's Move Forward Together' and aims to mobilize and bring hand hygiene as a fundamental component of public health and safety. In this regard, the following activities were suggested to be undertaken by the schools on this day to spread the message of Global Hand Washing among students, teachers and parents<sup>19</sup>:

-  Engage with District Collectors for Hand Washing Day (HWD) celebration
  - Activate Mother/Parent Teacher Associations/SMCs for GHD messaging
-  Engage youth groups, tribal communities and other vulnerable groups on GHD messaging
-  Organize ground level activities (wall painting, competitions for children etc.) in collaboration with Gram Panchayats/Urban Local Bodies
-  Activate local media channels (TV/radio) as well as social media for GHD awareness
-  Engage with Community Radio Stations to disseminate messaging on GHD 2021
-  Organize webinar or panel discussion on GHD 2021
-  Organize television and radio programmes on the theme of GHD 2021
-  Engagement, orientation and mobilization of civil society partners.

### 3.1 Analysis of budgetary trends in select schemes of Education

The education sector has received a budget of 93, 224 crores for 2021-22 (BE) which is a 6.13 per cent dip from the budget estimates of 2020-21. This decrease is largely on account of an 8.3 per cent reduction in the school education budget (Figure 3.1). The Samagra Shiksha Abhiyan (SMSA), the key centrally sponsored scheme for school education has registered a decline in allocation (Figure 3.2). A higher allocation was required under SMSA for safe reopening of other government

<sup>17</sup> Samagra Shiksha, An Integrated Scheme for School Education, Framework for Implementation, MHRD, Deptt. Of School Education and Literacy, Gol.

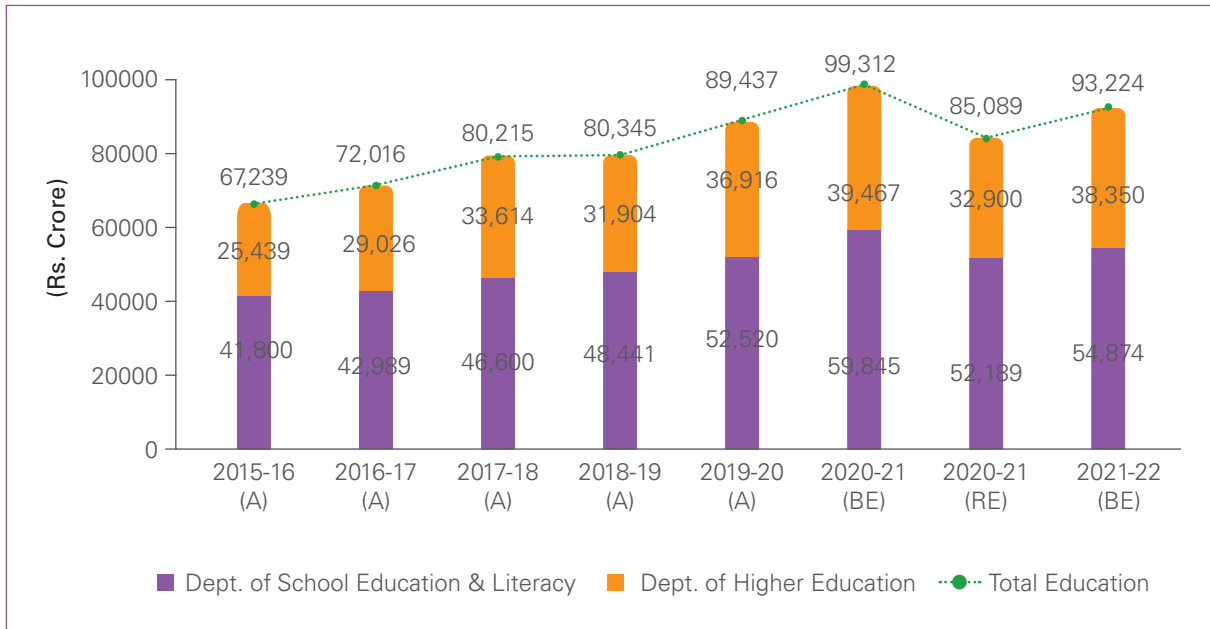
<sup>18</sup> Guidelines of the National Programme of Nutritional Support to Primary Education, 2006 (Mid-Day Meal Scheme).

<sup>19</sup> Circular- CBSE/DIR(ACAD)/2021, Cir.No. Acad-99/2021, October 12, 2021, Central Board of Secondary Education, Government of India



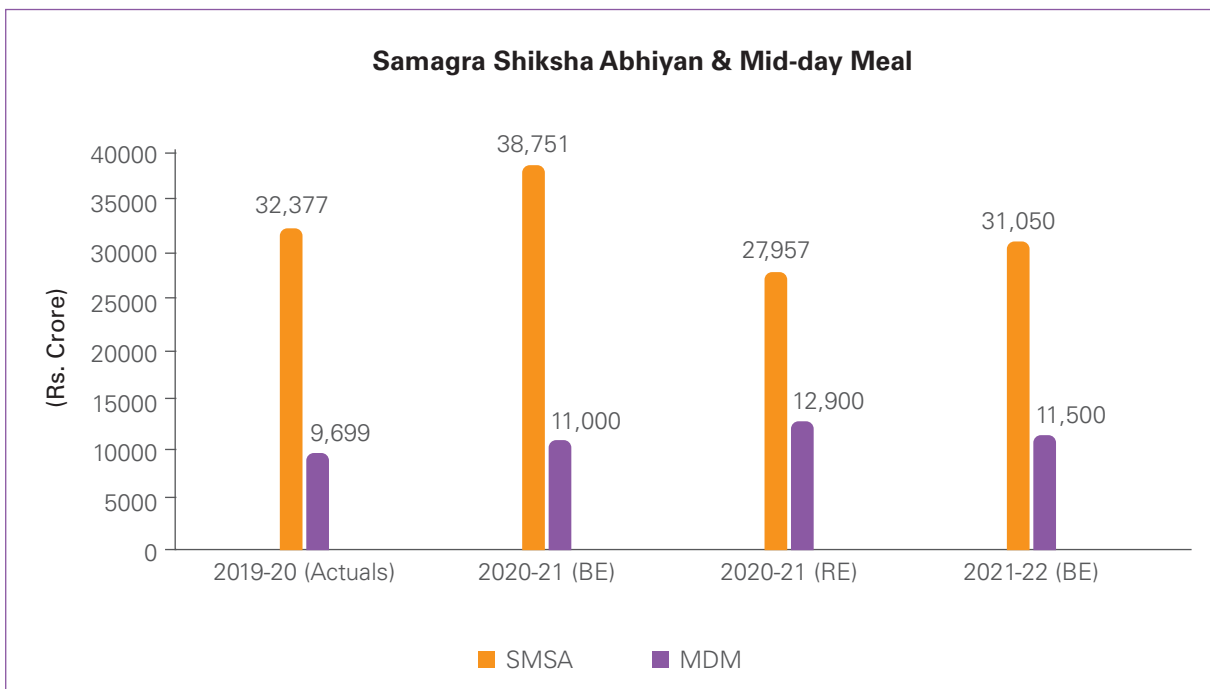
schools by investing in components like basic infrastructure which includes WASH facilities in schools. The reduction in the allocation for Mid-day meal scheme from RE 2020-21 to BE 2021-22 is surely a cause for concern<sup>20</sup>.

**Figure 3.1:** Department Wise Allocation/Expenditure by Ministry of Education



Source: Compiled by CBGA from Union Budget Documents, various years.

**Figure 3.2:** Budgetary Expenditure & Allocation for Samagra Shiksha Abhiyan and Mid-day Meal Schemes, Ministry of Education



Source: Compiled by CBGA from Union Budget Documents, various years.

<sup>20</sup> Budget in the Time of the Pandemic: An Analysis of Union Budget 2021-22, Centre for Budget & Governance Accountability, New Delhi, February 2021



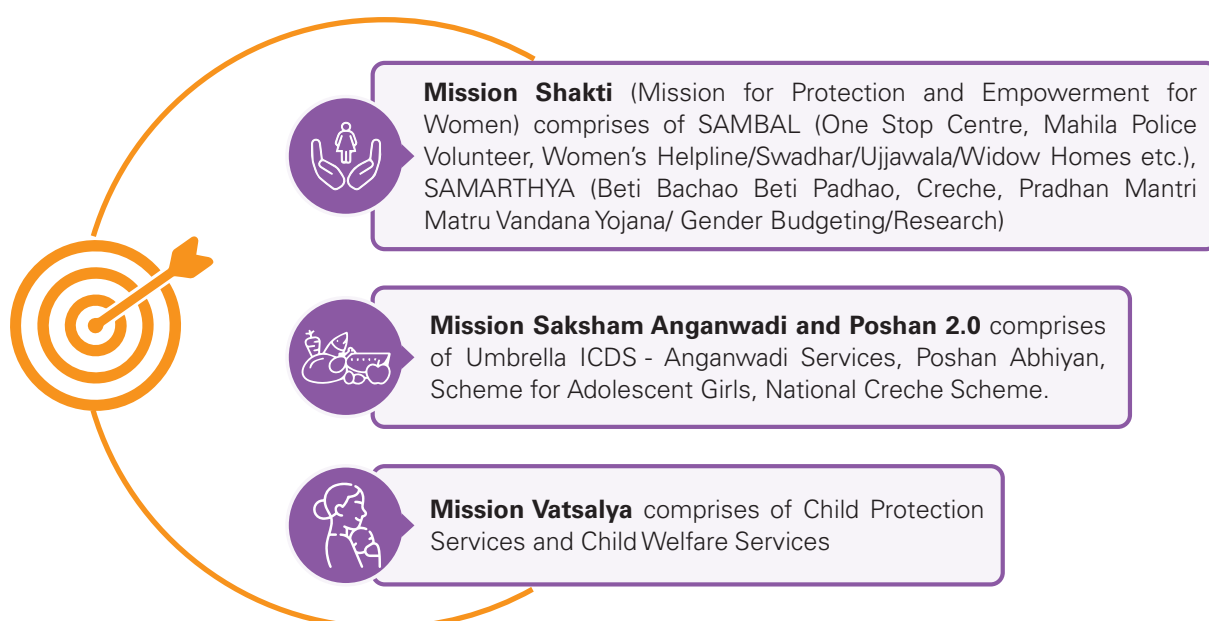


At the national level, there are policy level directions/guidance on the key areas for handwashing facilities and promotion in schools. However, the budgets at the national level for this ministry do not have a budget line for handwashing facilities or promotion separately.

## 4. A review of Ministry of Women and Child Development for hand hygiene

Hand hygiene interventions have a significant and far-reaching impact on women and children. Women and girls are at greater risk of harassment or sexual and gender-based violence when they have to travel long distances for water, use shared toilets or have no alternative to practicing open defecation<sup>21</sup>. It has been observed that around 50 per cent of all under-nutrition related cases is caused by lack of access to safe drinking water, sanitation and hygiene. Moreover, diarrheal diseases are the leading cause of death among children aged five or below in the developing countries<sup>22</sup>. WASH is key to the development and growth of every individual and contributes to achieving positive maternal and child health outcomes.

For effective implementation of various schemes and programmes of the Ministry of Women and Child Development (MWCD), all major schemes of the Ministry have been classified under 3 umbrella schemes viz. Mission Shakti, Mission Saksham Anganwadi and Poshan 2.0 and Mission Vatsalya<sup>23</sup>.



National level schemes for women and children such as the Swadhar Greh scheme and Child Protection Services (erstwhile ICPS) (Refer to Box 4 and 5) provide the necessary institutional support through their homes and Child Care Institutes (CCIs). Hence, it is important that WASH services (which include HH) are not only present but also of reasonable quality.

<sup>21</sup> "Water, Sanitation and Hygiene- A Pathway to Realizing Gender Equality and the Empowerment of Women and Girls": Position Paper, WaterAid Canada

<sup>22</sup> SDG India Index and Dashboard, 2019-20 by NITI Aayog: [https://niti.gov.in/sites/default/files/SDG-India-Index-2.0\\_27-Dec.pdf](https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf)

<sup>23</sup> "All Major Schemes of WCD Ministry classified under 3 Umbrella Schemes viz. Mission Poshan 2.0, Mission Vatsalya and Mission Shakti", 8th March 2021, Press Information Bureau, GoI, MWCD



## Box 4: Swadhar Greh scheme

### Swadhar Greh

Swadhar Greh refers to shelter home for women in distress. The scheme was formed after merging two earlier schemes: Swadhar and Short Stay Homes (SSH). The merged scheme, targets all women victims of unfortunate circumstances as well as women in distress, whether they are victims of violence, abuse, harassment or driven by poverty and / or old age. The facilities can also be availed by children accompanying women in these categories. The scheme provides temporary residential accommodation, food, clothing, medical facilities, vocational and skill up-gradation training, counselling and legal aid to women in distress.

## Box 5: Integrated Child Protection Services (ICPS)

### Integrated Child Protection Services (ICPS)

ICPS, the flagship scheme for child protection, was launched in 2009 by the Ministry of Women and Child Development (MWCD) and later revised in 2014. The scheme is meant to aid the effective implementation of the Juvenile Justice Care and Protection of Children Act, 2015. Since 1st October 2017, ICPS has been brought under the Umbrella Integrated Child Development Services (ICDS) as a sub-scheme with the nomenclature as 'Child Protection Services' (CPS) and in the recent Union Budget of 2021-22, CPS has again been renamed as Mission Vatsalya and taken out of the ICDS Umbrella. The scheme provides preventive, statutory care and rehabilitation services to children who are in need of care and protection, including those in conflict with law as defined under the JJ Act.

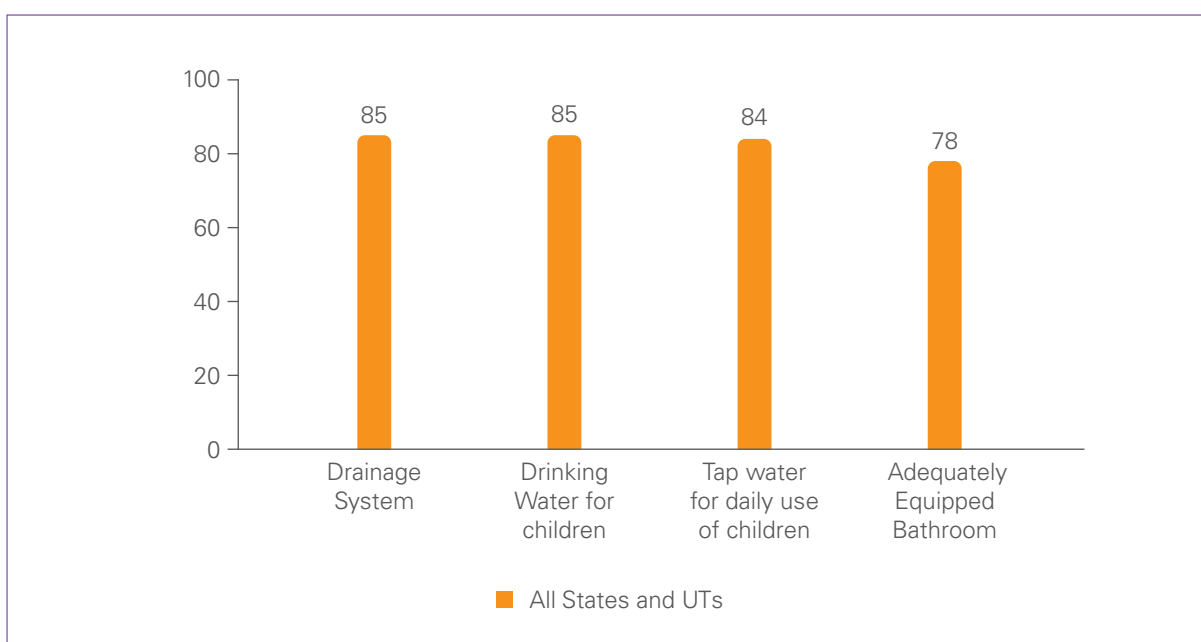
### Swadhar Greh and Child Care Institutions (under Child Protection Scheme)

The Swadhar Greh in its support services provides for expenditure towards medicines, personal hygiene products at Rs. 175 per unit every month. (Refer to Annexure IV). Also, regarding medical facilities, the guidelines state that the implementing organization should engage a part time doctor for Swadhar Greh who should visit the shelter home at least once in a week to ensure general health of the inmates. Expenditure towards purchase of medicines prescribed by the doctor should be met from the 'medical care and personal hygiene head'. The guidelines, additionally lay down norms for residential space such as every Swadhar Greh being properly ventilated with adequate facilities of bathrooms, toilets, dining hall and a multi-purpose hall to be used as a common room/entertainment room/training hall. Cleanliness in rooms, toilets, bathrooms and kitchens has been stressed on as significant indicator. Another monitoring indicator has been whether beneficiaries were provided with clothing and toiletries.



Under CPS, institutional care is provided through CCI, as a rehabilitative measure. The JJ Act has laid down detailed provisions with regard to the rehabilitation process and appropriate standards for all CCIs/Homes. Specified standards for infrastructure, nutrition, education, WASH staff and protection measures etc. have a long-lasting impact on the health and wellbeing of children living in these institutions and must be adhered to. A detailed study<sup>24</sup> on the review of CCIs<sup>25</sup> across the country conducted by the MWCD and published in 2018 provides a comprehensive picture of the functioning of these institutes at the national and state level. There was no separate mention of handwashing facilities (or soap) in this study. As seen in Figure 4.1 more than 80 percent CCIs fulfill the standards of WASH facilities such as availability of adequate water and proper, however, there are vast discrepancies amongst all the states and therefore need to be looked at an individual level.

**Figure 4.1:** Percentage of CCIs fulfilling standards of WASH Facilities (in percentage)



Source: Compiled by CBGA from MWCD Report, September 2018.

## Anganwadi Services

Anganwadi Centres (AWCs) which provide Anganwadi Services under Umbrella ICDS Scheme (earlier known as ICDS) (Refer to Annexure V for details) are the first point contact for a large number of under-5 children, adolescent girls and pregnant and lactating women. While AWCs deliver services aimed at improving nutrition, the role of other functionaries and programs are equally vital. Research shows that health care, WASH, mother's education, etc. are some of the critical factors that contribute to improved nutritional status. WASH services are basic and underlying determinants of nutrition.<sup>26</sup> Adequate infrastructure like a well-ventilated building, electrification of premises,

<sup>24</sup>The Report of the Committee for Analysing Data of Mapping and Review exercise of Child Care Institutions under the JJ (Care and Protection of Children) Act, 2015 and Other Homes, September 2018, MWCD, Link: <https://wcd.nic.in/node/2190742>

<sup>25</sup>The services provided by CCIs include age-appropriate education, access to vocational training, recreation, health care, counselling, etc. Under the non-institutional care component, support is extended for adoption, foster care and sponsorship. 'After Care' services are also part of the CPS mandate for young adults after the age of 18 years to help sustain them during the transition from institutional to independent life.

<sup>26</sup>Public Expenditure Review of Nutrition in Gujarat-Working Paper II Mapping of Delivery Platforms 2020, CBGA & UNICEF Gandhinagar 2020



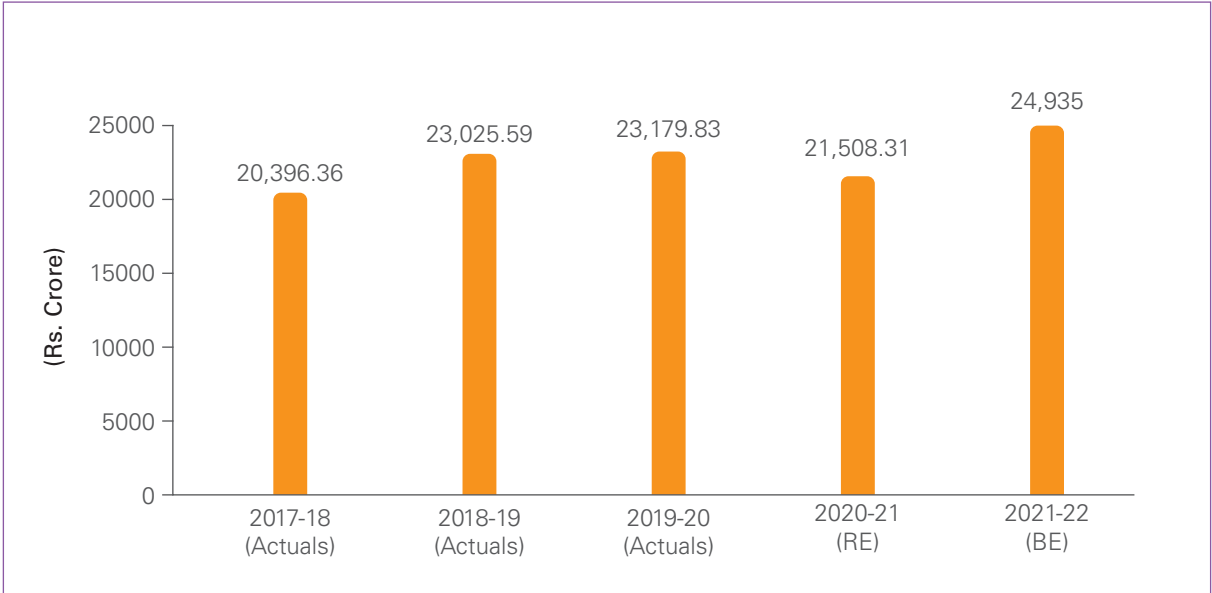
availability of drinking water and sanitation facilities at the AWCs not only allows beneficiaries to obtain the full benefits of the services offered, but also contributes to the positive working conditions for frontline functionaries such as the Anganwadi worker and helper. It was estimated that 4 lakh AWCs do not have dedicated building, and hence function out of rented premises. Acknowledging this gap, the union government developed Guidelines for constructions of AWCs (2016) through convergence with MGNREGA. The states were instructed to for the construction of the AWCs with adequate provisions for drinking water and toilets. For this purpose, the GPs were directed to utilize the funds from the 14th FC grants. The operation and maintenance of the AWCs s are to be done through the GPs own resources. Prior to that, in 2011 the ICDS Mission- Broad Framework of Implementation document clearly states that “guidelines and standards for a child friendly AWC (including safe drinking water and sanitation) would be developed and it would be made mandatory in hiring rented accommodations. Wherever such space is not available, there would be proportionate decrease in rentals too” The need for child friendly toilets and drinking water was also mentioned in the document<sup>27</sup>.

Despite the stress on WASH services in AWCs, whether in government’s own or rented premises, separate budgetary provision for child friendly toilets and hand wash basin should be made specifically for centers in rented premises.

### 4.1 Analysis of budgetary trends in select schemes for women and children

For 2021-22, the budgetary allocations for the Ministry of Women and Child Development have only registered a marginal increase of 16 percent from 2020-21 which should have been more given the significance of the Ministry in early childhood care and maternal health (Figure 4.2).

**Figure 4.2:** Allocations/Expenditure for Ministry of Women & Child Development



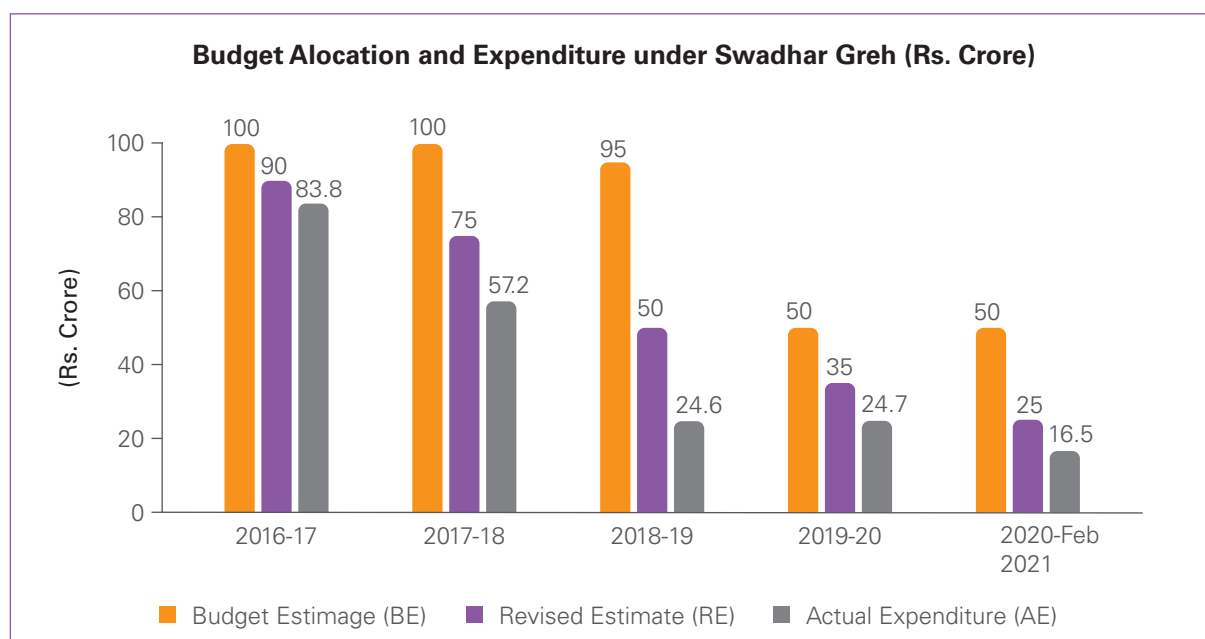
Source: Compiled by CBGA from Union Budget Documents, various years.

<sup>27</sup>ICDS Mission-The Broad Framework of Implementation, 2011, MWCD, GoI



Budget allocations for the Swadhar Greh scheme have seen a decline over the last five years. The allocation has declined to Rs. 50 crores in the financial years (FY) 2019-20 and 2020-21 from Rs. 100 crores in FY 2016-17 (Figure 4.3). In each of the financial years since 2016-17, the revised budget allocation under the scheme shows a downward trend, indicating reduced demand for funds or a cut in budget due to low rates of fund utilization. The AE reported was even less than the RE in each of the years. If AE as a percentage of original BE is considered, the extent of fund utilization for the FY 2019-20 turns out to be just 50 per cent, dropping from 84 per cent in FY 2016-17 to 57 per cent in FY 2017-18. The situation for FY 2020-21 (up to February 2021) is even worse, even though this period has been especially challenging for women given the exigencies of the pandemic<sup>28</sup>.

**Figure 4.3:** Allocations/Expenditure for Swadhar Greh



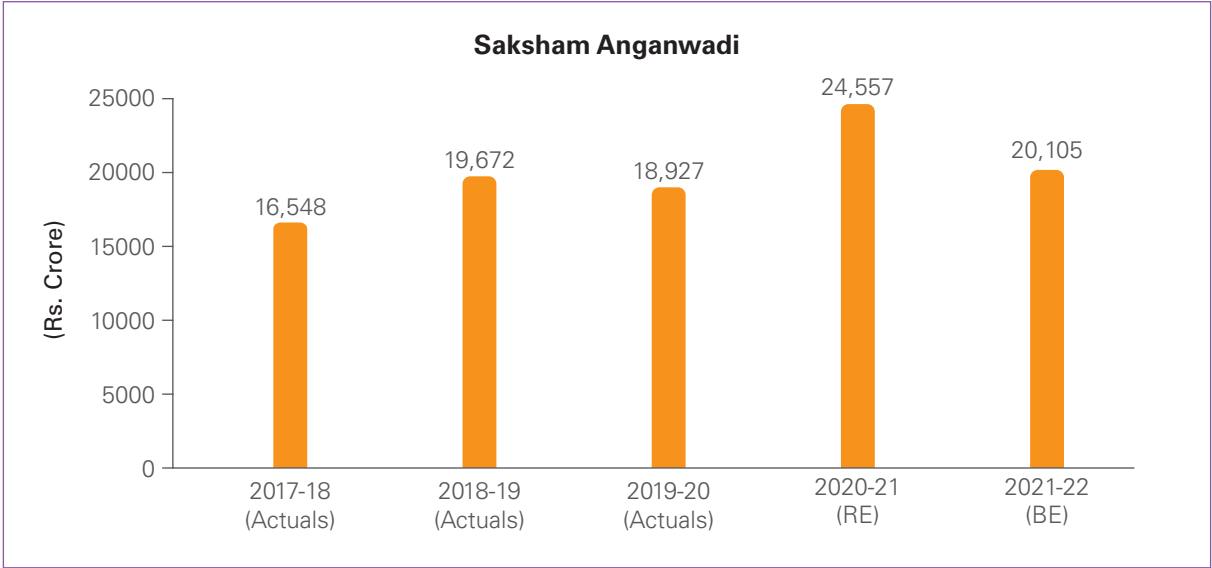
Source: Compiled by CBGA from Union Budget Documents, various years.

Coming now to nutrition specific schemes under the MWCD, the allocation for Mission POSHAN 2.0 in 2021-22 (BE) shows a drop of 18.5 per cent compared to the combined allocation for the four merged schemes in 2020-21 BE (Figure 4.4). Disaggregated allocations for the four schemes were not provided for 2021-22. The smaller schemes (Scheme for Adolescent Girls and National Creche Scheme) were already witnessing underutilization and reduction in allocations over the years. Revised Estimates for these schemes for 2020-21 showed a sharp decline, reflecting disruptions in service delivery during the pandemic. The closure of Anganwadi Centers led to a disruption of the Supplementary Nutrition Programme (SNP) and other services which had implications for nutrition outcomes.

<sup>28</sup>Swadhar Greh: Scheme for Women in Distress is in Distress, 15th June 2021, CBGA  
Link: <https://www.cbgaindia.org/blog/swadhar-greh-scheme-for-women-in-distress-is-in-distress/>



**Figure 4.4:** Allocations/Expenditure for Nutrition Specific Schemes under Ministry of Women & Child Development



Source: Compiled by CBGA from Union Budget Documents, various years.

**Note:** Saksham Anganwadi was formed in 2021-22, subsuming the following four schemes – Anganwadi Services, Poshan Abhiyan, Scheme for Adolescent Girls and National Creche Scheme 2021-22.

At the national level for the Ministry of Women and Child Development there is no separate line in the mentioned schemes that capture hand hygiene.

## 5. A review of Ministry of Panchayati Raj for hand hygiene

The Gram Panchayat (GP) can be seen as a microcosm of all developmental work carried out by the government. Whether a scheme is functioning or not can be observed as to how well it works at the GP level. In the WASH sector, the local government not only plays a crucial role but also shows how the principle of subsidiarity is followed. During COVID-19, the GP office was the focal point and first stop centre for all returnee migrants from large urban cities. Since the Ministry of Panchayat Raj looks after the ongoing process of decentralization and local governance in the States, it is pertinent to look into the 15th Finance Commission’s Recommendations for the year 2021-26. Box 6 shows how the 15th FC has prioritized WASH for both rural and urban local bodies.









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## Box 6: 15th Finance Commission Recommendations and its implications for WASH

### 15th Finance Commission Recommendations and its implications for WASH

-  Unlike the 14th FC, the 15th FC report for 2020-21 provided grants to all the three tiers of panchayats as well as to areas under the Fifth and Sixth Schedules of the Constitution and Cantonment Boards in urban areas.
-  50 percent of the grants to rural local bodies were tied to (a) sanitation and maintenance of ODF status and (b) supply of drinking water and rainwater harvesting. As the grants were stipulated only for one year, no performance conditions were imposed for their release.
-  The MoPR suggested that grants to the Panchayati Raj institutions (PRIs) for the award period of 2021-26 should be raised to Rs. 10 lakh crores. It also suggested that for the initial four years, that is 2021-22 to 2024-25, this grant may be kept as 50 per cent untied for ensuring basic services and 50 per cent tied to drinking water supply and sanitation. In the fifth year, 2025-26, the tied component of the grant may be reduced to 25 per cent and the untied may be increased to 75 per cent, taking into account the progressive saturation that is expected to be achieved in drinking water supply and sanitation.
-  Out of the untied grants, the PRIs may be allowed to carry out the basic services through either outsourcing or contract engagements. They may also utilize the grants for various revenue/recurring expenditures such as operation, maintenance, wage payments, internet and telephone expenses, fuel expenses, rentals and contingency expenditure during calamities.
-  The DDWS, MoJS proposed that 25 per cent of the basic grant for local governments should be earmarked for creating and maintaining drinking water and sanitation infrastructure. Parameters such as achievement and sustenance of ODF status, increase in solid and liquid waste management infrastructure and improvements in access to safe drinking water infrastructure should be set to make the local governments eligible for performance grants.
-  The 15th FC recognizes that the country's achievements on the sanitation front need to be sustained and strengthened at all levels. For this, all the three levels of government will have to join hands in the spirit of cooperative federalism.

Since the beginning of the pandemic in 2020 and during the nationwide lockdown, panchayats have been striving hard to provide relief measures as well as supplementing preventive measures in rural areas. Therefore, the MoPR has given directions that with the onset of the People's Plan Campaign (PPC), GPs which play pivotal role in the preparation of GDPs would need to adopt a risk-based approach in convening small gatherings with different communities at the village level. Other than physical distancing and wearing masks, the practice of frequent handwashing (for at least 40-60 seconds) even when hands are not visibly dirty and use of alcohol based sanitizers or

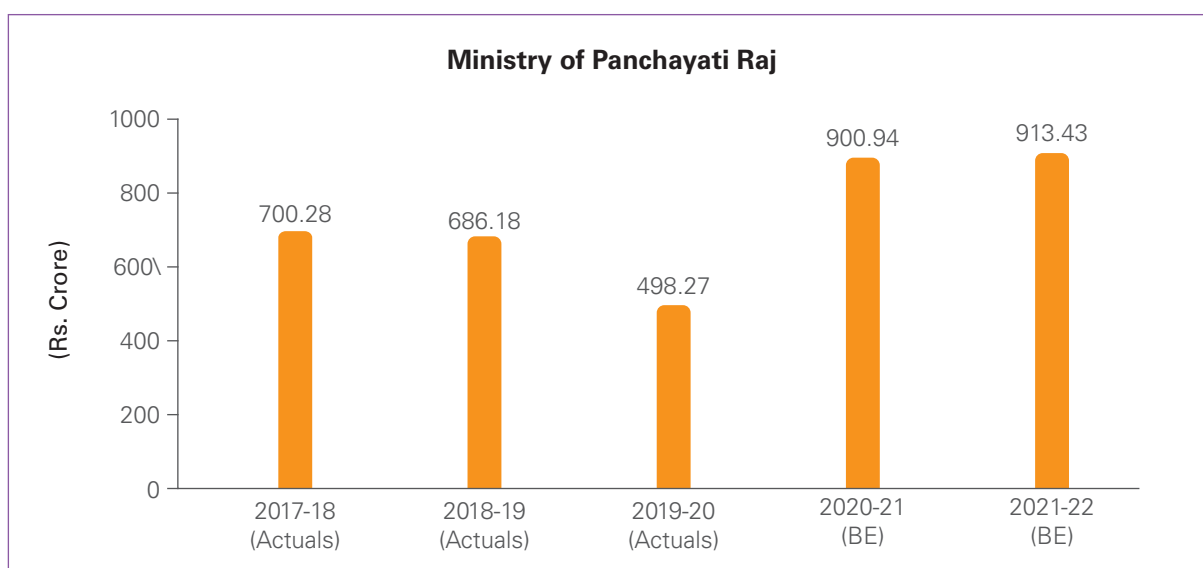


alcohol-based hand rub (ABHR) for at least 20 seconds are some of the risk-based measures that need to be observed by all at all times in all GPs<sup>29</sup>

## 5.1 Analysis of budgetary trends in select schemes under Ministry of Panchayati Raj

The budgetary allocations for the Ministry of Panchayati Raj have barely registered an increase in 2021-22 BE compared to 2020-21 BE (Figure 5.1). This implies that despite the relevance of the panchayats in the system of fiscal federalism, greater amount of public funds are not allocated which could be due to the inability of the States to spend the already existing funds. A similar observation can be made for the scheme, Rashtriya Gram Swaraj Abhiyan (RGSA) which has received a lower budget allocation in 2021-22 BE in comparison to 2020-21 BE (Figure 5.2). In the long run, a reduced budgetary allocation could have far-reaching consequences in the rural local government landscape.

**Figure 5.1:** Allocations/Expenditure for Ministry of Panchayati Raj



Source: Compiled by CBGA from Union Budget Documents, various years.

The training and capacity building programmes for PRIs under the RGSA focuses on areas like leadership development, local planning, office management, own source revenue generation, monitoring and implementation of various schemes, women empowerment, etc. It has been suggested in the Framework of Implementation that other subjects of national importance like primary health and immunization, nutrition, education, sanitation, water conservation etc. should also be an area of focus for these training and capacity building initiatives. Further, CB activities under RGSA will be converged with CB initiatives of other Ministries viz. MoE, MoRD, MoHFW, MDWS, M/o Agriculture, Cooperation & Farmer welfare, Dept. of Animal Husbandry, MoTA and M/o Social Justice<sup>30</sup>. Special training on convergence approach to attain the SDGs for various functionaries and, training of quality monitors are recommended in the Framework. Hand hygiene related components can easily be incorporated in the training and CB programmes for the PRIs.

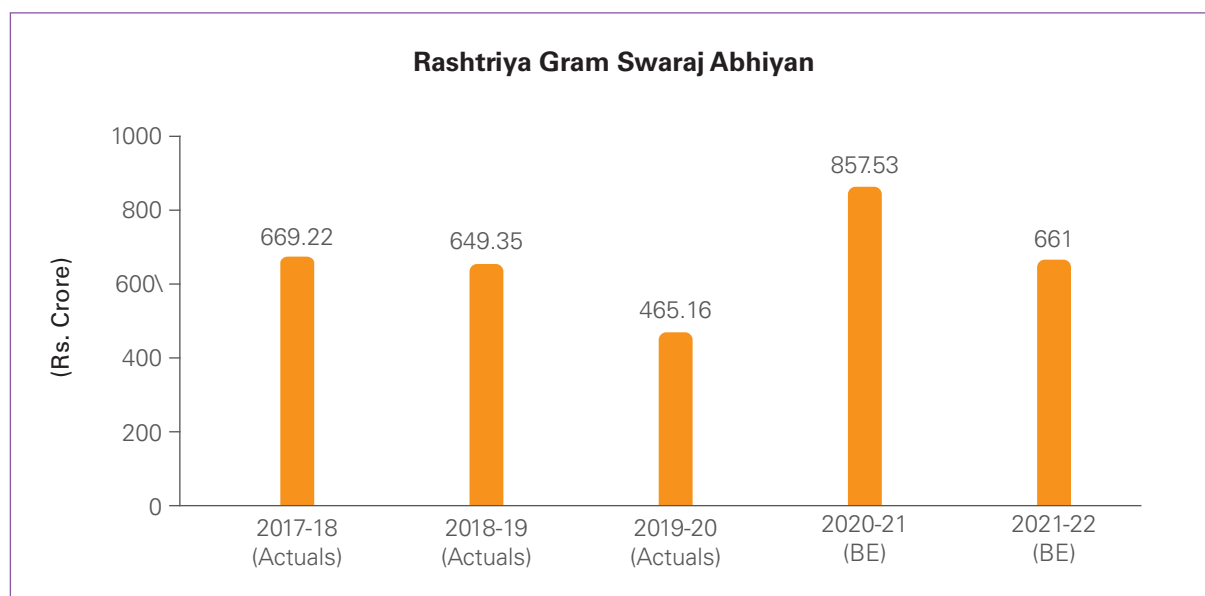
<sup>28</sup> Framework for Implementation of RGSA, MoPR. Gol

<sup>30</sup> Framework for Implementation of RGSA, MoPR. Gol





**Figure 5.2:** Allocations/Expenditure for Rashtriya Gram Swaraj Abhiyan



Source: Compiled by CBGA from Union Budget Documents, various years.

Funds from the 15th FC for rural local governments/PRIIs could prove to be a respite for the States especially for delivering essential services such as drinking water and sanitation. Table 3 gives out the total amount of grants year wise, 2021-22 to 2025-26 for rural local bodies. More details on the 15th FC provisions and other schemes such as the RGSA, Incentivization to Panchayats are presented in Annexure V. GPs have a significant role to play in the effective and efficient implementation of flagship schemes and have been mandated for the preparation of Gram Panchayat Development Plan (GPDP) for economic development and social justice. The GPDP planning process needs to be a comprehensive and participative process which involves full convergence with schemes of all related central Ministries related to 29 subjects listed in the 11th Schedule of the Constitution. The provision of handwashing facilities with soap in public places and institutions is part of the responsibilities of the GP. The People's Plan Campaign (PPC) has been rolled out as an effective strategy to ensure the preparation of GPDP in a campaign mode. During the campaign, structured Gram Sabha meetings are to be held for preparing the GPDP for the next financial year.

With respect to creating handwashing facilities at the household level, as coverage of toilet construction is reported to be high/fully covered, the funding for sanitation related construction (which as per guidelines includes provision for handwashing) is going to be a challenge in villages. Access to institutional credit as well as credit from micro-finance organizations and SHG Federations needs to be emphasized along with funds from CSRs for assisting those who face financial constraint for new construction/upgradation of the sanitation and handwashing facilities. The GP leaders can guide the community for this purpose and especially at the time of preparing the GPDPs.<sup>31</sup> At the time of the pandemic, the following IEC activities were undertaken by GPs such as wall paintings/banners, bulk messaging, public miking, COVID-appropriate behaviour, vaccination hesitancy, information regarding testing centres, vaccination centres, etc. The good practices/initiatives taken by GPs for promoting COVID-appropriate behaviours need to be documented and shared widely, firstly to acknowledge the efforts made and secondly, to further encourage to consistent attention to handwashing with soap as a preventive measure for better public health.

<sup>31</sup> Status of ODF Sustainability in Maharashtra, Occasional Paper-I, Sigma Foundation, UNICEF Maharashtra, 2020



**Table 3:** Detailed Year-Wise Grants for Rural Local Bodies from the 15th FC

(in Rs. Crore)

Grant	2021-22	2022-23	2023-24	2024-25	2025-26	Total Grant
Total Grants	44901	46513	47018	49800	48573	236805
United (40%)	17961	18605	18806	19920	19429	94721
Tied (60%)	26940	27908	28212	29880	29144	142084
(a) Drinking water. Rain water harvesting and water recycling	13470	13954	14106	14940	14572	71042
(b) Sanitation and maintenance of ODF status	13470	13954	14106	14940	14572	71042

Source: Report of the 15th Finance Commission Recommendations, GoI

Similar to the other Ministry level budgetary data, there was no separate budget line for hand hygiene at this level.



© UNICEF/Panjwani



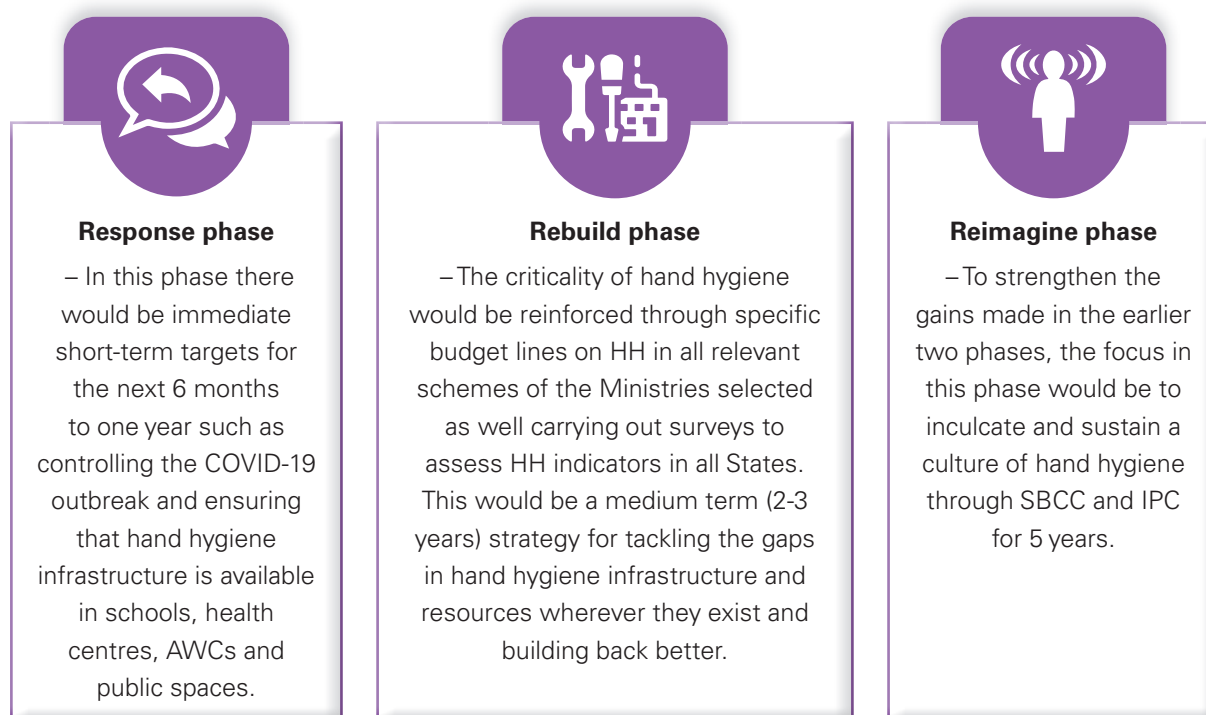
# Key Findings and Policy Recommendations

## 1. Recommendations for Union government:

**POLICY: Need for a national level policy/strategic framework on HH.**

**Components for HH need to be incorporated in all schemes for the selected Ministries**

There is a need to have a hand hygiene policy at the national level that comprehensively addresses hand hygiene in various setting. Presently, hand hygiene interventions are not uniform across the schemes in the selected 5 Ministries. It should be time bound and implemented in a phased manner. The hand hygiene interventions need to be mainstreamed/explicitly mentioned in the existing programmes/schemes of the 5 Ministries with adequate budget provision. A phased approach is needed for sustained action on hand hygiene evolving from an emergency response to HH being integrated and mainstreamed as a sustained component in all schemes of the relevant Ministries. These can be seen in three phases:



## FINANCE: Hand hygiene interventions should be reflected in the Union government budget

Although hand hygiene interventions are reflected in several schemes of the different Ministries, but they are not visible in the Union government budget. The budget break-up for hygiene interventions is not available at the level of the Union government. In the current budget of the Union government of 2021-22, the allocations for the social sectors have been reduced; except the budget for JJM under MoJS, budgets for education, health and nutrition have been reduced. This is especially alarming given that women and children have been the most vulnerable during the COVID-19 pandemic. Hence, the Union government budget should show the hand hygiene component in the schemes across Ministries so as to be able to track and monitor the budget in case there are any issues of utilization.

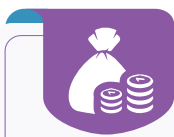
The Swachhta Action Plan should widen its ambit to include 'swachhta' within the schemes of the Ministries. The Swachhta Action Plan albeit an encouraging effort by the government to incorporate the concept of 'Swachhta'/cleanliness in their Ministries and offices, however, should not just become another routine exercise, rather it should be expanded to cover a larger section of workers and extended to the schemes in the Ministries.

It is important to add that budgets for hand hygiene should cover hardware costs such as installation of handwashing facilities and the costs for maintaining them, including operations and maintenance costs, minor and major repair costs, as well as costs of promotion of hand hygiene through information, education and communication initiatives.

**INSTITUTION (institutional arrangement, capacities): India should invest in the five key 'accelerators' identified under the UN-Water SDG 6 Global Acceleration Framework to achieve hand hygiene for all and adapt it to its local context.** The UNICEF and WHO, "State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice"<sup>32</sup> Report lays down the five key accelerators – governance, financing, capacity development, data and information, and innovation which could be a pathway to achieve hand hygiene for all. India should invest in the five the key 'accelerators' identified under the UN-Water SDG 6 Global Acceleration Framework to achieve hand hygiene for all and adapt it to its local context. This can be achieved in the following manner:



**Governance:** National, state and local governments should establish clear policy that relates to both service availability that facilitates handwashing, including readily available water, and the behaviours required to ensure hand hygiene is common practice in all relevant settings.



**Financing:** National, state and local governments should seek ways to ensure public spending has the maximum impact possible and stimulates investments from households, private sector, and CSR funds.

<sup>32</sup>The United Nations Children's Fund and World Health Organization, State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice, UNICEF, New York, 2021



**Capacity development:** National, state and local governments should assess current capacity with respect to their hand hygiene policy and strategies identify gaps and develop capacity-building strategies based on the rigorous application of best practice.



**Data and information:** National, state and local Governments should address the need for collecting consistent data on hand hygiene in order to monitor and hence inform decision-making and make investments strategic.



**Innovation:** National, state and local governments should encourage innovation, particularly within the private sector to roll out hand hygiene for all, in all settings. Some of the examples in India are: the Happy Tap, the SATO Tap, Lifebuoy's bar soaps which are priced at 20 per cent less than the average price of other mass-market brands (INR 5 and INR 10). Unilever has also experimented with small bar sizes, as small as 25 grams to facilitate affordability.

### **Increase and improve convergence amongst the Ministries/departments to leverage HH interventions in schemes.**

It has been observed in programme/scheme guidelines, that many schemes are expected to converge while being implemented at key points. For instance, the Anganwadi services and NHM from the MWCD and the MoHFW are two schemes where frontline workers- ASHAs and AWWs can mutually join hands to share activities related to hand hygiene. Hence, better and greater convergence between Ministries where there is a possibility to share similar responsibilities can be a viable solution to enhance existing schemes that leverage hand hygiene interventions.

### **Identification of a nodal ministry to lead hand hygiene**

There is a need for a nodal Government of India Ministry to set the agenda for hand hygiene promotion at the national and state levels, and foster collaboration across Government and non-Government stakeholders. The nodal ministry is to also steer monitoring of hand hygiene. The MoJS is uniquely positioned to play the leadership and convening role, given its experience with implementing the SBM phase 1 and phase 2, and JJM. As hand washing is intimately tied to the priorities under SBM and JJM – namely safe sanitation (including toilet use) and cleanliness, and piped water supply to households, MoJS can oversee the convergence of hand hygiene amongst all the Ministries with minimal additional investment. Similarly, the MoPR, using its existing institutional arrangements such as the Gram Panchayat Development Planning, Gram Sabha, Central and State Finance Commission funds to the GPs, can steer the hand hygiene agenda.

### **Use of multi-level communication channels to reach all sections of the society.**

For strengthening hygiene promotion, multiple channels of communication need to be used such that the messages reach far and wide. Care should be taken to make information, education and communication products available in all languages as well as in formats suitable for non-literate, deaf and blind people.



**MONITORING: There is a need for a comprehensive monitoring framework to measure hand hygiene.** A comprehensive framework, comprising of indicators ranging from infrastructure (existence, access, and functionality), behaviour and practice, policies, impact, and more, for households, institutions and public places, will be useful to determine gaps to inform development programmes and engage with the government to address the bottlenecks in the system.

**INFRASTRUCTURE: Increase access to physical infrastructure for adoption of hand hygiene behaviour.** Physical infrastructure includes handwashing facilities/ structures or even a designated space, equipped with water and soap, within the premises of a household, institution, or public place. It is important to ensure that the facilities are durable and remain functional. Therefore, it is critical that routine operations and maintenance of the same is carried out. Additionally, there must be drainage of grey water from the handwashing infrastructure such that it does not collect. Lack of drainage and consequent stagnation of grey/ wastewater may be unpleasant and so deter users from practicing handwashing with soap. The stagnant water may also become breeding grounds of other vectors and thereby counter the health benefits of handwashing with soap.

## 2. Recommendations for specific Ministries:

### a) Ministry of Jal Shakti

**Policy:** Despite the SBM-II and JJM having components of HH in their Guidelines, however, its significance needs to be further reinforced in the guidelines with sufficient budgetary provisions.

**Institution (institutional capacity, arrangements):** The Zila Swachh Bharat Preraks (at the district level) and Swachhagrahis (at the village level) can play an effective role in spreading the message on hand hygiene through SBCC and IPC in other line departments and be the liaison point of contact. The inclusion of hand hygiene is needed in the capacity building initiatives. There is a possible role of ISAs or Sector Partners in this. **Finance:** The 5 percent IEC budget under SBM-II should be adequately channelized for promoting hand hygiene awareness in households and community. In cases, where the States feel the requirement for spending on IEC especially on hand hygiene messaging needs to be increased, when required flexibility should be given to increase the 5 percent in the IEC budget. **Monitoring:** The Village Water and Sanitation Committee (VWSC) can be the nodal body which can monitor the status and progress in hand hygiene in their respective GPs with respect to hygiene facilities and hygiene promotion.

### b) Ministry of Health and Family Welfare

**Policy:** The Ministry should, via a government order or advisory, make it mandatory that all Sub-Centres, PHCs, CHCs and District hospitals have hand hygiene facilities and promote the behaviour for the staff (administrative and medicals) and the patients. Assessment of the VISHWAS initiative across states to understand the progress/impact of the same. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place to ensure that they remain functional. **Institution (institutional capacity, arrangements):** The Chief Medical Officer (CMO) of the district should ensure that regular training is given to frontline workers such as ANMs and ASHAs on appropriate hand hygiene practices. **Finance:** There needs to be a tracking of budgets of the NHM to understand the possible budgets and spending for handwashing facilities, promotions, to



propose relevant suggestions. **Monitoring:** Monitoring of the handwashing facilities (access and functionality) and behaviours in healthcare centres is crucial should be part of regular monitoring from the District. For a user perspective, the Rogi Kalyan Samitis (RKS) can monitor whether the necessary hand hygiene infrastructure is in place or not in all health centres.

### c) Ministry of Education

**Policy:** While the policy mentions hand hygiene, the implementation of the same need to be regularly reiterated. **Institution (institutional capacity, arrangements):** Cluster coordinators should impart training to their own department staff including teachers on hand hygiene. These trainings should be made a regular part of their Annual Work Plan. **Finance:** There is a need for a separate budget line for hand hygiene in Ministry of Education. For hand hygiene in schools to become prevalent, States need to demand for a separate budget for hand hygiene in schools under SMSA through the Annual Work Plan and Budget. The AWPB could be an effective mechanism through which hand hygiene interventions can be demanded in the Education budget. **Monitoring:** In addition, to the district/block officials, the School Management Committee (SMC) can be the nodal body that can monitor the hand hygiene status (including access and functionality of facilities and behaviour and practice of using the facilities) and gaps in their respective schools.

### d) Ministry of Women and Child Development

**Policy:** For all institutions (AWCs, Swadhar Grehs, CCIs, etc.) under the Ministry (residential or non-residential), the provision of hand hygiene facilities and promotion should be mandatory. Arrangements for regular operation and maintenance of handwashing facilities should also be put in place to ensure that they remain functional. **Institution (institutional capacity, arrangements):** The frontline workers such as the AWW, AWH, ASHA, cook cum helper, counselors in the Swadhar Grehs and CCIs should be given the necessary trainings on a regular basis on hand hygiene so that they can further train the community, women and children on safe hand hygiene practices. Further, there the functional facilities for hand hygiene needs to be present in all AWCs, Swadhar Grehs, CCIs and community centres. **Finance:** There should be adequate budgetary provision for the facilities (creation and maintenance), promotion for changes in behaviour/practice, capacities of the stakeholders, and for monitoring. **Monitoring:** Regular monitoring of the availability and functionality of facilities and behaviours across these settings/institutions is crucial by the line departments.

### e) Ministry of Panchayati Raj

**Policy:** Hand hygiene interventions can be incorporated in the planning phase of the GPDP. This priority needs to be adequately communicated to the PRIs before the planning processes. It should be mandated that the GPs are responsible for the hand hygiene facilities (including their maintenance) and promotion in public spaces and in institutions in the GP's jurisdiction. This would be similarly applicable for the Panchayat Samiti and Zila Parishad. **Institution (institutional capacity, arrangements):** As part of the orientation of PRIs and trainings beyond, hygiene should be made into a regular part of the training curriculum (including in the RGSA). The elected representatives at the district, block and GP (with the support of line departments like health) should be responsible



for supervising the celebration of Global Handwashing Day on a continuous basis every year with more focus on meeting the gaps in hand hygiene prevalent in their districts. **Finance:** Clarity should be given GPs with respect to the use of the 60% of 15th FC towards hand hygiene (facilities and promotion) should be communicated by MoPR to the States. Presently, the emphasis is essentially on water and sanitation. **Monitoring:** The monitoring of the hand hygiene (including access and functionality of facilities and behaviour and practice of using the facilities) at the Gram Panchayat level need to be regularly captured and consolidated by the respective Districts. On the basis of the analysis of the information, the district should provide guidance/advisories to encourage Gram Panchayats to include hand hygiene facilities and behaviours interventions in their planning and budgets.



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# ANNEXURE I

## Hand Hygiene component in Public Health Institutions

S.No.	Public health institution	Hand Hygiene component
1.	<b>Sub-Centre</b>	<ul style="list-style-type: none"><li>i) Educate mother/family/community on home management of diarrhea and ORS, personal hygiene especially hand washing before feeding the child.</li><li>ii) For newborn corner in labour room, provision of hand washing and containment of infection control if it is not a part of the delivery room.</li></ul>
2.	<b>Primary Health Centre</b>	<ul style="list-style-type: none"><li>i) As universal precautions, hand washing thoroughly with soap and running water is prescribed.</li></ul>
3.	<b>Community Health Centre</b>	<ul style="list-style-type: none"><li>i) For the Outpatient Department; clinics for various medical disciplines: These clinics include general medicine, general surgery, dental, obstetrics and gynaecology, paediatrics and family welfare. The cubicles for consultation and examination in all clinics should provide for doctor's table, chair, patient's stool, follower's seat, wash basin with hand washing facilities.</li><li>ii) For Wards: Separate for Males and Females; Nursing Ratio: The nursing station should be spacious enough to accommodate a medicine chest/a work counter (for preparing dressings, medicines), hand washing facilities, sinks, dressing tables with screen in between and colour coded bins (as per IMEP guidelines for community health centres).</li><li>iii) For Patient Safety and Infection Control, essential hand washing facilities in all OPD clinics, wards, emergency and OT areas</li><li>iv) For Newborn Care Stabilization Unit there should be provision of hand washing and containment of infection control.</li></ul>



S.No.	Public health institution	Hand Hygiene component
4.	<b>Sub-Divisional/ Sub-District Hospital (31-100 bedded)</b>	<ul style="list-style-type: none"> <li>i) For services under various National Health and Family Welfare Programmes, Epidemic Control and Disaster Preparedness; Patient Safety and infection control Essential: Hand washing facilities in all OPD clinics, wards, emergency, ICU and OT areas. Desirable: Compliance to correct method of hand hygiene by health care workers should be ensured. Provision of locally made hand rub solution in critical care areas like ICU, Nursery, Burns ward etc. to ensure Hand Hygiene by Health care workers at the point of care.</li> <li>ii) Under Health Care Workers Safety Provision of Protective gears, promotion of hand hygiene and practice of universal precautions by health care workers is recommended</li> <li>iii) Newborn Corner in OT/Labour Room; Configuration of the Corner: Provision of hand washing and containment of infection control if it is not a part of the delivery room.</li> <li>iv) Newborn Care Stabilization Unit: Configuration of the Stabilization Unit. Provision of hand washing and containment of infection control.</li> </ul>
5.	<b>District Hospital (101-500 bedded)</b>	<ul style="list-style-type: none"> <li>i) The hand hygiene guidelines are the same as given in the Sub-Divisional/Sub-District Hospitals.</li> <li>ii) For Outdoor Patient Department (OPD), all clinics shall be provided with examination table, X-ray-View box, Screens and hand wishing facility.</li> <li>iii) Hand-washing facility and toilet shall be attached with ultrasound room.</li> <li>iv) Essential Medicines and Supplies for Special Newborn Care Unit: Liquid hand washing soap and Hand washing soap.</li> <li>v) Special Newborn Care Unit (SNCU); Generic Plan for District Level Special Newborn Care Units (Level II): These units will have space for nursing work station, HandWashing and Gowning at the point of entry. The ancillary area should include separate areas for Hand washing and gowning area within the Main SNCU.</li> <li>vi) Regarding water supply, the ideal number of Hand washing facilities should be such that it should be within 20 ft (6 m) of any infant bed, apart from the entrance to SNCU, should have 24 hrs uninterrupted running water supply.</li> </ul>



S.No.	Public health institution	Hand Hygiene component
		<p>vii) There should be wash basins with elbow/foot operated tap in the washing and gowning area (at least 2), main SNCU (4 in 4 corners of the room), Step Down Unit (2 corners of the room). There should be wash basins in the (Ordinary type) laboratory, toilets, sluice room.</p> <p>viii) Hand washing sink specification: They shall be large enough to control splashing and designed to avoid standing or retained water. Minimum dimensions for a hand washing sink are 24 inches wide × 16 inches front to back × 10 inches deep (61 × 41 × 25 cm<sup>3</sup>) from the bottom of the sink to the top of its rim. Space for pictorial hand washing instructions shall be provided above all sinks. Walls adjacent to hand washing sinks shall be constructed of nonporous material. Space shall also be provided for soap and towel dispensers and for appropriate trash receptacles. Nonabsorbent wall material should be used around sinks to prevent the growth of mold on cellulose material.</p>

*Source: Indian Public Health Standards (IPHS) Guidelines for, Sub-Centres, Primary Health Centres, Community Health Centres, Sub-District/Sub-Divisional Hospitals (31 to 100 Bedded), District Hospital (101 to 500 Bedded), Revised 2012, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India*



# ANNEXURE II

## Mapping of countries with hygiene policies, budgets and monitoring systems

Countries	Existing policy/strategy/programme on hand hygiene	Finance allocated for hand hygiene	Monitoring of progress
<b>Asia region</b>			
Bangladesh <sup>33</sup>	√	√	Sporadic
Bhutan <sup>34</sup>	√	(no separate budget line)	Plans for Health Management Information System to capture progress)
India <sup>35</sup>	*reference in other policies/strategies/programmes	(no separate budget line)	Sporadic
Nepal <sup>36</sup>	*reference in other policies/strategies/programmes	(no separate budget line)	Routine in schools. Plans to incorporate this in the routine monitoring systems (NWASH)
Pakistan <sup>37</sup>	√	(no separate budget line)	Sporadic, in parts
Sri Lanka <sup>38</sup>	*reference in the sanitation policy	(no separate budget line)	Sporadic For schools, the school-based health accreditation system collects hand hygiene data
<b>Africa region</b>			
Burkina Faso	*reference in the code of public hygiene	×	
Ethiopia	√ <sup>39</sup> (under revision process)		Being planned

<sup>33</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-Bangladesh.pdf>

<sup>34</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-Bhutan.pdf>

<sup>35</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-India.pdf>

<sup>36</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-Nepal.pdf>

<sup>37</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-Pakistan.pdf>

<sup>38</sup> <https://sanitationlearninghub.org/wp-content/uploads/2022/01/Hand-Hygiene-Snapshot-Sri-Lanka.pdf>

<sup>39</sup> National Hygiene and Environmental Health Strategy, Ministry of Health, The Federal Democratic Republic of Ethiopia, December 2016



Countries	Existing policy/ strategy/programme on hand hygiene	Finance allocated for hand hygiene	Monitoring of progress
Ghana	×		
Mali	×		
Uganda			

**Bangladesh** published its National Hygiene Promotion Strategy for Water Supply and Sanitation in Bangladesh in 2012, prior to this has had National Standards for Water, Sanitation and Hygiene for Schools in 2011. These National Standards for WASH in Schools includes a standard for convenient hand washing facilities close by (soap and running water available all the time). As a response to the COVID-19 pandemic in 2020, the government developed the National WASH Sector Strategic Paper 2020-22.

**Bhutan** has the National Sanitation and Hygiene Policy (2020) states that the concerned agencies in collaboration with the LG shall ensure safely managed sanitation services and basic hygiene facilities for all.

**India**, there is a reference of hand hygiene in the strategies or programmes related to, rural and urban, water and sanitation. However, there is no policy or strategy that explicitly addresses hand hygiene.

**Nepal**, similar to India there is a reference of hand hygiene in existing policies on water and sanitation. These include- Sanitation and Hygiene Master Plan (2011); Sector Development Plan (2016-2030); National Standards on WASH in HCFs (2021); WASH in School Procedures (2018); Nepal Health Sector Strengthening Programme (2017-2022); Total Sanitation Guidelines (2017); National Health Policy (2019); Public Health Regulation (2020); Costed WASH Plans in all 753 municipalities (planned).

**Pakistan**, existing water policies- National Drinking Water Policy 2009 and the National Water Policy 2018 have an objective around hygiene promotion and sanitation policies, National Sanitation Policy 2006 recognize hygiene as an integral component of sanitation. Further, with respect to health settings, the National Guidelines for Infection Prevention and Control (IPC), 2020 provides details of the arrangements and infrastructure required.

It is important to note Pakistan is one of the first countries to develop and launch the Hand Hygiene for All roadmap, aimed at ensuring universal hand hygiene by 2030.

**Sri Lanka**, the National Policy on Sanitation has the mentions the promotion of hand washing with soap.




**Ethiopia** has National Hygiene and Environmental Health Strategy 2016 focuses on the need for hand hygiene promotion for households and in institutions. The strategy mentions the estimated budget required for meeting the hand hygiene and other objectives. It also mentions the need for monitoring activities, presently whether this is being monitored needs to be looked into.






# ANNEXURE III

## Guidelines on Food Safety and Hygiene for School level kitchens under MDM scheme

### Personal hygiene, cleanliness and health checkups of Cook cum Helpers (CCHs)

-  Cooks and helpers should maintain a high degree of personal hygiene and cleanliness.
-  All food handlers should remain clean, wear washed clothes and keep their fingernails trimmed, clean and wash their hands with soap/ detergent and water before commencing work and every time after touching, raw or contaminated food or using toilet.
-  The CCHs should wash their hands at least each time work is resumed and whenever contamination of their hands has occurred; e.g. after coughing / sneezing, visiting toilet, using telephone, smoking etc.; avoid certain hand habits - e.g. scratching nose, running finger through hair, rubbing eyes, ears and mouth, scratching beard, scratching parts of bodies etc.- that are potentially hazardous when associated with handling food products, and might lead to food contamination through the transfer of bacteria from the employee to product during its preparation. When unavoidable, hands should be effectively washed before resuming work after such actions.

### Hand washing for children

-  There should be a dedicated time within the daily time table that will allow enough time for all children, cooks and teachers in the school to wash their hands with soap. The hand washing of the children should be supervised and monitored vigorously.
-  Hand wash with soap before and after eating should be vigorously promoted. The schools may define an area for hand washing where very simple scalable and cost effective multiple hand washing facilities can be installed to be used by large groups of children at a time. Empty plastic bottles can be filled with liquid soap and diluted with water. 20-30 plastic bottles filled with diluted hand wash liquid can be used for approximately 200 children for hand washing.
-  Wherever proper hand washing facilities are either not available or inadequate for all children, buckets and mugs can be used to supplement the available facilities. .

Source: F.No 14-2/2013-EE. 5 (MDM-1-2), MoHRD. Gol New Delhi, 13th Feb 2015



# ANNEXURE IV

## Pattern of Assistance in Swadhar Greh

This Scheme will be implemented as a Centrally Sponsored Scheme through States at 60:40 cost sharing ratio except in case of North Eastern State, Uttarakhand, Himachal Pradesh and Jammu and Kashmir where the share of Centre and State will be in the ratio of 90:10. In the case of UTs, the Government will provide 100 percent assistance. The Central Share will be approximately Rs 100 crores for the year 2017-18. The implementing agencies may seek assistance for all the components as mentioned above. However, assistance can also be sought only for a few components provided that other facilities are available to assist the women in difficult circumstances. Government shall provide following type of financial assistance to the implementing organizations for setting up/ running of Swadhar Greh:

The following recurring expenditure for the Swadhar Greh of 30 residents shall be sanctioned as 'other recurring expenditure'.

## Other Recurring Expenditure of Swadhar Greh for 30 residents (Amount in Rupees)

S.No	Particulars	Unit	Expenditure (Monthly)	Expenditure (Yearly)
1.	Expenditure towards food @ Rs. 1300/- per resident per month	Per resident	1300	468000 #
2.	Expenditure towards clothing	Per resident	–	30000 #
3.	Expenditure towards medicines, personal hygiene products etc.@ Rs. 175 per resident per month	Per resident	175	63000#

# The women in the age group of 25 to 35 and their children will get all the benefits only for a period of 12 months and after that they will get the facilities of accommodation only and arrange all their expenses from their own resources.








# ANNEXURE V

## Components in Anganwadi Services, 15th FC, Rashtriya Gram Swaraj Abhiyan relevant to WASH

### Anganwadi Services under Umbrella ICDS Scheme (earlier known as ICDS)

#### Anganwadi Services under Umbrella ICDS Scheme

It was launched in 1975 with the following objectives:

-  To improve the nutritional and health status of children in the age-group 0-6 years;
-  To lay the foundation for proper psychological, physical and social development of the child;
-  To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
-  To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
-  To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The ICDS focuses on providing a comprehensive care to the mother and the child through its 6 components. The schemes try to address the multi-faceted needs of child development as well as reach out to different beneficiaries. Following are the core focal areas of the components:

- i) Pre School Education:  
It focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Beneficiaries between the age groups of 3 to 6 are to be provided Pre School Education, before they enter class 1. It is provided at the AWC, by the Anganwadi worker and includes non- formal education and playful activities.
- ii) Supplementary Nutrition:  
The objective of the component is to focus on supplementary feeding and growth monitoring for prevention of Vitamin A deficiency and nutritional anaemia. It targets children below the age of 6, Pregnant and Lactating (P&L) mothers.
- iii) Immunization
- iv) Health Check
- v) Referral Services
- vi) Nutrition and Health Education












## Other Salient points of the 15th FC

### Salient points of the 15th FC




It was launched in 1975 with the following objectives:

-  The 15th FC has provided for post devolution revenue deficit grants to 17 states. Towards this end, the 15th FC has recommended 2,94,514 crores over the period 2021-22 to 2025-26 to 17 states.
-  Regarding Grants to Local Governments, the 15th FC has provided grants to local governments to the tune of Rs. 4,36,361 crores for the period 2021-22 to 2025-26. However, due to a number of conditions attached to the spending of FC grants by the states on GPs resulted in lower expenditure. Hence it was recommended that such grants would be disbursed to all tiers of local body governments and eventually help in better utilization of funds.
-  The total size of the grant to local governments is Rs. 4,36,361 crores for the period 2021-26. Various conditions have been stipulated to unlock the FC allocation such as setting up of State Finance Commissions, having publicly available audited accounts, and setting of a minimum floor for property taxes.
-  Health spending to be increased by states by more than 8 percent of the budget by 2022 especially hiring of human resource.
-  40 per cent of the total grants to be disbursed to rural local bodies shall be untied and can be used by them for felt needs under the twenty-nine subjects enshrined in the Eleventh Schedule, except for salaries and other establishment costs. The expenditure required for auditing of accounts by external agencies approved by the State Government, however, may be borne from this grant.
-  30 per cent of the total grants to be disbursed to rural local bodies shall be earmarked for drinking water, rainwater harvesting and water recycling.
-  30 per cent of the total grants to be disbursed to rural local bodies shall be earmarked for sanitation and maintenance of ODF status, and this should include management and treatment of household waste, and human excreta and faecal sludge management in particular.



## Rashtriya Gram Swaraj Abhiyan (RGSA)

### Rashtriya Gram Swaraj Abhiyan (RGSA)

-  The Government of India on 21st April 2018 approved the restructured CSS of RGSA w.e.f. the financial year 2018-19 with the primary aim of strengthening PRIs for achieving Sustainable Development Goals (SDGs) with main thrust on convergence with Mission Antyodaya and emphasis on strengthening PRIs in the 117 Aspirational districts. The scheme was launched by the Prime Minister on 24th April 2018 on the occasion of National Panchayati Raj Day.
-  The scheme has been approved for implementation from 1st April 2018 to 31st March 2022 with total budget outlay of Rs.7,255.50 crores out of which State share will be Rs.2,755.50 crores and the Central share will be Rs.4,500 crores. The scheme extends to all States and UTs including Part IX areas comprising about 2.48 lakh GPs as well as Institutions of Rural Local Governance in non-Part IX areas where Panchayats do not exist.
-  The sharing pattern for the State component is in the ratio of 60:40 except NE, Hilly States and U.T of Jammu and Kashmir where Central and State sharing is in the ratio of 90:10. For all UTs, Central share is 100 per cent. Subsequent to approval of the scheme, for enabling the PRIs to implement the RGSA in a meaningful, concerted and result oriented manner, a Framework for Implementation of RGSA has been prepared and shared with the States. In the 2021-22 Financial Year, Annual Action Plans of 34 states and UTs have been approved and funds released.

Source: MoPR, Gol

## Incentivization of Panchayats

### Incentivization of Panchayats

The MoPR incentivizes best performing Panchayats through awards since 2011-12 to encourage Panchayat representatives who make special efforts; creates models for the Panchayats and Gram Sabhas. From 2018-19, the scheme has been revamped with slight modifications and is one of the Central components of the Rashtriya Gram Swaraj Abhiyan (RGSA). The awards are given on the National Panchayati Raj Day celebrated on 24th of April every year.

Source: MoPR, Gol



# ANNEXURE VI

## List of CSS Schemes reviewed in select Ministries

<b>Ministry of Education</b>	
1.	Samagra Shiksha Abhiyan
2.	Rashtriya Uchhatar Shiksha Abhiyan (RUSA)
3.	National Programme of Mid-Day Meal in Schools
4.	Education Scheme for Madrasas and Minorities
<b>Ministry of Health and Family Welfare</b>	
5.	National Rural Health Mission
6.	National Urban Health Mission
7.	Human Resources for Health and Medical Education
8.	Rashtriya Swasthya Bima Yojna (RSBY)
9.	Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PMJAY)
10.	Pradhan Mantri Swasthya Suraksha Nidhi (PMSSN)
<b>Ministry of Jal Shakti</b>	
11.	Jal Jeevan Mission
12.	Swachh Bharat Mission (Gramin)
<b>Ministry of Panchayati Raj</b>	
13.	Rashtriya Gram Swaraj Abhiyan
14.	Incentivization of Panchayats
15.	Mission Mode Project on e-Panchayats
<b>Ministry of Women and Child Development</b>	
	<b>Umbrella ICDS</b>
16.	Anganwadi Services (Erstwhile Core ICDS)
17.	POSHAN 2.0
18.	National Nutrition Mission (including ISSNIP)
19.	Pradhan Mantri Matru Vandana Yojana
20.	Scheme for Adolescent Girls
21.	National Creche Scheme
22.	Child Protection Services



	<b>Mission for Protection and Empowerment for Women</b>
23.	Mahila Shakti Kendra
24.	Swadhar Greh
25.	Ujjawala
26.	Information and Mass Communication
27.	Beti Bachao Beti Padhao
28.	One Stop Center



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# Reviewed Documents of the focus Ministries of the Government of India

1. Ministry of Jal Shakti
  - a) Guidelines for Swachh Bharat Mission (Gramin), 2019.
  - b) Operational Guidelines for the implementation of Jal Jeevan Mission (Har Ghar Jal), 2020.
  - c) Manual: IEC for ODF Plus, Swachh Bharat Mission, 2021.
2. Ministry of Health & Family Welfare'
  - a) Indian Public Health Standards (IPHS) Guidelines for Sub-Centres, Primary Health Centres, Community Health Centres, Sub-District/Sub-Divisional Hospitals (31 to 100 Bedded), District Hospital (101 to 500 Bedded), Revised 2012.
3. Ministry of Education
  - a) Samagra Shiksha, An Integrated Scheme for School Education, Framework for Implementation, 2021.
  - b) Guidelines of the National Programme of Nutritional Support to Primary Education, 2006 (Mid-Day Meal Scheme).
  - c) Circular- CBSE/DIR(ACAD)/2021, Cir.No. Acad-99/2021, October 12, 2021, Celebration of Global HandWashing Day (GHD) on 15th October 2021.
  - d) Guidelines on Food Safety and Hygiene for School level kitchens under Mid-Day Meal Scheme, 2015.
4. Ministry of Women & Child Development
  - a) The Report of the Committee for Analysing Data of Mapping and Review exercise of Child Care Institutions under the JJ (Care and Protection of Children) Act, 2015 and Other Homes, 2018.
  - b) ICDS Mission-The Broad Framework of Implementation, 2011.
5. Ministry of Panchayati Raj
  - a) People's Plan Campaign for GPDP 2021-22
  - b) Framework for Implementation of Rashtriya Gram Swaraj Abhiyan



## Resources

1. UNICEF, 2021. Hand Hygiene for All Country Roadmap Guidance Document. Available at <https://globalhandwashing.org/wp-content/uploads/2021/09/Guidance-to-HH4A-country-roadmaps-.pdf>
2. UNICEF, 2021. 2021 Factsheet: GLOBAL HANDWASHING DAY. Available at <https://globalhandwashing.org/wp-content/uploads/2021/08/GHD-2021-Fact-Sheet.pdf>
3. UN Water and WHO, 2021. Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. Available at <https://www.unwater.org/app/uploads/2020/06/GLAAS-hygiene-highlight-2020.pdf>
4. WHO and UNICEF, 2021. State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice. Available at <https://www.unicef.org/media/108356/file/State%20of%20the%20World%E2%80%99s%20Hand%20Hygiene.pdf>



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