

## 'Swachha Bharat Abhiyan' (Clean India Campaign) : A Step Towards Social Accountability

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### Abstract

India, one of the fastest growing economy in the World's, faces the uncomfortable truth that many people still struggle with life on the poverty line. Despite high growth rates of GDP, millions of people in India still live with inadequate sanitation and health care facilities. This paradox of India clearly outlines the deprivation of certain strata of population leading to many social movements. A social movement is a sustained collective action over time for shared objectives and ideologies of a group to bring about changes in the existing social system. The health, sanitation and the welfare of masses is closely interlinked. It has been recognized that health is a key determinant of economic growth and better health leads to higher income which in turn leads to better health. Thus, health is a double edged sword if not addressed properly can work as a boomerang against the growth. For India it becomes indispensable to tackle the issue of health and cleanliness which is a fundamental component of human capital and the key to reap demographic dividend. Taking the holistic view of social accountability of the government towards the deprived social classes, the Indian government has offered various policy prescriptions towards cleanliness in terms of various schemes. This paper therefore intends to encompass such schemes with a special focus on 'Swachha Bharat Abhiyan', the most significant cleanliness campaign by the government of India. Various collective social movements in this regard were launched including that of Mahatma Gandhi, which triggered the effective public action and highlighted the role of participatory democracy in India.

**Keyword:** Clean India, health, hygiene, social movement, accountability.

### Introduction:

Jawaharlal Nehru (1889-1964), India's first prime minister, remarked, "The day everyone of us gets a toilet to use, I shall know that our country has reached the pinnacle of progress" "Cleanliness is next to godliness". (Mahatma Gandhi) "(Indians) defecate on the beaches; they defecate on the hills; they defecate on the river banks; they defecate on the streets; they never look for cover." So wrote V.S. Naipaul, channelling Winston Churchill in 1964. Despite decades of state efforts in sanitation, a staggering 597 million Indians still do not use toilets. It is not just an ugly sight but it is a public health emergency and a social scandal. Sanitation is the single most rewarding development intervention and the World Bank's Water and Sanitation Program has estimated that a dollar spent on sanitation saves nine dollars in health, education and economic development.

### Changing Paradigms of development in India

All the countries of the world, developed or developing have designed their pathways of prosperity differently. The term 'economic growth' usually refers to the positive percentage change of an economy's real GDP from one period to another, i.e. "the economy's production of goods and services, reflecting the economy's ability to satisfy people's needs and desires". Mainstream economists since long maintained that the "level of real GDP was a good *gauge of economic prosperity*, and the growth of real GDP was a good gauge of economic progress". (Mankiw, 2003, pp. 214, 242) Over the years the concept of economic growth and thereafter of economic development has undergone a massive change. With the passage of time and increasing wealth and income inequalities throughout the world, the economic development was seen from more social angle. Another approach to the development was that, the development of a country should be measured in terms of the

**basic needs satisfaction.** It attempted to define the absolute minimum resources necessary for long-term physical well-being, usually in terms of consumption goods required to satisfy the basic needs. The World Employment Conference of 1976 (Jolly, 1976) proposed the satisfaction of basic human needs as the important objective of national and international development policy. It influenced the programmes and policies of major development agencies across the nations, and was the precursor to the human development approach. The concepts such as Amartya Sen's Capability Approach, applied in the Human Development Index (HDI) practically demonstrated the fact that social and economic development goals should be treated together in order to achieve a *first best solution* to development. In India too, the concept of growth and development changed from Gross Domestic Product (GDP) growth to the Human development and then to the Sustainable Development (SD). SD simply means the long lasting development of an economy. **Sustainability requires that human activity uses nature's resources at a rate at which they can be replenished naturally. Sustainable development is a principle which involves "care of posterity" (Perman, 2003) and, by definition, requires avoiding wasteful uses of scarce resources. Sustainable development is a normative concept which involves trade-offs among various objectives and which satisfies the requirements of sustaining the integrity and viability of the overall system. Further it has the ethical imperative of equity within and between generations which goes beyond the mere satisfaction of basic human needs.** It aims at socio-economic prosperity and environmental integrity. The term SD is used to communicate the idea that, the process by which the people satisfy their needs and improve their quality of life in the present should not compromise the ability of future generations to meet their own needs. SD may thus be seen as incorporating three different aspects:

Balanced development (trade-offs between social, environmental and economic interests of a country).

Equity and shared responsibility extended over time and space

Participation

The sustained human development therefore has a strong implication in terms of the social sector indicators like health, which in turn would determine economic and environmental aspects of the sustainable development.

### **Realising the importance of the social sector indicators: Health**

World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2003). The public health measures undertaken by the government of a country not only confirms a rising HDI for a country but also enables a healthy labour force, leading to overall rise in productivities of all factors. The most important aspect of public health in India can be seen in terms of the public policies related to sanitation and cleanliness. Public health, sanitation being the public goods, the responsibility to provide them usually falls within the hands of the government. Various attempts at national and international level were made for effective provisions of health and sanitation mechanisms.

The prominent international attempts were:

In September 2000, members of the United Nations (UN) adopted the United Nations Millennium Declaration. Through the Declaration, committed members agreed to a number of time-bound targets and goals—designed to alleviate poverty, hunger, and disease—, with a deadline of 2015. These goals collectively were termed as the Millennium Development Goals (MDGs). The Millennium Development Goals, signed by the 191 member states of the United Nations, intended to "halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation" where the basic sanitation was defined as "the proportion of population using an improved sanitation facility" (UNICEF, 2014a). Further in 2015 it was extended to the United Nations' Sustainable Development Goals (SDGs), comprehensively covered social, economic and environmental dimensions.

India is one of the countries that has volunteered to take part in the Voluntary National Reviews (VNRs) at the High-Level Political Forum (HLPF) 2017. India presented its 1st VNR on implementation of SDGs on 19th July, 2017 in the HLPF at United Nations, New York. The VNR report is based on an analysis of progress under various programmes and initiatives in the country. The VNR report focused on 7 SDGs: 1 (No Poverty); 2 (Zero Hunger); 3 (Good Health and Well-Being); 5 (Gender Equality); 9 (Industry, Innovation and Infrastructure), 14 (Life below Water) and 17 (Partnerships for the Goals). Of these 7 SDGs, if good health and wellbeing are achieved, the other SDGs would be automatically on their way. The importance of health for individual as well as for the country as a whole can be seen with reference to sanitation. The United

Nations annual report on water and sanitation examined the policies for Water, Sanitation and Hygiene (WASH) programs in 94 countries (WHO, 2012). Although two-thirds of the countries recognized drinking water and sanitation as a universal human right in national legislation, and more than 80% reported national policies in place for drinking water and sanitation, the majority of the programs remained stagnated within written political agreements, with little action taken on the ground (WHO, 2012).

The construction and usage of toilets can indirectly improve physical health via improved environmental quality, and thus increase the number of days an individual can work and receive a wage; but the very construction itself can also directly contribute to utility through improved "emotional" health. This "emotional" health comprises of general mental health, such as feelings of comfort, convenience or privacy. An individual's health will depend upon the community's environmental quality. The extent of environmental quality relies upon public policies for health and sanitation, which might include subsidies for toilet construction, or educational campaigns to elicit the benefits of toilet usage and so on. Poor sanitation and the practice of public defecation can have a series of environmental, health, and economic impacts on affected communities. The combination of poor sanitation, water, and hygiene leads to about 700,000 premature deaths annually, as well as the loss of approximately 443 million school days as a result of subsequent diseases (The World Bank, 2014). Missed school days can have long-term impacts on future economic productivity of both individuals and society collectively. All in all, economic losses from lack of access to sanitation or increased health system costs are estimated at US\$260 billion annually (The World Bank, 2013).

It is interesting to see here the term Sanitation. The concept of 'Sanitation' is a comprehensive one including effective management (collection, treatment and disposal/recovery, reuse or recycling) of human waste, solid waste (including biodegradable and non-biodegradable refuse/trash/rubbish), waste water, sewage effluents, industrial wastes, and hazardous (such as hospital, chemical, radioactive, plastic or other dangerous) wastes. The term 'sanitation' today means safe, hygienic, effective and economical management—collection, storage, treatment and disposal, including recovery, reuse and recycling—of all categories of 'wastes' (rural, urban, and other), primarily including human wastes, solid wastes, wastewaters, sewage effluents, industrial wastes, and 'hazardous' wastes; keeping in view that 'a waste is a resource out of place'. On 28.7.2010, the UN General Assembly and UN Human Rights Council recognized a human right to safe, accessible and affordable water and sanitation. The standards of sanitation in a society are closely inter-related to the levels of hygiene and public health in it and, hence, to the attainable standards of longevity and extent of diseases, and thus to the productive levels of the society. These also determine the levels of avoidable wastages of available resources and to what extent the so-called wastes are being recovered/reused/recycled as valuable resources. Lack of sanitation, which includes lack of cleanliness and causing dirt, filth and pollution, has not only vital economic consequences but also serious social consequences. "Lack of improved sanitation," according to The World Bank, includes defecation in the open—in a bush, field, or forest or toilets that "flush" untreated into the environment (The World Bank Group). "Proper sanitation," therefore could consist of the use of a range of toilets: ecological toilets, or water-flush and pour-flush toilets. Although one billion people are without access to sanitation facilities, this subset of individuals is not evenly dispersed globally. Rather, it is a "rural and poverty-related phenomenon," and is particularly concentrated in Southern Asia and sub-Saharan Africa (WHO & UNICEF, 2014). In addition to inter-country variation, there is also intra-country variation, with large disparities between rich and poor populations, as well as urban and rural populations. In many instances, the wealthiest 20% receive coverage before the poorest 20%, increasing the wealth gap to access (WHO & UNICEF, 2014). The urban-rural divide is also striking: 70 percent (902 million people) of those without access to an improved sanitation facility reside in rural areas (WHO & UNICEF, 2014). Although the poor-rich and urban-rural divides invoke the most significant disparities, inequalities also exist among gender, ethnicity, language, education, and religion.

The combination of poor sanitation facilities and open defecation is a concern for both environmental and human health. Edwin Chadwick first made the link between lack of sanitation and disease in the mid-19th century. Attributing disease to uncleanliness, Chadwick advocated for cleaning, draining, and ventilating as means to improve health. John Snow built upon Chadwick's claim by discovering the link between uncleanliness and human health. Public defecation in open fields can lead to human contact with excreta via various water routes: contamination of fingers, field crops, food, flies, etc. (Cairncross & Valdmanis, 2006). Moreover, the World Health Organization reports about 600 million episodes of diarrhea and 400,000 childhood deaths a year due to contaminated water and lack of sanitation, with an estimated 80% of all diseases and one-third of all deaths in developing countries induced by consumption of contaminated water. Poor health due to inadequate sanitation is a byproduct of a complex human environment cycle: public defecation in open fields enters and contaminates water sources, and these polluted water sources interact with crops, food, and flies, among others, and

eventually transfer their contaminants to humans. This cycle can be broken through installation of adequate sanitation measures, such as latrines or toilets. However, construction is not enough; there must both be a demand for such facilities and the presence of a proper supply, so that the toilets that are installed are actually used and continually maintained. The transition away from public defecation towards the usage of latrines or toilets produces value through a series of physical and mental health benefits. These all-inclusive health benefits subsequently increase individual value, utility, and happiness.

### Sanitation in India

Sanitation, both personal and corporate is a joint responsibility of the individuals, communities and the state. In India, there are multiple institutional systems, including departments and municipal and medical systems, meant to look after the 'sanitation'. By the time India became independent, mortality from epidemics (e.g. plague) had fallen sharply but diseases like fevers and gastro-enteric infections still took a heavy toll of people's health. The First Five Year Plan had noted that only 3% Indians then had toilets and most of the population lacked basic water supply, drainage and waste disposal services. [Ch.3] After independence, Central government set up a number of committees to assess the role of health and sanitation in India and the first National Health Policy came in 1983 and public health was sub-optimal. The Central Rural Sanitation Programme (CRSP) initiated by Government of India in 1986 interpreted sanitation as covering construction of household toilets, and focused on a single model (double-pit pour-flush) through hardware subsidies. Its effect remained very limited. Government of India then launched its 'Total Sanitation Campaign' (TSC) in 1999 aiming at universal rural sanitation (access to toilets) by 2012, the responsibility resting with the Panchayat Raj Institutions and the state and central governments acting as facilitators. It covered also health education, sanitary facilities in schools and *anganwadis* and use of appropriate technology for sustainable community-managed systems focused on solid and liquid wastes. According to the Government report, 'A Decade of TSC: Rapid Assessment of Processes and Outcomes' (vol.1), the sanitation coverage had grown (from 2001 to 2011) from 21% to over 65% and over 22,000 Gram Panchayats had won NGP for total sanitation. It does accept that preventing open defecation remained the biggest challenge. TSC has been one of the flagship programmes of the government. Its annual budget had grown from Rs.202 crores in 2003-4 to Rs.1500 crores in 2011-12. Government of India had launched the National Rural Health Mission in 2005. It converges sanitation and hygiene activities, household toilets and school sanitation programs. By 2011 sanitation coverage had reached over 50% over India (32.7% rural and 87.4% urban). Though the government provides financial incentives to make individual household toilets, toilets had not been yet accepted as a universal necessity and there are still problems of socio-economic exclusion and obvious neglect of the needs of the aged and infirm, women and children, and those living in remote or difficult areas. Rural sanitation coverage was only 1% at the start of 1980s. After the launch of CRSP in 1986, it reached 4% by 1998 and 32.7% by 2011.

As per 2011 census, data on availability of toilets in India is given below:

|                                                         | Rural  | Urban | Total  |
|---------------------------------------------------------|--------|-------|--------|
| No. of households in India (millions)                   | 167.83 | 78.87 | 246.69 |
| Households with latrine facility within the premises    | 30.7%  | 81.4% | 46.9%  |
| Households without latrine facility within the premises | 69.3%  | 18.6% | 53.1%  |
| Households using public toilets                         | 1.9%   | 6.0%  | 3.2%   |
| Households resorting to open defecation                 | 67.3%  | 12.6% | 49.8%  |

Source : Census 2011

There were also wide regional disparities, e.g. 78% of total households in Jharkhand and Orissa, 77% in Bihar, 75% in Chhatisgarh and 71% in Madhya Pradesh were without toilet facility as against only 5% in Kerala, 8% in Mizoram and 11% in NCT, Delhi and in Manipur. Under Government of India's target of universal coverage of rural 'sanitation' by 2022, 50% of Gram Panchayats were expected to attain Nirmal Gram status by the 12th Plan end, i.e. 2017. Towards this, incentives were increased in amount and extended to many uncovered groups. Article 17 of the Indian Constitution had abolished the practice of 'untouchability'. Nevertheless, the caste groups involved in scavenging, have continued to be linked to the polluting work, such as, sweeping, cleaning toilets and to live in most unhygienic and precarious socio-economic conditions. Sanitation issues are closely interlinked with those of defecation, waste control and disposal, water supplies, environment, and health, as well as with poverty, and there are wide disparities among states in sanitation outcomes. As mentioned

above, the sanitation and public health measures in India have been biased in favour of cities as compared to its rural counterpart.

Rural sanitation moved higher in policy consciousness in India only after 1999, with the Total Sanitation Campaign, which rewarded villages for exemplary sanitation improvements. Central funding has regularly increased since then. But still there is a stark reality as follows

|                                                                           |                                                                  |                                                                                  |
|---------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>67%</b><br><b>RURAL</b><br><b>HOUSEHOLDS</b><br><b>HAVE NO TOILETS</b> | <b>78%</b><br><b>SEWAGE</b><br><b>DUMPED IN</b><br><b>RIVERS</b> | <b>6000</b><br><b>TONNES OF</b><br><b>PLASTIC WASTE</b><br><b>LITTERED DAILY</b> |
|---------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|

Urban India generates 68.8 million tonnes of trash a year. More than 6,000 tonnes of plastic waste is littered and uncollected daily, adding to the soaring mountains of non-biodegradable trash. By 2047, 1,400 sq km of land, or the total area of Delhi metropolitan region, will be required just for municipal waste.

According to the UN World Cities Report 2016, by 2030, India is expected to be home to seven mega-cities with population above 10 million. According to Census 2011, 377.1 million Indians comprising 31.16 per cent of the country's population live in urban areas. India's urban population is projected to grow to

about 600 million by 2031. Many Indian cities are now struggling with multiple problems of poverty, inadequate provision of urban services, congestion, air pollution (Delhi's smog case), sizeable slum population, lack of safety measures, and challenges in terms of garbage removal, sewage system, sanitation, affordable housing, and public transport and management of Municipal Solid Waste (MSW)

The UPA's Nirmal Bharat Abhiyan, launched in 2012 with Jairam Ramesh's stewardship, has a strong resemblance to Modi government's Swachh Bharat Abhiyan in its broad allocations, focus on changing behaviours, and attempts at splashy marketing. The expanded Swachh Bharat mission, though, unpacks public dirt into sanitation and solid waste in villages and cities.

### **Swachh Bharat Abhiyan: earlier attempts by Gadge Baba and Gandhiji**

**Looking at the importance of public health, some of the social reformists in India launched their social movements even before the government provisions. They were designed to attain the health of entire village and/or the downtrodden society.**

#### **Gadge Baba:**

Gadge Baba was born in 1876 in a washerman's family in Amravati, in northeastern Maharashtra. His teachings were simple — give food to the hungry and shelter to the needy and protect the environment. As soon as he entered a village he would start cleaning the roads and gutters, telling the people that their felicitations would have to wait until his work was done. With the money that people gave him, he built dharmasalas, educational institutions, animal shelters, and hospitals. After his death in 1956, Gadge Baba and his movement slipped easily into folklore. This was purely a social movement for the common objective of a clean and healthy village undertaken by the people voluntarily. His social movement got an official acknowledgement with the launching of Sant Gadge Baba Gram Swachata Abhiyan, a scheme by state government of Maharashtra in 2000-01. This programme awards prizes to villagers, who maintain clean villages. In addition, the Government of India instituted a National Award for Sanitation and Water in his honour. This idea of launching Sant Gadge Baba Gram Swachata Abhiyan, was prompted by the result of a survey done on the extent of use of sanitation facilities built by the government. The survey revealed that between 1997 and 2000, of the 16,61,000 toilets that were built in Maharashtra at a cost of Rs.456 crores, only 57 per cent were in use. There were two reasons for this. One was the absence of an integrated approach to sanitation and the other, a complete lack of community involvement.

#### **Cleanliness and Gandhiji:**

Mahatma Gandhi had realized early in his life that the prevalent poor state of sanitation and cleanliness in India and particularly the lack of adequate toilets, in the then largely rural India, needed as much attention as was being devoted toward attainment of swaraj. He said that unless we "rid ourselves of our dirty habits and have improved latrines, swaraj can have no value for us." [CW 14:56-58] Along with the struggle for India's independence, he led a continuous struggle for sanitation, cleanliness, and efficient management of all categories of wastes throughout his public life (1893 – 30.1.1948), in South Africa and then in India. His concept of cleanliness, health and sanitation was mainly dealing with the practice of untouchability and exclusion of some strata of the then Indian society who did not follow sanitary and hygienic practices. These social groups were made to live in separate 'locations'. As a part of his drive for sanitation, Gandhiji started a national movement for the 'removal of untouchability', according equal social status to the 'untouchables' and improving their living and working conditions, and insisting that everyone should be one's own scavenger. Gandhi stressed the need for "sanitation and hygiene as part of our being". [CW 4:176].

He wanted every educated Indian to be "a missionary in hygiene and sanitation". [CW 5:100-1] As most Indians then lived in villages, he had started paying special attention to 'village sanitation'. During the Champaran satyagraha [1917], he found the villages insanitary with filthy lanes, stink around wells and skin diseases being common. He took up the sanitation work on priority, with a set of volunteers, tried to make one village ideally clean, swept the roads and courtyards, cleaned out wells and ponds and induced the villagers towards sanitation. He saw how extreme poverty too led to personal insanitation-women could not take bath as they had only one sari. He in 1924, even said, "Outward filth is only a sign of the uncleanliness in our minds." [CW 43:410] His incessant drive towards cleanliness may be studied under three broad categories: a) sanitation as a system and a movement (e.g., its role in freedom movement, Indians and sanitation, lessons from the West); b) sanitation in specific situations (e.g. in cities, in villages, on Railways, in Gandhian ashrams and Congress sessions); and c) the associated issue of 'untouchability' and its 'removal'. He stressed the need to learn "from the West, the science of municipal sanitation" and modify these methods of sanitation to suit our requirements". Writing under the title 'Our insanitation', he said that incidence of several diseases could be directly traced to insanitation and, "Swaraj can be had only by brave and clean people."--"A clean body cannot reside in an unclean city." "The first condition of any municipal life is decent sanitation and an unfailing supply of pure drinking water." In highlighting the role of various stakeholders in the whole system of governance, he said, "every municipal councilor– [being] a trustee and custodian of public health, should ensure sanitation of towns and rivers." He stressed the role of the municipalities in eliminating insanitation.

During 1931-1942, Gandhiji led an all-India movement for 'Removal of Untouchability' and instituted 18-point 'Constructive Programme' which included apart from 'Removal of Untouchability', 'Village Sanitation' as well as 'Education in Health and Hygiene'. He observed that treating sanitary workers as 'untouchables' had led to the work of sanitation being grossly neglected as 'unclean', to the unscientific and unhygienic state of sanitation in India and to their own living places being unclean beyond description. He said that we have to change the village from dung-heap into "a smiling garden". His ideal village will "lend itself to perfect sanitation - - cottages with sufficient light and ventilation - - lanes and streets will be free of all avoidable dust." According to him, "In a well-ordered society the citizens know and observe the laws of health and hygiene". For women, he wanted the first place to be given to knowledge of sanitation and hygiene. After independence, he strongly asserted the need to recycle all organic waste by composting it into manure. In his 'ideal village' there would be no filth and darkness, and no plague, cholera or small-pox. [CW 81:320]

In this background the Prime Minister's speech on the Independence Day (15.8.2014) brought fresh hopes: "How do we celebrate 150th birth anniversary of Mahatma Gandhi? - - - Mahatma Gandhi had cleanliness and sanitation closest to his heart. Whether we resolve not to leave a speck of dirt in our village, city, street, area, school, temple, hospital, and what have you, by 2019 when we celebrate 150th anniversary of Mahatma Gandhi? This happens not just with the Government, but with public participation. That is why we have to do it together."

### **SWACHH BHARAT ABHIYAN -with a participatory approach**

Swachhta (cleanliness) was an idea first articulated by Mahatma Gandhi, who said that sanitation is even more important than political freedom. As a mission Swachh Bharat will not only result in intended physical outcomes but also a lifestyle and mindset change.

Prime Minister Narendra Modi transformed this mission into a project of the people in August 2014 titled it as “**SWACHH BHARAT ABHIYAN/MISSION**” (SBA/M). He is the first Prime Minister to have spoken of sanitation. According to him sanitation is social transformation and is as, if not more, important than economic transformation.

#### **OBJECTIVES OF SWACHH BHARAT ABHIYAN:**

The Indian Government, like many around the world, has recognised that health is a key determinant of economic growth in the 21st century. Better health leads to higher income, which in turn leads to better health. Like education, health is a fundamental component of human capital.

The campaign of Swachh Bharat launched by the government of India is aimed to accomplish various goals and fulfil the vision and mission of “Clean India” by 2<sup>nd</sup> of October 2019 which is 150<sup>th</sup> birth anniversary of the great Mahatma Gandhi. The estimated investment to cost would be over 62000 crore of Indian rupee (means US\$ of 9.7 billion). It has been declared by the government that this campaign is taken as “beyond politics” and “inspired by patriotism”.

Following are the some important objectives of the Swachh Bharat Abhiyan:

To eradicate the system of open defecation in India.

To convert the insanitary toilets into pour flush toilets.

To remove the system of manual scavenging.

To make people aware of healthy sanitation practices by bringing behavioral changes in people.

To link people with the programmes of sanitation and public health in order to generate public awareness.

To build up the urban local bodies strong in order to design, execute and operate all systems related to cleanliness.

To completely start the scientific processing, disposals reuse and recycling the Municipal Solid Waste.

To provide required environment for the private sectors to get participated in the Capital Expenditure for all the operations and maintenance costs related to the clean campaign.

To achieve above objectives following ideas were framed,

Leveraging the business sector’s consumer knowledge to drive behaviour change over and above the financial and in-kind contributions

Similarly, leveraging NGO knowledge of community structures and local implementation to bring the programme to more doorsteps in India

Asking the government of India to consider how a greater focus on behavioural change,

measuring this mission’s outcomes (and not just outputs), and greater attention on hand hygiene can help SBA be even more successful over the next three years

Proper integration of various components of the sanitation chain such as ensuring water supply, seepage management, sewerage networks, prevention of manual scavenging and solid waste management form the key for the Swachh Bharat Mission.

#### **Corporate India and Swachh Bharat Mision:**

Responding to the call of Prime Minister Narender Modi, Corporate India is also enthusiastically taking steps towards making the Abhiyan a success.

Public and Private companies are appending in cleanliness activities under their compulsory Corporate Social Responsibility (CSR) schemes which is a statutory requirement as per Companies Act, 2013. CSR is a mechanism through which companies invest in activities beneficial to society as a whole.

Only recently major corporate houses from different segments such as L&T, DLF, Vedanta, Bharti, TCS, Ambuja Cements, Toyota Kirloskar, Maruti, Tata Motors, Coca Cola, Dabur, Aditya Birla, Adani, Infosys, TVS and many others have earmarked budgets for Swachh Bharat projects. According to one estimate Rs 1000 Crore worth of various cleanliness projects are in the pipeline by corporate sector. These projects include building toilets in distant villages, running workshops on behavioural changes, waste management, and water hygiene and sanitation activities among other things.

In a bid to invite corporate funds for Swachh Bharat campaign, the government had recently decided that corporate contributions towards this scheme will now be counted as CSR spend. And to make it clearer later the Corporate Affairs Ministry also amended Schedule VII of Companies Act to specify that contributions to 'Swachh Bharat Kosh' would be an eligible CSR spends. Therefore, not only government and private individuals but also the corporate sector is playing its role in making India totally clean.

#### **Women and Swachh Bharat Mission:**

Mahatma Gandhi was of the opinion that being unclean is equal to violence. Women in India are exposed to crimes and violence to a large extent. Data on Women related crimes is putting a big question mark on the women safety in the country. Among many factors responsible for this women's vulnerability towards crimes, one major is the lack of toilet walls for them. Defecation in open surely threatens privacy, increases embracement; and more it increases the violence and crimes against women.

At the backdrop of gender inequality issue in India, Indian women sufferings included the encroachment on her privacy and hygiene by not giving them their right to access the toilets and other sanitation facilities. Launch of Swachh Bharat Mission is a step towards reducing these women sufferings and a step towards their freedom from the embarrassed acts. It is also observed that if a lady of the house has got the good habits of using toilets, hand hygiene and proper use of other sanitation systems, then the other family members including children do get into these good habits. This is a fact and unfortunately due to lack of awareness we have to document this fact. So Swachh Bharat Mission is going to bring in more value addition to women's life in many sense.

#### **Implementation Aspect of the Mission:**

SBM is being implemented separately for urban and rural areas. SBM (Urban) is being delivered by the Ministry of Urban Development (MoUD), while SBM (Rural/Gramin) is being implemented by the Ministry of Drinking Water and Sanitation (MoDWS).

The Central Government and the World Bank signed a US\$1.5 billion loan agreement on 30 March 2016 for SBM to support India's universal sanitation initiative. SBM will also receive funding from other multi-lateral and bi-lateral funding agencies, such as the Japan International Cooperation Agency

#### **Swachh Bharat Mission – Urban**

Significant progress has been made under SBM-Urban in all towns and cities. MoUD provides funding to individual households to construct toilets within their premises and to ULBs/Gram Panchayats to construct community and public toilets. Some major achievements include:

- ▶ All ULBs have begun implementing a **100% door-to-door solid waste collection system** in their towns and cities.
- ▶ For FY16-17, more than **50% of the cities and towns targeted** under SBM-Urban have achieved Open Defecation Free (ODF) status.
- ▶ **Two new states**, Andhra Pradesh and Gujarat, were **declared ODF** for urban areas.

#### **Swachh Bharat Mission - Gramin (Rural)**

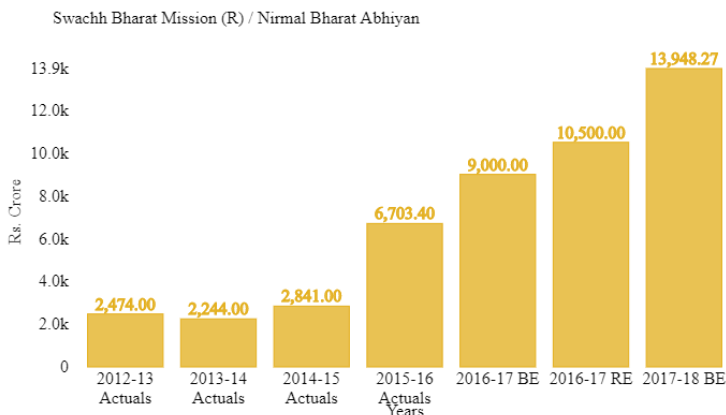
MoDWS has provided guidance to all villages and gram panchayats to help them achieve ODF status.



Major achievements under SBM-Gramin include:

- ▶ Reduced open defecation among women in rural areas
- ▶ Enhanced access to separate toilet facilities for boys and girls in schools
- ▶ Private sector participation in sanitation improvement has begun

Fund allotment for the said mission has happened in the following manner:



Source: Compiled by CBGA from Union Budget for various years

After the launch of this campaign Ministry data shows the number of toilets built and ODF parts in the country:

|    |                                                                       |
|----|-----------------------------------------------------------------------|
| 1. | <b>614.38 Toilet Built (in Lakh)</b><br>since 2nd Oct 2014            |
| 2. | <b>39.16 % increase in HHs with Toilet</b><br>since 2nd Oct 2014      |
| 3. | <b>2,16,61,383 (in Lakh) Toilet Built in 2017-18</b>                  |
| 4. | <b>1,40,196 (in Lakh) No. of ODF Gram Panchayats</b><br>Self Declared |
| 5. | <b>3,18,433 (in Lakh) No. of ODF Villages</b><br>Self Declared        |

Since its launch on 2nd October 2014, the country has seen an unprecedented scaling up of sanitation related activities. States are competing with each other to fulfill goals and targets by 2019 which is the target date to achieve an open-defecation free country.

According to the Ministry of Drinking Water and Sanitation (MDWS), sanitation coverage has gone up from 42 percent in October 2014 to 60 percent in 2017. As per MWDS, three states – Kerala, Himachal Pradesh and Sikkim – 85 districts across the country and 1,52,535 villages have already been declared open defecation free (ODF). These achievements have clearly contributed to making sanitation a political priority. The Ministry has also come up with ODF Sustainability Guidelines with a view to address sustainability.

### Conclusions and Recommendations:

Prime Minister Modi's ambition for the Swachh Bharat initiative is wide-ranging. It must be so to succeed in improving the health and welfare of so many people, so quickly. Additionally, the economic impact of India's inadequate sanitation is sizeable, at an estimated 1.5% of GDP (2015).

SBM has significantly advanced the sanitation agenda in India and created a groundswell of support. But four years on from launch, the campaign is at a critical juncture. To meet the Prime Minister's vision for 2019, SBM must be implemented faster. And there must be much more focus on changing behaviour, so that people continue to use the newly constructed toilets and understand the need for

better hand hygiene - action that could save the lives of 300,000 young children every year.

To imbibe this habit of cleanliness and good health, SBM needs further extension of around five more years. Indian economy has to consider five more years to continue this because it has other growth targets to achieve too. To make it fully successful, we recommend following:

The right to sanitation must become a part of the right to life under Article 21 of the Constitution.

Sanitation is a 'state' subject and 74th amendment to the Constitution (1992) empowers urban local bodies with responsibility of public health, sanitation, conservancy and solid waste management. The 'sanitation' sector is not commercially viable even though it is economically very viable. Its high capital and operating costs need a combination of grant, loan, and tariff funds. Further, provision of viability gap funding by central and state agencies remains a critical area.

Management of Municipal Solid Wastes still is a big challenge. For effective Management of Municipal Solid Wastes, the principle of 'The polluter pays' must be followed.

More fiscal incentives rather than the subsidies to be given for effective health and sanitation outcomes.

A healthy competition to be promoted between different stakeholders of effective provisions of sanitation, to have greater participatory support from each of these stakeholders.

There is also need to make people aware of protecting and maintaining public infrastructure.

It will require new thinking, new ways of working and adaptation. However, this is a once-in-a-generation opportunity. We must all stretch to meet these challenges, even if it is uncomfortable or unfamiliar. And this is the only way to pay tribute to our social leaders who brought about this social change. Fruits of their hardship and visionary guidelines are taking the forms of policy prescriptions.

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