



An Enquiry into the Progress and Prospects of Swachh Bharat Mission (SBM) in India

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ABSTRACT: Access to safe sanitation and cleanliness is a critical element of public health which has direct impact on the well being of the people. The absence of adequate number of toilets, safe solid and liquid waste management system, age old practice of open defecation poses serious sanitation and health hazards in India. To accelerate the efforts to achieve universal sanitation coverage and to put an end to open defecation in the country, the Government of India launched the Swachh Bharat Mission (SBM) on 2nd October, 2014. AS the SBM mission has completed its target time of October 2019, it is essential to look into the progress and achievements of the mission, to analyse if the mission has reached its goal or not and the way forward to sustain the progress made so far. The study asserts that there has been substantial increase in availability of Individual Household Latrine (IHHL) facility after the commencement of SBM. But they study claims that mere construction of IHHL facility alone may not lead to complete elimination of Open Defecation but there has to be a strong behavioural change among the people, which will induce them to resist open defecation and follow hygiene practices.

KEYWORDS: Swachh Bharat Mission, Clean India, Sanitation, Open Defecation Free (ODF), Individual Household Latrine (IHHL)

I. INTRODUCTION

“An ideal village will be so constructed as to lend itself to perfect sanitation. The very first problem, the village worker will solve is its sanitation.”

- Mahatma Gandhi wrote in ‘Harijan’ (1937)

Mahatma Gandhi gave great emphasis on cleanliness, personal hygiene and sanitation. Perfect sanitation formed the core of Mahatma Gandhi’s conception of an “Ideal Village”. They are the basic determinants of a healthy and quality life. Aligning

with the ideals of Mahatma Gandhi, the Swachh Bharat Mission (SBM) was launched on October 2, 2014 by Government of India, to fulfil the vision of a cleaner India by October 2, 2019 as a tribute to Mahatma Gandhi on his 150th birth anniversary. The SBM is one of the biggest ever drives to accelerate efforts towards achieving universal sanitation coverage, eliminating open defecation and improving cleanliness in the country. Apart from making the country open defecation free, the other objectives of the mission include eliminating manual scavenging, ensuring proper management of solid and liquid waste and also facilitating participation of private sector towards provision of cleanliness facilities. The mission aims to achieve these objectives by behaviour change and enhancing awareness about the positive effects of sanitation on health outcomes. This is a massive campaign to initiate the theme of sanitation and cleanliness all through the country. Importantly, it is also aligned with the United Nations global Sustainable Development Goals (SDGs) 2030, especially the SDG 6.2 which says, “By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations” (UNDP 2015). In this context, as the SBM mission has completed its target time of October 2019, it is essential to look into the progress and achievements of the mission, if the mission has reached its goal or not and the way forward to sustain the progress made so far. Accordingly this study attempts to analyze the progress and point out the prospects of SBM in India.

II. Need for sanitation facilities:

The term ‘Sanitation’ includes access to toilets for defecation, solid and liquid waste management, environmental cleanliness and personal hygiene (MoDWS, 2017). India cannot achieve real development if majority of its people



live in unhealthy and unclean surroundings due to lack of safe sanitation facilities. Poor sanitation facilities have many serious repercussions. A direct link exists between water, sanitation and human health and wellbeing. Improper disposal of human excreta, lack of personal hygiene and lack of scientific solid and liquid waste management have been some of the major causes of many diseases which have a significant direct and indirect cost to the society and nations. Children, particularly girls and women are the worst affected. Many children, particularly girls, drop out of school and are denied their right to education because they are deterred by the lack of separate and decent sanitation facilities in schools. In addition to health and social burden on young girls and women, poor sanitation also forces them to experience fear, shame, and harassment while having to defecate in the open. Addressing sanitation alone can reduce many of these unwanted effects among children and women. Further, inefficient solid and liquid waste management leads to disastrous impact on environment, especially pollution of rivers and other water bodies. Thus safe sanitation, personal hygiene and environmental cleanliness are pre-requisites for development of any country. The gains from a cleaner India will act as an important input, directly as well as indirectly, for achieving broader economic objectives.

III. Background of sanitation programs in India

Considering the importance of sanitation and personal hygiene, the different Governments in India have launched many programmes during different time periods (Planning Commission 2013, MoDWS 2017). Some of the major sanitation programmes initiated in India are given as follows:

The first program with focus on cleanliness and hygiene in India was **Central Rural Sanitation Program (CRSP)** started in **1986**. It aimed to construct individual sanitary latrines for people Below Poverty Line (BPL) in the country. But the program could not achieve its motive of improving access to sanitation due to intricacies in target identification and also had difficulties in bringing behaviour change among people.

The CRSP was followed by the launch of **Total Sanitation campaign (TSC) in 1999**. This programme pursued the principle of community led total sanitation and shifted its focus from toilet infrastructure creation as in CRSP to emphasis on behaviour change. It focussed more on increasing awareness among the rural people and generation of demand for sanitary facilities.

In June **2003**, Government of India started an innovative scheme called **Nirmal Gram Puraskar (NGP)** to give a boost to TSC. Nirmal Gram Puraskar initiated financial incentives to those gram panchayats, blocks and districts which have attained 100 per cent sanitation coverage in their respective geographical areas.

The TSC was renamed as **Nirmal Bharat Abhiyan (NBA) in 2012** with the objective to accelerate sanitation coverage and thus bring about an improvement in the general quality of life in rural areas of India. Under NBA, the incentives for IHHLs were enhanced and further focussed support was obtained from MGNREGS. However, there were implementation difficulties in convergence of NBA with MGNREGS as funding from different sources created delays (Planning Commission, 2013).

Subsequently, The **Swachh Bharat Mission (SBM)** was launched in **2014**, which was one of the biggest ever drives to accelerate efforts towards achieving universal sanitation coverage and eliminating open defecation in the country. Under its umbrella, the Swachh Bharat Mission has both rural and urban components – Swachh Bharat Mission (Urban) and Swachh Bharat Mission (Gramin).

The **Swachh Bharat Mission (Urban)** aims at elimination of open defecation, eradication of manual scavenging, modern and scientific municipal solid waste management, generate awareness about sanitation and its linkage with public health, capacity augmentation of Urban Local Bodies and also to create an enabling environment for private sector participation in capital and operation and maintenance expenditure.

The **Swachh Bharat Mission- Gramin (SBM-G)** aspires to bring an improvement in the general quality of life in rural areas, by promoting cleanliness, hygiene and eliminating open defecation. It also motivates communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and aims to encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.

Thus the sanitation programmes are not new to India. These have existed even before the Swachh Bharat Mission (SBM) that was launched in 2014. What seemed to be different about the SBM was a defined goal, with a time bound approach that involved everyone right from gram panchayat to state governments to work for a common goal – building toilets and putting an end to open defecation.



Despite all these programmes and efforts, India faces difficulties in achieving the goal of cleaner India and ensuring universal access to sanitation facility to all the citizens of the country. Therefore it is essential to analyse the progress made towards reaching the targets of SBM and also SDG. Accordingly the following objectives have been framed in the study

IV. Objectives:

- To examine the status of sanitation coverage in India by comparison with other countries of the world
- To analyse the progress of sanitation coverage after implementation of SBM in India through state level analysis
- To explore the reality vs claim in the progress of SBM
- To make a SWOT analysis on working of SBM in India

V. Analysis and Discussion

A) International Comparison of sanitation coverage in India:

The following Table 1 shows the comparison of status of sanitation coverage in India with that of BRICS countries, high income countries, low income countries and world average during three time periods of 2010,2015,2020 which reflects the period of before and after implementation of SBM in India and SDGs globally.

Table.1: International Comparison of sanitation facility coverage

Countries	Share of the population with access to safely managed sanitation (%)			Number of people without access to improved sanitation (in millions)			Share of people practicing open defecation (%)		
	2010	2015	2020	2010	2015	2020	2010	2015	2020
Brazil	39.86	43.93	48.71	34.19	27.75	20.88	4.04	1.95	0.3
Russia	58.16	59.6	60.82	18.91	17.29	15.48	0	0	0
India	25.38	35.71	45.91	588.46	419.35	229.53	43.87	29.23	14.93
China	35.33	52.49	69.66	289.67	177.88	74.31	1.15	0.67	0.32
South Africa	NA	NA	NA	8.15	6.18	4.01	5.51	2.58	0.22
High Income Countries*	82.18	84.55	86.57	9.87	6.96	6.15	0.05	0.02	0.04
Low Income Countries*	15.5	16.76	18.13	319.5	355.12	383.51	27.9	23.66	18.85
World	39.95	47.14	53.95	1800	1470	1110	13.85	10.01	6.34

Note: * As per World Bank classification, for the year 2020, Low-income economies are those with a GNI per capita of \$1,045 or less and high-income economies are those with a GNI per capita of \$12,696 or more.

Source: WHO/UNICEF Joint Monitoring Programme (JMP) on Water, Sanitation and Hygiene (WASH)

From the table 1, it can be seen that in all three time periods, India had the lowest percentage of people with access to safely managed sanitation facility among the BRICS countries. India stands only above the low income countries which reflect the miserable status of sanitation coverage in India. However, it is also important to note that over the years, there is good progress in the sanitation coverage in India with 25.38 per cent in 2010 to 35.71 per cent in 2015 to 45.91 per cent in 2020 which is encouraging.

Similarly, in number of people without access to improved sanitation facility shows that India has the largest number of people without access to improved sanitation facility among the BRICS countries. In the year 2010, there were 1800 million people throughout the world who did not have access to sanitation facility and on the same year, around 588.46 million people in India were without access to sanitation facility. This means that 1 out of 3 people in the world without access to sanitation facility were from India. Also it is



shocking to find that in the years 2010 and 2015, the number of people without sanitation facility in India was higher than the level in low income countries taken together. Nevertheless, over the years there has been considerable decline in people without access to sanitation facility and in the year 2020, there were 229.53 million people in India, while 1110 million around the world were without access to sanitation facility. It counts to 1 out of 5 people in the world without sanitation facility was living in India. This shows the humongous task yet to be done to make universal access of improved sanitation facility to all citizens of India.

The table 1 also shows the share of people practicing open defecation across the world and selected countries. In high income countries and the BRICS countries, other than India, the percentage of people practicing open defecation is negligible. Whereas in India, it was 43.87 per cent and 29.23 per cent in 2010 and 2015 respectively, which were higher than the low income countries and also the world average. In the year 2020, the share of people practicing open defecation in India has reduced to 14.93 per cent which is less than the low income countries but still way higher than the world average.

These international comparison shows that, though there has been progress around the world and also in India, there is still a huge gap between the current status and achieving universal access of sanitation facility by 2030, which is an important target of Sustainable Development Goals (SDGs). This calls for a combined effort from the world community to works towards ensuring the universal access of safely managed sanitation facility for all.

B) Progress of SBM in India – A State Level Analysis:

The status of development in sanitation coverage at a disaggregated state level analysis will help to study the progress of SBM in a detailed manner. However, due to unavailability of year wise data of Swachh Bharat Mission (Urban), this study has utilized only the Swachh Bharat Mission (Gramin) data to analyse the progress of SBM. Thereby the following table 2 depicts the percentage of Individual Household Latrine (IHHL) coverage in the states of India, since the inception of SBM in 2014.

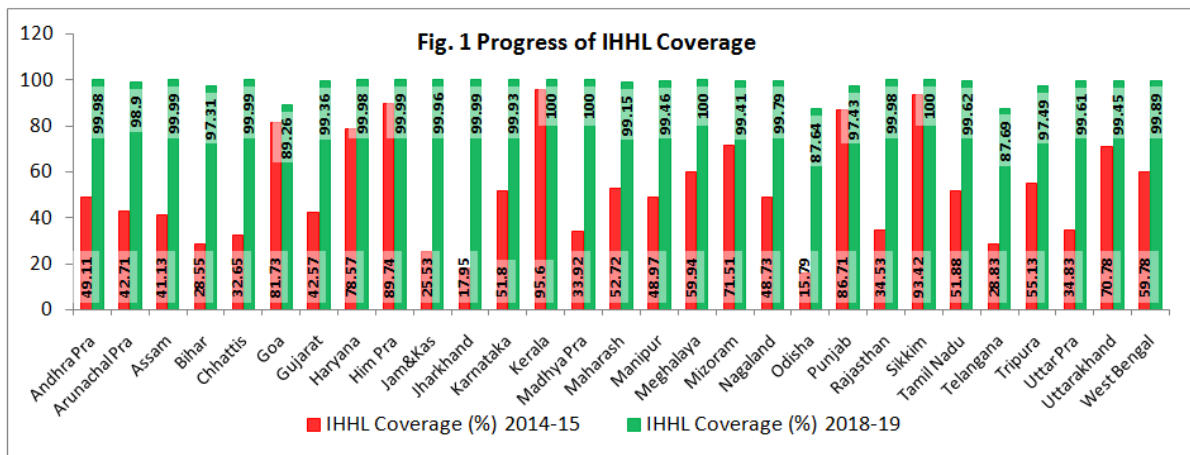
Table: 2 State Level Analysis of Progress of SBM (G) in India

State Name	IHHL Coverage (%) 2014-15	IHHL Coverage (%) 2015-16	IHHL Coverage (%) 2016-17	IHHL Coverage (%) 2017-18	IHHL Coverage (%) 2018-19
Andhra Pradesh	49.11	54.11	65.21	96.31	99.98
Arunachal Pradesh	42.71	52.97	75.96	98.21	98.9
Assam	41.13	50.03	69.7	85.37	99.99
Bihar	28.55	31.44	36.92	58.89	97.31
Chhattisgarh	32.65	40	69.34	98.47	99.99
Goa	81.73	85.15	85.15	89.26	89.26
Gujarat	42.57	60.42	90.61	98.85	99.36
Haryana	78.57	83.39	87.3	99.93	99.98
Himachal Pradesh	89.74	94.37	99.99	99.99	99.99
Jammu & Kashmir	25.53	29.89	35.38	75.65	99.96
Jharkhand	17.95	25.68	46.2	76.67	99.99
Karnataka	51.8	59.36	69.62	89.76	99.93
Kerala	95.6	95.84	99.99	100	100
Madhya Pradesh	33.92	45.02	65.74	91.71	100
Maharashtra	52.72	60.69	78.03	98.4	99.15
Manipur	48.97	59.73	69.09	82.97	99.46
Meghalaya	59.94	69.9	80.28	99.94	100



Mizoram	71.51	76.03	78.83	98.83	99.41
Nagaland	48.73	57.56	72.42	79.92	99.79
Odisha	15.79	32.94	49.56	59.76	87.64
Punjab	86.71	89.21	92.96	95.53	97.43
Rajasthan	34.53	54.21	80.07	99.96	99.98
Sikkim	93.42	100	100	100	100
Tamil Nadu	51.88	62	74.16	97.54	99.62
Telangana	28.83	34.66	47.19	72.45	87.69
Tripura	55.13	64.6	71.28	76.09	97.49
Uttar Pradesh	34.83	37.55	44.49	66.92	99.61
Uttarakhand	70.78	74.99	96.31	99.43	99.45
West Bengal	59.78	70.24	87.19	94.91	99.89
India	43.79	51.80	65.74	84.63	98.53

Source: Swachh Bharat Mission (Gramin), Dept. of Drinking Water and Sanitation, Ministry of Jal Sakthi, GoI, <https://sbm.gov.in/sbmdashboard/Default.aspx>



Source: Based on Table 2

From the table 2 and Figure 1, it can be seen that there has been significant progress in the IHHL coverage in all the states of the country since the commencement of SBM in 2014-15. In the year 2014-15, the states with lowest coverage of household latrine were Odisha with 15.79 per cent, Jharkhand with 17.95 per cent, Jammu & Kashmir with 25.53 per cent and Bihar with 28.55 per cent.

Meanwhile, the percentage of IHHL coverage in these states has increased to 87.64 per cent (Odisha), 99.99 per cent (Jharkhand), 99.96 per cent (Jammu & Kashmir) and 97.31 per cent in Bihar which is a tremendous growth. Further in the year 2018-19, states like Kerala, Madhya Pradesh, Meghalaya and Sikkim have achieved 100 per cent IHHL coverage and majority of the states are very close to achieve 100 per cent coverage. Overall in

entire country the IHHL coverage was 43.79 per cent in 2014-15 and with steady growth, the IHHL coverage increased to 98.53 per cent in 2018-19 which is a commendable progress.

C) State level analysis of progress of ODF status:

A major focus of SBM has been on making the country Open Defecation Free (ODF). ODF would mean the termination of faecal-oral transmission, defined by no visible faeces found in the environment/village and every household as well as public/community institution(s) using safe technology option for disposal of faeces (MoDWS,2015).



Table:3 State Level Analysis of Progress of ODF status

State Name	ODF Status (%) 2015-16	ODF Status (%) 2018-19
Andhra Pradesh	16.73	100
Arunachal Pradesh	23.55	100
Assam	2	100
Bihar	3.54	70.27
Chhattisgarh	66.12	100
Goa	0	76.03
Gujarat	82.08	100
Haryana	93.85	100
Himachal Pradesh	100	100
Jammu & Kashmir	0.65	100
Jharkhand	11.45	100
Karnataka	24.99	99.6
Kerala	100	100
Madhya Pradesh	30.46	100
Maharashtra	58.33	99.9
Manipur	5.83	100
Meghalaya	60.75	100
Mizoram	31.03	99.71
Nagaland	19.09	100
Odisha	5.44	44.69
Punjab	34.16	100
Rajasthan	43.31	100
Sikkim	94.79	94.79
Tamil Nadu	28.05	99.99
Telangana	13.02	47.39
Tripura	0	100
Uttar Pradesh	6.06	100
Uttarakhand	86.69	100
West Bengal	48.1	96.09
India	30.25	92.21

Source: Swachh Bharat Mission (G), Ministry of Drinking Water and Sanitation, <https://sbm.gov.in/sbmdashboard/Default.aspx>

SBM(G) follows the procedure of self declaration of ODF by the respective sarpanch/panchayat (MoDWS, 2017). The ODF declaration was started in the year 2015-16. It can be seen from the table 3 that, only Kerala had 100

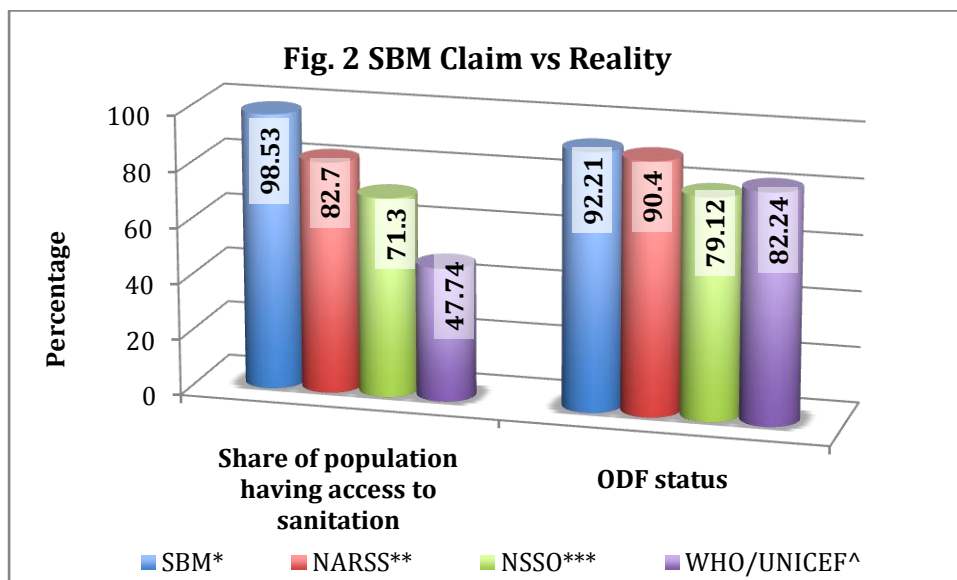
per cent ODF in 2015-16 and except few states like Haryana (93.85), Sikkim (94.79) and Uttarakhand with 86.69 per cent, all other states showed deplorable level of ODF status. However, in the year 2018-19 there has been considerable progress



and most of the states have achieved 100 per cent ODF status. At the same time, few states like Odisha, Telangana, Bihar have ODF status of 44.69 per cent, 47.39 per cent and 70.27 per cent respectively, which shows that these states have to work more towards achieving ODF in their states. Overall, in entire country, in the year 2015-16 only 30.25 per cent of villages were declared ODF, meaning 70 per cent of villages practiced open defecation. But in the year 2018-19, 92.21 per cent of the villages have been declared as ODF meaning only 8 per cent of the villages are yet to be declared ODF which is a creditable achievement of SBM (G).

D) Claim vs Reality

On October 2, 2019, five years after the launch of the Swachh Bharat Mission (SBM), India's Prime Minister declared the country as 100 per cent ODF, meaning every household in the country has access to a toilet. According to Swachh Bharat Mission (G), as on October 2019, a total of 10,15,83,053 household toilets have been constructed in rural areas since 2nd October 2014. While it looks like a stupendous achievement, it is necessary to see if India has really achieved the ODF status. Different reports from same time period contradicts with the claim of SBM which can be seen from the below figure 2.



Source: *Swachh Bharat Mission (Gramin), Ministry of Drinking Water & Sanitation (MoDWS), GoI
** National Annual Rural Sanitation Survey (NARS) Round 2, MoDWS, GoI
*** National Sample Survey (NSS) 76th Round Report, MoSPI, GoI
^ WHO/UNICEF Joint Monitoring Programme on Water, Sanitation & Hygiene(WASH)

For comparison purpose, the study has taken the data of percentage share of population having access to sanitation facility and data of open defecation status in rural area for the year 2018-19 from different reports. As per SBM (G), 98.53 per cent of rural population have access to sanitation facility and 92.21 per cent village had attained ODF status. Another report of the Government of India, "National Annual Rural Sanitation Survey - 2", reported only 82.7 per cent of rural population have access to sanitation facility and 90.4 per cent villages are declared as ODF. It is important to

point out that this survey was carried out by independent verification agency for Ministry of Drinking Water and Sanitation which is responsible for SBM. Further, the 76th National Sample Survey (NSS) report on "Drinking water, sanitation, hygiene and housing conditions in India", carried out between July 2018 and December 2018 reports that only 71.3 per cent of the household in rural area have access to latrine facility and 79.12 per cent of villages are declared as ODF.



Finally the international report of Joint Monitoring Programme (JMP) from WHO/UNICEF for Water Sanitation and Hygiene has reported that only 47.74 per cent of rural population have access to sanitation facility and 17.76 per cent of the rural population practised open defecation in 2019. Even after considering the difference in methodology and definition of variable, there is still huge variation in the data of different reports which belong to same time period. This raises questions about the 100 per cent declaration of ODF by the government on 2nd October 2019. Though there is no doubt that, there has been significant progress in the accessibility to sanitation facility in India since inception of SBM, but premature declaration of 100 per cent achievement might affect the progress of the mission and reaching the target completely. Therefore it is essential to find out the reality condition of ODF status to make SBM a true success.

E) SWOT Analysis of SBM:

A Strength Weakness Opportunity Threat (SWOT) analysis of SBM will help to analyse the achievements and way forward for the mission in an ideal manner. Thereby the researcher has made a SWOT analysis of SBM as follows:

Strength:

- There has been substantial increase in the number of households having access to IHHL facility.
- There is increase in awareness and shift in attitude towards usage of safely managed sanitation facility especially in rural areas.
- Access to toilets at home has made children and women feel more secure and protect their health and well being.
- Keeping the surroundings clean and proper solid and water waste management gives considerable environmental benefits.

Weakness:

- Unavailability of sufficient water in many places obstructs the usage of latrine facility
- The government's definition of ODF is based on IHHL construction rather than usage which does not consider the number of unused or default latrines at homes
- Deep rooted practice of defecating in the open is a huge challenge for maintenance

and sustainability of community and public toilets

Opportunity/ Suggestion:

- SBM should ensure adequate water supply available for both individual household latrines and public toilets
- SBM should focus on 100 percent school sanitation (separate toilets for girls and boys) and special provision for aged, differently-abled, pregnant women should also be considered
- Community-fund raising method can be adopted for maintaining and operation of public toilets
- Local women can be involved as agents of change and make use of electronic and print media to create awareness on cleanliness and hygiene practices
- A well-maintained drainage system and solid waste management system, where drain does not clog and water does not stagnate should be built in every corner.

Threat:

- The procedure of self declaration of ODF status might lead to false declaration by local authorities for financial and political gain
- After premature ODF declaration, even the eligible families will not be able to get financial subsidies to construct toilets which is a serious threat for the success of SBM
- Social stigma of caste and class in cleaning toilet resists people in usage and maintenance of clean toilets especially in rural areas which has to be sorted out.

VI) Conclusion:

Since the launch of SBM, the government and aligned agencies have been working relentlessly towards achieving universal access of sanitation facility to all and make India completely Open Defecation Free (ODF). Subsequently there has been remarkable increase in the availability of sanitation facility to households, especially in rural India. But at the same time, there is overemphasis on toilet construction rather than usage, which has been one of the major reasons why most of India's national policies on sanitation have not seen much success. In view of this and adhering to the definition of ODF, inclusion of behavioural, health, economic and toilet usage indicators to evaluate ODF status will be more fool-proof than considering only the number of toilets constructed.



Thus the true success of SBM lies in addressing the issues of change in behaviour and attitude of people to follow hygiene practices at public places beyond their individual houses, revival of dysfunctional toilets, elimination of manual scavengers, removal of water scarcity, cleaning water bodies and scientific method of waste management should be included. The dream of clean India can be realized only by addressing these multiple issues which will be a true tribute to the father of the nation and real development of the country.

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