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**Pledge for making India open defecation free by 2019:  
opportunity and challenges**

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*This paper seeks to engage in a critical review of Swachh Bharat Mission (Clean India Campaign) launched by Prime Minister of India on 2nd October, 2014. This national programme seeks to accelerate efforts to achieve universal sanitation coverage for making India open defecation free (ODF) and clean by 2019, as a tribute to the 150th Birth Anniversary of Mahatma Gandhi. This entails improving the levels of cleanliness in rural areas through Solid and Liquid Waste Management activities and making villages Open Defecation Free (ODF), clean and sanitized. The Mission shall strive for this by removing the bottlenecks that were hindering the progress, and focusing on critical issues affecting outcomes. This is a new initiative following the successive failure of three national rural sanitation programmes over last almost three decades: Central Rural Sanitation Program (CRSP); Total Sanitation Campaign (TSC); and Nirmal Bharat Abhiyan (NBA).*

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**The Great Indian Sanitation Crisis**

Rural sanitation in India now stands out as one of humankind's greatest, gravest and most intractable problems. In 2006, India had 55 per cent of the open defecation in the world. This rose to 58 per cent in 2008 and 60 per cent in 2013, although Indians are only 17 per cent of the world population. India leads the world in open defecation with about 600 million people defecating in the open in the country every day. Women and children are most affected. Close to 300 million women and young girls sit out in the open often in difficult conditions including heat and cold and rains and under the constant threat of being watched, molested and raped. This is not only a national shame, but also a human and development emergency.

Open defecation causes malnutrition/under nutrition of children, illness, poverty, stunting, and poor school performance, damages immune systems, and impairs mental development reducing future earnings and human capital. India has one third of the undernourished (stunted) children in the world. The undernutrition of children, with one third of the undernourished children in the world, is causally linked through multiple faecally-transmitted infections (environmental enteropathy, intestinal worms, diarrhoeas and numerous others). A recent survey in North India has found a widespread belief that OD is healthier than having a toilet in or near a dwelling. More than half the people with a government constructed toilet defecate in the open. Constructing toilets is no solution.

**Major problems with earlier national programmes**

The fact that rural sanitation coverage in India has increased at an annual average rate of a little over 1% indicates that the Central Rural Sanitation Programme (CRSP) 1986-1999, Total Sanitation Campaign (TSC) 1999-2012, and Nirmal Bharat Abhiyan (NBA) 2012-2014 have failed to achieve their stated goals of a Clean India. The TSC had 2012 as the target date for a Nirmal Bharat (Clean India). Instead, with population increase, and with toilet coverage increasing at only around 1 per cent per year, there were 80 lakh more rural households defecating in the open in 2011 than in 2001.

This situation 67 years after independence and 28 years after the first programme started indicates basic design weaknesses in the approach to a Clean India. As in many other countries, so also in India the policy

of individual toilet subsidies/incentives has not worked. Reviewing the CRSP, TSC and NBA experience reveals a negative syndrome with the following interlocking impediments:

1. Disbursement and supply-driven, top down, hardware subsidy implementation;
2. Grossly misleading monitoring and reporting;
3. Misuse of incentive funds;
4. The information, education and communication (IEC) component of TSC/NBA has failed to trigger behaviour change among people and communities. In practice the programme has been focused on toilet construction;
5. Though the TSC/NBA was called an ‘Abhiyan’ (a campaign), it has been in practice a routine programme with low priority at state/district/block levels;
6. The basic diagnosis has been lack of toilets and the prescription to build them. The focus has been on the individual household, when the key issue is social norms and collective behaviour change. As a result, despite some increase in numbers of toilets, India still have extremely few truly ODF communities.

### **Objective of Swachh Bharat (clean India) by 2019**

It is remarkable that for the first time in India, the Prime Minister has taken up the issue of sanitation and launched a new ‘Nirmal Bharat-Clean India’ campaign, as one of his five top agenda items as the Prime Minister. A commitment to collective behaviour change as against the mere focus on toilet construction also forms a part of this national initiative for the first time. Objectives of the SBM are:

- Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation;
- Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat (clean India) by 2<sup>nd</sup> October 2019
- Motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education;
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation;
- Develop where required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.

### **Implementation strategy of new mission**

The focus of the Strategy is to move towards a ‘Swachh Bharat’ by providing flexibility to State governments. This is focused to enable States to develop an Implementation Framework to utilize the provisions under the Mission effectively and maximize the impact of the interventions. It is planned that Implementation Framework of each State be prepared with a road map of activities covering the 3 important phases; Planning, implementation and sustainability.

Activities with clear action plan will be prepared for each phases. The suggested approach is to adopt the Community led and Community Saturation approaches focusing heavily on collective behavioral change. Emphasis has been given on awareness generation, triggering behavior change and demand generation for sanitary facilities in Houses, Schools, Anganwadis (child and mother care centers in rural area), and places of Community congregation, and for Solid and Liquid Waste Management activities. Community-based monitoring and vigilance committees are proposed to create peer pressure. An army of ‘foot soldiers’ or ‘Swachhata Doots’ on sanitation will be developed.

The provision of Incentives for individual household latrine units to the rural households is available to States which wish to provide the same. States will have flexibility regarding the utilization of the Incentive. Incentives, if given, may be to the Individual households or where the community model is necessarily adopted to trigger the demand in GPs/Blocks/Districts, the community as a whole or as a combination of both. Since the Incentive for one Individual household is USD 200, the State will be eligible to receive the entire amount. State may decide to provide Incentives to households in two phases, one at the pre-construction stage and the other on completion of construction and usage. However, the community incentive will only be released after the village unit is open defecation free for a significant length of time.

Network of Self-help Groups (SHGs), Village Organizations (VO) of SHGs in the villages, Block level and District level Federations of SHGs under National Rural livelihood Mission will be linked for effective communication, triggering demand and promoting area specific toilet design and specification. The SHGs can also be effectively used as a micro financing unit for sanitation infrastructure. SHGs can work as Rural Sanitary Marts (RSMs) in remote areas where bulk procurement and delivery of quality hardware for toilet construction.

In addition to making country open defecation free, it has been planned to saturate coverage in the first instance the States/ Districts/ GPs in all major river basins of India e.g. Sutlej, Ravi, Beas, Ganga, Yamuna, Godavari, Narmada, Tapi, Kaveri, Brahmaputra.

Robust Monitoring arrangement has to be put in place to monitor open defecation status of a village like Social Audit. Rapid Action Learning Unit (RALU) is proposed to be in place at the National, State and District levels, to evaluate the monitoring exercise, provide advice on corrective action and upscale good practices. This will be based on learning's about Action (what is happening in the field) and from Action (by trying out through Innovative action). These units will carry out activities including being up to date with field activities under SBM, brainstorming and search; field trials of innovative approaches; research sharing and feedback.

### **Key new elements under Swachh Bharat Mission**

A number of new elements have been included in Swachh Bharat Mission for the first time. These elements under Swachh Bharat Mission are as follows (*as per Guidelines document of Swachh Bharat Mission*):

- Flexibilities to State Government in terms of the following: to prepare their own implementation framework; to utilize incentive money to households in two phases, one at the pre-construction stage and the other on completion of construction and usage or as community incentive after the declaration of village unit open defecation free or state can subsidise construction material including cement, rural and urban pans, P-traps and pipes by using incentive money;
- Community led and Community Saturation approaches have been included with focus on collective behavioural change. First time emphasis has been given to triggering for behavior change and demand generation for sanitary facilities in Houses;
- Public pledging by prime Minister himself;
- School and Anganwadis (child & mother care centres) sanitation has been delinked from ministry of
- Drinking water & sanitation and responsibility has been given to department of education and women & child welfare;
- Delinked from Rural Employment Guarantee Scheme;
- Use of network of women self-help groups under National Rural Livelihood Mission (NRLM) for triggering and monitoring;
- The Revolving Fund available under the SBM may also be utilized for working as Rural Sanitary Marts (RSMs) in remote areas for bulk procurement and delivery of quality hardware for toilet construction;
- Mission will saturate coverage in the first instance the States/ Districts/ GPs in all major river basins of India e.g. Sutlej, Ravi, Beas, Ganga, Yamuna, Godavari, Narmada, Tapi, Kaveri, Brahmaputra;
- Micro financing for construction of toilets;
- Focus on Equity and inclusion to include left out disable, poor, marginalized, women & children, and Menstrual hygiene management;
- Output and outcomes based robust monitoring system;
- Set up Rapid Action & Learning Units at National, State and District level to capture and share success and failures with action research.

A closer look at these new elements makes it clear that these relate to the following: approaches and methods to be adopted; flexibility in planning and implementation at the state level including the manner of use of the incentive money available; financing mechanisms; focus on equity and inclusion; and increased emphasis on learning.

While these new elements open up opportunities to try out different and innovative approaches to achieve sustainable results on scale, it does call for a massive re-orientation and capacity building of stakeholders at national, state and district levels to realise these elements into real action. What is really required at this stage is to have a robust plan of action backed by sound strategies developed in view of the local realities and context at the state and district levels. Concurrent monitoring and strategic learning will be of critical importance in making the optimum use of the new elements of the new national programme for transforming the sanitation scenario in India.

### **Challenges**

The target of achieving a Swachh Bharat (Clean India) by 2019 looks ambitious in view of the fact that the sanitation coverage in India has increased at an annual average rate of a little over 1% over thirty years

during 1981 to 2011. Current coverage is reported to be 40% (as per census report of Government of India, 2012). Achieving the remaining 60% coverage over a period of five years during 2014-2019 sets the sanitation coverage target at an annual average rate of 12%.

SBM (G) Guidelines provide flexibility to state governments to follow their own implementation strategy regarding toilet construction, behavior change, and distribution of incentive money to eligible households. However, this flexibility needs to be judiciously used so as to make sure that the approaches and strategies followed yield the required results in terms of open defecation free (ODF) villages and GPs on the ground.

The task of building capacity of Government functionaries and NGOs and other stakeholders for triggering and supply of sanitary materials for construction of toilets in 11 crore (110 millions) households in next five years is challenge.

Elimination of open defecation has been included as the objective of the national rural sanitation programme for the first time. Use of community led approaches such as community led total sanitation (CLTS) has also been included in the government guidelines for the first time. This requires good master trainers of CLTS at large scale, quick identification of good practices, their dissemination and scaling up for achieving faster and more sustainable results.

Initiative of Rapid Action Learning Units (RALUs) for identifying good practices and learning fast to scale up what works has also been conceived and included in the guidelines for the first time. This also requires good institutes with experience persons who can host RALU at National and State level and able to work independently.

There is need of training modules and implementation guidelines to sensitize communities and implementers on Right Based Approach for equity and inclusion of poor, marginalized and physically challenged persons, menstrual hygiene management (MHM).

## Conclusion

These new features offer a rare window of opportunity to transform the sanitation scenario in India by speeding up the process of eliminating open defecation in the country through universal sanitation coverage and usage. A clean India by 2019 is a great vision and extremely ambitious target. Much will depend on the Prime Minister's leadership of a campaign that captures the national imagination and transforms norms and behavior. Much will also depend on learning what works and on committed and honest implementation and reporting.



Figure 1. Logo of Mission

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## Note

This paper is based on new Guidelines of Swachh Bharat Mission, Gramin (Clean India Campaign) Launched by prime Minister of India in October, 2014 to make India clean by 2019.

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