

Need, Importance and Achievement of Swachh Bharat Abhiyaan (With Special Focus on Uttar Pradesh and Bihar)

¹Dr.Saumya , ²Dr. Prakriti Priya

¹Assistant Professor at School of Social Work, Indira Gandhi National Open University (IGNOU), New Delhi.

²Research Associate at School of Social Work, Indira Gandhi National Open University (IGNOU), New Delhi.

I. INTRODUCTION

Safe drinking water, sanitation and hygiene are critical for human health and well-being. Access to safe drinking water and sanitation is a basic human right. Unhygienic water and poor sanitation are responsible for over 90 percent of diarrhoea-related mortality, which is much higher than combined mortality from malaria and HIV-AIDS in the world (WHO & UNICEF, 2015). Open defecation or practice of defecating outside or in public places poses serious threat to human health as well as environment (Brocklehurst, 2014). The brunt of inadequate sanitation is even worse for vulnerable and disadvantaged predominantly women and people with disabilities. But the issue of open defecation was not acknowledged by majority. Infact, the conversation around 'shit', 'faeces', 'toilets' and 'open defecation' was not considered a topic of mainstream civilised conversation (Curtis, 2019).

It was in the year 2015, with the declaration of 'Sustainable Development Goals' that the issue of open defecation was recognized as a problem adversely impacting human health. The goal 6.2 of the Sustainable Development Goals, is to achieve, "by 2030 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 situation" (Bhowmick, Ghosh & Saha, 2020, p.6). Despite major efforts, still more than 600 million people around the world lacks access to basic sanitation, and majority of them practice open defecation. The situation is even dismal in the Sub-Saharan Africa and South Asian countries (WHO & UNICEF, 2015). Though, the challenge is significant, but the countries all around the world are striving to meet the Goals. One such effort was undertaken by the Indian Government with the launch of Swachh Bharat Abhiyan to accelerate the efforts to achieve universal sanitation coverage and to put an end to open defecation. This program is considered as the biggest sanitation drive for improving the sanitation situation of the country.

II. WHY SANITATION MATTERS?

Human health and wellbeing is directly associated with access to water and sanitation. Consumption of polluted drinking water, improper disposal of human waste, lack of personal hygiene has been major causes of illness all around the world. It is estimated that around 30 million people suffer from water related diseases in India itself. About one in every ten deaths in the country is also related to poor sanitation. About 1 million children die of diarrhoea annually (WHO & UNICEF, 2015). Sanitation is not only important for improving the general health of the people but is also elemental for achieving a quality life. The burden of inadequate sanitation is carried by all section of people but it's even worse for vulnerable and disadvantaged predominantly women and people with disabilities. Due to lack of access to safe sanitation at the household level women are compelled to defecate in open. They have to go through the agony of waiting till dark to relieve themselves in open. Many young girls drop out of school once they reach puberty due to inadequate toilet facilities in school (Das, 2019). Open defecation expose women and girls to diseases and even subject them to physical and sexual abuse (Brocklehurst, 2014). Management of menstrual health and hygiene is another reason which makes provision of safe sanitation essential for women. Open defecation has serious health and environment bearings. It causes chronic malnutrition, morbidity and stunting. It is not only one of the leading causes of many diseases but is also related to human indignity. This practice is also associated with poverty and exclusion (De, 2019). About one billion people around the world still defecate in open and almost 600 million constituting 60 percent, reside in India alone.

III. SANITATION IN INDIA

Sanitation has historically always remained a major concern among the masses in India. Right from Indus Valley civilization, public sanitation was given great importance in ancient India (Dutta & Bhaskar, 2017). However, after colonization sanitation became one of the least concerns of government and the country struggled for safe sanitation for decades with rampant outbreaks of cholera and plague (Rana and Agrawal, 2017; Dutta & Bhaskar, 2017). At that time the discussion around sanitation was revived by Mahatma Gandhi. He was among the first person to emphasise the importance of cleanliness. He regarded 'Sanitation even more

important than political Independence' (Rudd, 2019) and a 'Swachh Bharat' was his dream. This dream was brought to reality by the efforts of Prime Minister Shri Narendra Modi with the launching of Swachh Bharat Abhiyan making India open defecation free and by achieving 100 percent sanitation coverage in the country by October 2019.

However, this transition has not been an easy one. The country and its people have struggled for clean drinking water and basic sanitation for decades. Till 1981, only one percent of households in rural India had basic sanitation facilities. This increased to 9 percent in 1991, 22 percent in 2001. In the year 2011, more than 60 percent of the people lacked basic sanitation facilities. The increase in sanitation coverage has been quite slow. In the year 2014, when the Swachh Bharat Abhiyan was launched, the rural Sanitation coverage was mere 38 percent with around 60 crore people still defecating in open.

IV. SANITATION PROGRAMMES IN INDIA

Mahatma Gandhi was the torchbearer of sanitation campaigns in India. The first mass sanitation campaign was organized by him to educate the masses about the significance of cleanliness and its impact on health (Rana and Agrawal, 2017). However, in the years following the Independence, water supply and sanitation did not receive much priority in the government agenda, hence negligible funds were allocated towards it. The very first programme introduced in India for improving the water supply and sanitation situation of the country was in the 'National Water Supply and Sanitation Programme in 1954, following the recommendation of Environmental Hygiene Committee (1948 – 49). The primary objective of this programme was to provide safe water supply and adequate drainage facilities for the rural and urban population of the country (De, 2019).

The issue of sanitation started receiving prominence from the Sixth Plan Period (1980-85) onwards after the launch of the International Drinking Water Supply and Sanitation Decade in 1980 (MDWS, 2008). At that time rural sanitation coverage in India was a meagre 1 percent (Ganguly, 2008). The Indian government recognised the need of the hour and for the first time set targets for improving the water supply and sanitation situation. The government aimed to achieve 100 percent rural and urban water supply and attain 50 percent sanitation in urban areas and 25 percent in rural areas (Bonu & Kim, 2009). Additionally, the responsibility for rural sanitation was shifted from Central Public Health and Environmental Engineering Organization to the Rural Development Department (DDWS, 2008; Baroka, 2019).

In the following years the Ministry of Rural development introduced the 'Central Rural Sanitation Programme (CRSP) in 1986' with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women (DDWS, 2007; Ganguly, 2008). It was the first nation-wide sanitation programme. As a supply driven programme, it stressed mostly on construction of flush household toilet through hardware subsidies and gave emphasis on a single construction model (DDWS, 2007; Ganguly, 2008). Under this programme, the government invested more than US\$370 million constructing more than 9.45 million individual subsidised latrines all over the country mostly for poor households (Ganguly, 2008). However, the programme failed to adequately address the issues of open defecation and encourage people for regular and proper use of toilets (GOI, 2006). It was unable to bring any significant change in the rural sanitation situation. The Rural sanitation during that decade of 1990 grew only at one percent annually (Baroka, 2019).

The CRSP was reintroduced as 'Total Sanitation Campaign (TSC)' in the April, 1999 based on the recommendations of the National Seminar on Rural Sanitation, September 1992. The Total Sanitation Campaign used an integrated demand driven approach with a primary objective of improving the rural quality of life and achieve access to toilets to all by 2012. It followed the principles of community-led, people-centred, demand-driven, and incentive-based sanitation programme (Hueso & Bell, 2013; Rana & Agrawal, 2017). "It also laid stress on use of Information, Education and Communication (IEC), Human Resource Development (HRD) and Capacity Development to increase awareness among the rural people and to generate demand" for sanitary facilities (DDWS, 2007; Hueso & Bell, 2013; Barnard et al., 2013; Rana and Agrawal, 2017). Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL) (DDWS, 2007; Hueso & Bell, 2013; Rana & Agrawal, 2017). The campaign also laid greater stress on training of masons, availability of building materials through sanitary marts and production centres. It laid a strong thrust on school sanitation for promotion of hygienic behaviour and wider acceptance of sanitation by rural masses (DDWS, 2007; Rana and Agrawal, 2017).

Under the programme, around 90 million individual household latrines were constructed. The rural sanitation coverage increased from 21 percent in 2001 to about 44 percent in 2007 and 68 percent in 2011. The average growth rate was more than 3 percent in first five years of the programmes while the growth rate in the 2006-07

has been more than 6 percent (MDW, 2012). More than 20,000 Gram Panchayat became the recipient of Nirmal Gram Puruskar (Mukherjee & Pani, 2012).

However, Total Sanitation Campaign was able to bring only a modest increase in the sanitation coverage in the rural areas, and was not very effective in reducing open defecation. Hence, the Government of India re-launched the Total Sanitation Campaign as 'Nirmal Bharat Abhiyan' (Clean India Campaign) in 2012. The programme targeted to realise sanitation to all by the year 2022 (MDWS, 2018).

This Abhiyan also followed the principles of community-led, total demand driven, people oriented, and incentive-based sanitation programme. The campaign stressed on sustainable behaviour change among the rural masses and creation of Nirmal Grams (Clean Villages) as an outcome (MDWS, 2012). It was one of the first programmes to be converged with the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (MDWS, 2012). The states were held responsible for implementing as well as monitoring the progress of the sanitation work. The campaign in its brief duration like previous programmes was unsuccessful in improving the sanitation situation of the country. There was an increase of merely 6 per cent in rural sanitation coverage between 2012 and 2014 (GOI, 2014-15). The Nirmal Bharat Abhiyan was replaced by the Swachh Bharat Abhiyan in 2014. The Swachh Bharat Abhiyan launched on 2nd October, 2014 has emerged to be a watershed movement for sanitation in India and in fact in the whole world (Baroka, 2019). In just 5 years, the mission was able to achieve 100 percent sanitation coverage in the country and made it free of open defecation.

As discussed in the previous paragraphs, there has been many rural sanitation programmes in India since its independence and before the launch of Swachh Bharat Abhiyan. But none of the programmes could change the sanitation scenario of the country. The progress achieved was either insignificant or was too slow. Most of the previous programmes focused entirely on toilet construction rather than changing the attitude towards open defecation and nudging communities for using toilets. So even if toilets were made, there was lack of sustained use (Hueso & Bell, 2013). Under the CRSP, there was total lack of community participation and poor utilisation of toilets due to lack of awareness, poor construction standards, high-cost designs, absence of participation of beneficiaries and so on (GOI, 2006; Ganguly, 2008). The CRSP also neglected school sanitation, which is considered as one of the vital components of sanitation. CRSP also failed to develop linkages with various local institutions like ICDS, Mahila Samakhyas, women, PRIs, NGOs, research institutions, SHGs, etc (Ganguly, 2008). While in TSC programme, financial allocations for sanitation by the state governments were not adequate due to lack of priority attached to the programme. The states where high priority was attached, decent results were realized (Hueso & Bell, 2013). Moreover, less emphasis was paid on capacity building and IEC activities. There was also an absence of strong political will and required capacity at different levels to implement the behaviour change and the programme suffered poor implementation (Hueso & Bell, 2013). Thus, the policies failed to translate into practice and the outcomes were remarkably poor. On the other hand, the Swachh Bharat Abhiyan was able to go beyond these shortcomings and bring a revolution, modifying the sanitation landscape of the country.

THE GENESIS OF SWACHH BHARAT ABHIYAN (CLEAN INDIA MISSION) : In the year 2014 the rural sanitation coverage was mere 38 percent with around 60 crore people still defecating in open. In order to end this menace, the Prime Minister of India in his maiden speech on 15th August 2014, launched the Swachh Bharat Abhiyan (Clean India Mission) to make India free of open defecation by 2nd October 2019, to mark the 150th birth anniversary of Mahatma Gandhi (MDWS, 2016; Iyer, 2019). The Swachh Bharat Mission (SBM) was launched as a tribute to the Father of Nation-Mahatma Gandhi to fulfill his dream of "Swachh Bharat". The Prime Minister appealed to the whole nation to actively participate in making India free of open defecation and make it one of the cleanest nations of the world (Iyer, 2019).

The Mission has two sub-divisions: Swachh Bharat Mission (Gramin) for rural areas and the Swachh Bharat Mission (Urban) for the urban areas (Cities). It is being coordinated by Ministry of Drinking water and Sanitation (De, 2019; Sinha, 2019). However, the responsibility of implementing the SBM lies entirely with the state government and the local self-government (GOI, 2017; Mehta, 2018; Baroka, 2019). The primary focus of the mission was to improve the level of cleanliness through solid and liquid waste management and bring a behavioral change among the people to adopt safe and better sanitation practices and end the practice of open defecation especially in rural areas (MDWS, 2016; De, 2019). The scale of implementation as well as the target of Swachh Bharat Abhiyan has been so enormous that it became arguably the largest sanitation campaign, the world has ever seen. The success of SBM lies in the fact that it made sanitation everyone's business and primary agenda of the nation and its people (Sinha, 2019). Termination of open defecation became much more than a government target. It was given a form of collective national responsibility to be taken up by each and every

citizen of India. In this way the mission went beyond politics. It became a social revolution (Jan Andolan), a movement of the people, by the people and for the people transforming the sanitation narrative of the country. The Mission encouraged millions of people to take initiative to change their age old habit (Shekhawat, 2019).

Changing and infact putting a stop to an engrained behaviour like open defecation which has continued for centuries is not an easy task, especially for a country as large, diversified and populated like India(GOI, 2006). However, PM Shri Narendra Modi through Swachh Bharat Mission made this impossible task possible. The state of Sikkim was the first state to become ODF in 2015. It was followed by Himachal Pradesh, Kerala, Haryana and Uttarakhand in 2016. By June 2019, almost all the states and Union Territories in the country were declared open defecation free with 100 percent sanitation coverage. The SBM has made such an impact that what seemed like a dream and an impossible task in 2014 has now turned out to be a reality.

V. OBJECTIVES OF THE MISSION

The main objectives of Swachh Bharat Abhiyan (Gramin)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 by 2nd 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, wherever required, community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.
- Create significant positive impact on gender and promote social inclusion by improving sanitation especially in marginalized communities.

Strategy of the Mission: The Swachh Bharat Abhiyan acknowledged the fact that the practice of open defecation cannot be eradicated by mere construction of toilet (Haque, 2019); rather the basic necessity is to inculcate the habit of sustained toilet use and address cultural barriers and myths associated with defecation practices (Das, 2019). Hence, a greater emphasis is required on educating and making the people aware of the benefits of using toilet and the harmful effects of defecating in open. This can be effectively done with the help of information, education and communication (IEC) and social media (Das, 2019). The mission's focus was not just on toilet construction but also to convince the rural masses to reject the belief and habit of open defecation and adopt safe sanitation facilities that too within a given time frame. The mission was outcome oriented and time bound. This called for a multidimensional approach of implementation. Hence, to achieve the target within the stipulated time, a mission mode with community-led approach with people at centre of the programme was adopted (Iyer, 2019). Various stakeholders were aligned and partnership collaborations were developed at different level to speed up the process (Baroka, 2019).

Planning and Implementation: As sanitation is constitutionally a state subject, respective states were given the flexibility to devise, implement, manage and monitor the programmes according to their respective need and situation. The state plan incorporated all the events planned in the district and Gram Panchayat for IEC, Behaviour Change Communication (BCC), capacity building and community triggering activities and monitoring. On the other hand, the Central Government provided financial and technical assistance to the state and monitored and co-ordinated the mission (MDWS, 2017). The mission was thus fast tracked with an unparalleled engagement between the centre and the state government.

The SBM planning and implementation was carried out at 4 levels: State, District, Panchayat and finally at the level of village. An active interaction and cooperation was observed between Prime Minister-Chief Ministers-District Magistrate-Village Motivator with regular online meeting, discussion and so on (Iyer, 2019). The District was made the base unit for any intervention for the purpose of achieving Open Defecation Free (ODF) Gram Panchayat. All the activities were carried out under the leadership of the District Magistrate (MDWS, 2017; Baroka, 2019). The programme was implemented by the Panchayati Raj Institutions at all levels. The Gram Panchayat acted as the custodian of the assets such as the Community Complexes, environmental sanitation infrastructure, drainage etc. constructed under SBM(G) (MDWS, 2017).

Capacity Building and Behaviour Change : Information, Education and Communication (IEC) activities were extensively used for creating mass scale behavior change, demand generation for sanitary facilities, mobilising and nudging communities, triggering mindsets for sustained toilet usage and for Solid and Liquid Waste

Management activities in individual household, schools and Anganwadi centres (MDWS, 2017; Debroy, 2019). Civil society, NGO, National and International organization working in social sector were also involved in triggering and capacity building activities for behavioural change, inter-personal communication, masonry work, plumbing, construction and maintenance of toilets, and for Solid and Liquid Waste Management (Curtis, 2019). The Ministry also empanelled 36 Key Resource Centres (KRCs) for strengthening the implementation mechanism. "Many Administrative and technical experts for IEC and BCC, capacity building, technical supervision, SLWM and Monitoring and Evaluation were engaged at the State, District and Block levels" (MDWS, 2017).

To further augment the institutional capacities and efficiency of implementation of the behaviour change program, a cadre of over 6 lakhs Swachhagrahis (Foot Soldier/Swachhata Doot) was created. They played a critical role in bringing about behavior change at the ground level through interpersonal communication with the village community. Their main role was to convince people about the usefulness of building a toilet and encourage sustained use and also prevent relapse of old habits. They also communicated the consequences of poor sanitation, open defecation, and its negative impact on health and on the overall community. They also identified beneficiaries, motivated, and assisted in IEC activities and maintaining village records (Debroy, 2019).

ASHA, Anganwadi workers, members of women groups, community based organizations, self-help groups etc. who were already working in the Gram Panchayat were also given the task of spreading the message of SBM. Apart from these people, there has been active involvement of people from all the sections of the society. They motivated and urged the fellow countrymen to join and lead the programme to make the country ODF (Sinha, 2019).

The SBM extensively used mass media to run various campaigns, strongly supported by its brand ambassadors like Bollywood actors Amitabh Bachchan, Anushka Sharma and Akshay Kumar for dispelling myths and misconceptions associated with defecation and toilet use. Campaigns like 'Darwaza band Campaign I, II (Shut the Door on open defecation)', Toilet Ek Prem Katha Movie, and Shaucha Singh- Radio Campaign became huge success in spreading the message of SBM, encouraging people to build toilets and its sustained use and debunking myths and misconceptions (Iyer, 2019).

To keep the buzz about SBM alive, mass campaigns and events like Chalo Champaran; Mahatma Gandhi International Sanitation Convention, (MGISC) 2019; Swachhata Essay and Painting Competition; Swachh Bharat Summer Internship, 2018; Swachhata hi Sewa Campaign; Swachh Sundar Sauchalaya contest and so on were continuously organized year round (WASH Institute, 2019). Moreover, in the last 5 years swachhata illuminating message has reached almost all the villages in rural India with the participation of crores of Indians and especially over 12 crore school children, 10 lakhs masons, 250000 Sarpanch, 700 district magistrate, over 500 young professional (Zila Swachh Bharat Preraks) and over 50 national Brand Ambassadors (Iyer, 2019).

Sanitation Technology and Construction of Toilets: According to the mission guidelines, the construction of toilet in a household should incorporate a sanitary sub-structure that safely confines human faeces and eliminates the need for human handling before "it is fully decomposed, a super structure with water facility, and a hand wash unit for cleaning and handwashing". The mission has been publicizing the Twin pit toilet technology for most of rural India as it is more suited to the hydrogeology of the country and is easy to use and maintain (MDWS 2017; Das, 2019). At the same time, the states were independent to use any other safe sanitation technology like Eco-San, Bio-Toilets, Septic Tank and so on, depending on the topography, ground water level and soil conditions.

The twin pit toilet is made of two leach pits of approximately one meter in length and breadth. "Waste from the toilet is directed into one of the pits". The wastewater leaches away from the pit and it takes around 5 years of regular use by a family of 5 for the pit to fill up. Once a pit fills, the household can redirect the waste to the other pit. While the second pit starts filling the solid waste, the first pit begins to decompose and in about a year's time it decomposes completely and is converted into compost that can be used in the fields as a fertilizer. This nutrient rich fertilizer has proven to enhance crop yield hence is referred with the name of Sona Khaad (Mehrishi, 2019). The state can construct toilet complexes containing rows of toilet, bathing cubicles, washing platforms, wash basins, for a group of families where it is not possible to construct Individual Household Latrines (IHHLs). Rural Sanitary Marts (RSMs) were set up in village and remote areas for procurement and delivery of quality hardware for toilet construction (MDWS 2017).

Provision of Incentive :The Mission encouraged individuals for the construction of Individual Household Latrines (IHHL) on their own with self-investor through support from agencies in the village to promote ownership (MDWS, 2017). But at the same time, a provision of incentive was also made for people Below Poverty Line (BPL) and Identified APL Families. The Identified APL families included SCs/STs, small and marginal farmers, landless labourers with homestead, physically handicapped, women-headed households and widow /old age pensioners. The incentive amount was fixed to Rs. 12000 only with the objective of partially covering the total cost of toilet construction and to facilitate self-construction of the toilets. “The incentive can be given to an individual household or to the community as a whole where the community model is adopted for creating the demand in the gram panchayat”, or to a combination of both. Apart from IHHL, incentive up to Rs 2 lakhs is also provided to Gram Panchayats for the construction of community sanitation complexes (MDWS, 2017; Mehta, 2018). Payment of incentives was done in cash or in the form of construction materials or credit vouchers for such materials. Incentives are provided in two phases, one at the pre-construction stage and the other on completion of construction and usage, using Direct Benefit Transfer. The other APL families facing fund crunch could seek assistance through the Revolving Fund as outlined in the guidelines, or through low-cost financing from NABARD, banks and financial institutions (MDWS, 2017).

Declaration of Open Defecation Free (ODF) and Verification: According to the SBM guidelines (MDWS 2017) a village can be declared ODF when all the households in the village have access to a toilet and no one defecates in open, by the community at the Gram Sabha itself. The ODF status of the village has to be verified within 90 days of its ODF status grant using the ODF verification protocol by an external team from the district. The village has to be re-verified in 180 days from the first verification to reconfirm the sustainability of the ODF status. The Ministry of Drinking Water and Sanitation also commissioned the National Annual Rural Sanitation Survey (NARSS) 2017-18 and 2018-19 with the assistance of World Bank to verify the status of access of toilets, usage of toilet, solid and liquid waste management and ODF status of the villages and the overall success of the mission in different states.

Monitoring Mechanisms: A strong monitoring system was developed to track the outputs as well as outcome of the mission. Community led system like social audit; vigilance committees and so on were used to monitor Open Defecation Free status of a village, construction and use of household toilets, school and Anganwadi toilets, and Community Sanitary Complexes as well as implementation of Solid and Liquid Waste Management projects (MDWS, 2017). “A Rapid Action Learning Unit (RALU) was put in place at national, state and district level to monitor, evaluate and advice on corrective action and upscale good practices”. Geo-tagging of the toilets was also done to track the toilet construction (MDWS, 2017).

A Nigrani Samiti was created to monitor open defecation at community level. A Nigrani Samiti, is a group of men, women and children of a village panchayat who voluntarily unite themselves to monitor open defecation in their villages. They played a critical role in “making the village ODF and sustaining its status by continued morning and evening follow-up for at least nine months after ODF declaration”.

Budget, Funding and Expenditure: Swachh Bharat Abhiyan has come to be known as the world’s largest government rural sanitation program. In order to fulfill its ambitious goal, a budget of about 1.3 lakhs crore (over \$20 Billion) was allocated to the Mission shared between the Centre and States at 60:40 ratio and 90:10 for special category states. More than 8 crore BPL and identified APL household were given an incentive for construction of IHHL (Jaitley, 2019).

Efforts were undertaken to pull funding from private sector, development agencies and even Citizens. A Swachh Bharat Kosh made through contribution by individuals, Companies, and Institutions contributed around Rs. 1000 Crores for specific sanitation projects. Many private companies directly implemented Swachhata projects through Corporate Social Responsibility (CSR) programmes especially in villages and schools surrounding their factories (Jaitley, 2019). Additionally, all Government Departments and Ministries mainstreamed sanitation in their respective sectors. They together committed a budget of Rs. 30,000 Crore for the year 2017-18 and 2018-19 to make swachhata an integral element in their existing and new schemes and programmes. The Mission has also obtained funding and technical support from international organization like World Bank, UNICEF, Water Aid and other support agencies (De 2019; Curtis, 2019).

Targets, Achievements and Outcomes: When the Swachh Bharat Abhiyan was launched in October 2014, it set a target of achieving 100 percent sanitation coverage and make the country open defecation free by 2nd October 2019. At that time, the set target seemed to be too ambitious. But the mission with its multidimensional community-led approach was able to achieve its goals of making India open defecation free. The mission was able to firmly set sanitation in the countries' development agenda by making sanitation everyone's business (Sinha, 2019).

At the start of the mission, there were only 7 crore rural household latrines in India. Since 2014, over 97 million toilets have been constructed and millions of dysfunctional toilets have been retrofitted. More than 550 million people have changed their behaviour and stopped defecating in open. This has increased the sanitation coverage of India from 39 percent in 2001 to 84 percent in 2018 recording an increase of over 45 percent and finally to 100 percent by 2019 (De, 2019). Over 5.6 lakhs villages and over 622 districts in the country have been declared open defecation free as of June 2019. According to Annual Rural Sanitation Survey 2018-19 and 2017-18, more than 90 percent of toilets in the country are being regularly used by household members (Kant, 2019). Moreover, more than 85 percent of the newly constructed toilets have been geo-tagged and the pictures are available in the public domain. The achievements made by SBM in achieving ODF status in less than 5 years is nothing more than a miracle. At the same time, it proves that any target can be achieved with a strong political will, sound public finance and active people and community participation (Shekhawat, 2019).

Apart from the visible outcomes in form of toilet construction and putting a check on open defecation, the mission has brought many invisible outcomes as well. For example, the construction of toilets in each household has helped in maintaining dignity, privacy and security of women and girls by providing privacy. Becoming Open defecation free also signifies that India is on the way to achieve Sustainable Development Goal 6.2- 'Sanitation for all' much before the official deadline of 31 December 2030. Some of the major outcomes of SBM are as follows:

1. **Health benefits:** A WHO study in 2018 states that SBM has saved over 3 lakhs lives by October 2019 and is expected to save over one lakh on an annual basis after that. Another study conducted by Bill and Melinda Gates Foundation found significant improvement in diarrhea prevalence stunting and wasting among children, BMI of women in ODF areas.
2. **Social benefits:** A UNICEF study in 2017 found that 82 percent people felt that their status and prestige have increased due to SBM. Also more than 80 percent women felt safer after getting a toilet at home. SBM has also helped in women empowerment. The SBM provided a unique opportunity for women to take a leadership role in their communities. Women comprised roughly 40 percent of Swachhagrahis. Women also actively participated in Nigrani Samitis which persuaded villagers not to defecate in open. "Women self-help groups, Mahila Samakya Groups and other such bodies were also drawn into the campaign".
3. **Economic benefits:** A UNICEF study in 2017, estimated that in an ODF village each family saves Rs 50,000 annually on account of reduced medical cost and time which can be used more productively, and lives can be saved. Economic benefits of sanitation per household outweighs the cumulative investment by 4.3 times over a 10 year (Jaitley, 2019).

Direct employment opportunities have been created for Masons, laborers and in industries supplying sanitary ware. Indirect opportunities have sprung up in several associated sectors. The Toilet Board Coalition estimated that the sanitation market in India by 2021 will be US \$62 billion industry. The mission has also created great opportunity for entrepreneurship (Jaitley, 2019).

4. **Environmental benefits:** a study conducted by UNICEF in 2019 revealed that ODF villages were almost 11.25 per cent less likely to face faecal contamination of groundwater.

SBM has become the biggest behavior change mass movement in the world history unlike the previous sanitation programmes which were demand oriented and focused mainly on building toilets. The Mission is supported by a strong political leadership of Prime Minister of India who is the torch bearer and the chief communicator of the mission. The strong leadership helped in establishing clear institutional responsibility and allocating budget for sanitation and ensuring that all ministries and departments work together towards the set target of making the country free of open defecation.

SWACHH BHARAT ABHIYAN IN BIHAR:The Swachh Bharat Abhiyan in the state of Bihar has been launched with the name of Lohia Swachh Bihar Abhiyan (LSBA). It was launched with the primary objective of making the state of Bihar open defecation free by October 2nd, 2019. The LSBA comprises of the Swachh Bharat Mission (Gramin) of the Central Government and LohiaSwachhataYojna of the Bihar State Government. This is a mission mode programme, committed to bring universal sanitation coverage in the state, through behavioral change communication (BCC).

Objective of Lohia Swachh Bihar Abhiyan (LSBA)

The main objectives of LSBA are:

1. Coverage of sanitation in rural areas in a time bound manner to achieve the goal of “Open Defecation Free Bihar”.
2. Involvement of various stakeholders such as representatives of Panchayati Raj Institutions, Cluster Level Associations, Village Organizations, Self Help Groups, Disabled Self Help Groups, various government departments and NGOs in the activities of cleanliness campaign.
3. Adopting a Community Based Total Sanitation (CLTS) strategy for collective behaviour change and ensuring safe hygiene practices that make the entire community aware of cleanliness.
4. Implementation of Solid and Liquid Waste Management (SLWM) to ensure community based total sanitation.

Implementation:The implementation of the campaign is being carried at 4 levels: State Level, District level, Block Level and finally at Gram Panchayat Level. At the District level, the District Water and Sanitation Committee (DWSC) is responsible for the implementation of LSBA presided by the District Officer. At the Block level, a Block Level Monitoring Unit (BPMU) was formed in each block of the state with the Block Development Officer (BDO) as its head. At the Gram Panchayat level, implementation of LSBA is looked after by the Panchayat member, members of the cluster union / village organization (Jeevika), Indira AwasSahayak, Farmer Advisor etc.

In addition to the above, there will be a committee at the ward level consisting of representatives of cluster union / village organization (Jeevika), Anganwadi Sevika / Sahayika, ASHA worker, ANM, Vikas Mitra, Tola Sevak, school children, teachers, a disabled person for smooth functioning of the campaign.

Target and Achievements:The campaign was launched with a target to construct latrines for 1.66 crore families of the state and making it open defecation free by October 02, 2019.

Year	Sanitation Coverage (percent)
2nd October 2014	25.2
2015-16	29.5
2016-17	35.52
2017-18	57.8
2018-19	97.6
2019-20	99.54

Source: SBM Dashboard

With the continuous efforts taken under LSBA, the sanitation coverage of Bihar increased from 21.60 percent (on 2nd October 2014) to 100 percent in the last 5 years. About 1.21 crore individual household latrines (IHHLs) have been constructed in the state since its launch in 2014. About 96 percent of the ODF Villages have been officially verified as well. Under Ganga Action Plan (NamamiGange) under the Swachh Bharat Mission (Gramin), 472 villages of 307 Gram Panchayats of 61 blocks located on the banks of River Ganga across 12 districts of Bihar namely Begusarai, Bhagalpur, Bhojpur, Buxar, Katihar, Khagaria, Lakhisarai, Munger, Patna, Samastipur, Saran and Vaishali districts, have been declared and verified as ODF. Moreover, about 1.3 lakhs

dysfunctional toilets have been made functional and all insanitary toilets have been made sanitary (Bihar Economic Survey, 2020-21).

Components	Numbers
Total Toilets Built	1,21,10,218
No of ODF Districts (Self-Declared)	38
No of ODF Block	534
No of ODF Gram Panchayat(Self-Declared)	8,390
No of ODF Villages (Self-Declared)	38,691
No of ODF Villages (verified)	38,548
Source: SBM Dashboard	

SWACHH BHARAT ABHIYAN IN UTTAR PRADESH (UP):Uttar Pradesh, the most populated state of India, has shown some remarkable achievements in changing the sanitation scenario of the state. When the Swachh Bharat Abhiyan was launched in 2014, the state had only 35.20 percent of sanitation coverage. Until March 2018, Uttar Pradesh was nowhere near its Swachh Bharat Abhiyan goals. It was hence, referred as one of the worst performers of the mission. But in a very short duration of time, the state after Prime Minister's intervention was able to modify its approach and was able to achieve its goal in the stipulated time.

Year	Sanitation Coverage (percent)
2nd October 2014	32.59
2015-16	37.51
2016-17	44.45
2017-18	66.95
2018-19	99.93
2019-20	100
Source: SBM Dashboard	

Implementation:In the state of Uttar Pradesh, for construction of toilets, more than over 2 lakh masons were trained. More than 60,000 swachhagrahis were deployed to spread the message of cleanliness and speed up the process of behavioural change and toilet construction. Swachhta rath, street plays, electronic and print media, wall painting, hoardings, etc. were extensively used for IEC (Information, Education and Communication) activities. Massive community-led campaigns were organised all over the state to spread the message of cleanliness, stop open defecation and give impetus to sustainable use of toilet. One such campaign was 'Ab Ki BarsatIzaatGharKeSaath' campaign in Sonbhadra District, which was very popular as well as efficient in checking open defecation and encouraging sustained used of toilet. The campaign targeted to build 50,000 twin-pit toilets before monsoon (Ahuja, 2018).

Target and Achievements:With the continuous efforts taken under SBM, the sanitation coverage of UP increased from 35.2 percent (on 2nd October 2014) to 100 percent in the last 5 years. About 1.95 crore individual household latrines (IHHLs) have been constructed in the state since its launch in 2014.

Components	Numbers
Total Toilets Built	1,95,95,055
No of ODF Districts (Self-Declared)	75
No of ODF Block	
No of ODF Gram Panchayat (Self-Declared)	58769
No of ODF Villages (Self-Declared)	97,640
No of ODF Villages (verified)	
Source: SBM Dashboard	

VI. CONCLUSION: THE ROAD AHEAD

India has achieved remarkable progress in its drive to make the country open defecation free. SBM is now moving in second phase where the top priority is to sustain the open defecation free status of the villages and districts and to improve the level of cleanliness in rural areas through solid and liquid waste management activities making villages ODF Plus. The primary focus of this phase will be to make sure that all the new household constructed during this phase has safe sanitation and have access to solid and liquid waste management facilities. More emphasis will also be given to proper waste managements.

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