



## IMPACT OF SWACHH BHARAT MISSION ON HEALTH AND SANITATION IN INDIA

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### ABSTRACT

*Investing in people or human development plays a crucial role in a country's development. The human resource of a country is one of the important assets of growth. In combination with policies that promote sustainable growth, investing in people and the provision of social-safety nets alleviate some of the most severe consequences of poverty and ill health. It increases the chances of improving the well-being of the human population. Evidences continue to show that investments in health, nutrition and education contribute to individual productivity, higher standard of living and, in aggregate to attain sustained economic growth. It is the combination of good economics and the reduction of human sufferings that makes investments in human development a powerful tool of increasing human capabilities and thereby aspiring for economic growth. In a populous country like India, there is a need for the government to extend all its support and encouragement for the development of human capabilities. One such initiative taken up by the government to improve the health conditions of human population is Swachh Bharat Mission, which aims to target sanitation problem that persists in India, which is also one of the sustainable Development Goals. This programme is, perhaps, the largest cleanliness drive as well as an attempt to effect behavioural change in the world ever. Even 67 years after India's independence, in 2014, around 100 million rural and about 10 million urban households in India were without a sanitary toilet; over 564 million, i.e. close to half the population, still practiced open defecation. It is in this backdrop the study tries to explore and analyse the Swachh Bharat Mission as a tool for development of human resource which would have a great impact on health and sanitation in the long term development of the country. The study is based on secondary data and descriptive in nature.*

**KEY WORDS:** *Health, investment, development, Swachh Bharat Mission*

### INTRODUCTION

Mahatma Gandhi once said, "Sanitation is more important than independence." Proper sanitation and hygiene are essential inputs not only for healthy and disease free living but also for a dignified life as a human being. The ancient Indus valley civilisation accorded prime importance to sanitation by meticulously integrating sanitation systems into town planning. Although sanitation and hygiene are considered to be virtues in all cultures and religions of the world, prevalence of unsanitary conditions have been a problem faced by most of the countries at some point of time in the process of their economic development and India is not free from this. In line with the ideals of Mahatma Gandhi, the Swachh Bharat Mission (SBM) was initiated in 2014 to achieve universal sanitation coverage by 2 October 2019. This programme is, perhaps, the largest cleanliness drive as well as an attempt to effect behavioural change in the world ever. Even 67 years after India's independence, in 2014, around 100 million rural and about 10 million urban households in India were without a sanitary toilet; over 564 million, i.e. close to half the population, still practiced open defecation.

### THE SWACHH BHARAT MISSION

The Government's emphasis on working towards a clean India in mission mode was reflected in the speech of the Prime Minister, Narendra Modi from Rajghat at the Swachh Bharat Mission launch on 2 October, 2014, when he declared: "If people of India can reach Mars with minimal expenditure, why can they not keep their streets and colonies clean." The Swachh Bharat Mission (SBM) was launched as a multi-pronged approach to enhance the level of sanitation in the country. The focus under this mission has not just been on construction of toilets but also on effecting a behavioural change in the communities and substantial gains in health parameters. The gains from a cleaner India are important inputs, directly as well as indirectly, for achieving broader economic development objectives. The aim of this mission is to enhance the quality of life by promoting cleanliness, hygiene and eliminating open defecation. SBM adopts a multi-faceted approach like,

**Community participation:** Ensuring appropriate participation of the beneficiary/communities, financially or otherwise, in the setting up of the toilets to promote ownership and sustained use.

**Flexibility in Choice:** SBM offers flexibility by building in a menu of options so that the poor/disadvantaged families can subsequently upgrade their toilets depending upon their requirements and their financial position. This is done to ensure that sanitary toilets are constructed, which ensures safe confinement and disposal of faeces. An illustrative list of technology options, with cost implications is provided to meet the user preferences and location-specific needs.

**Capacity Building:** SBM augments the institutional capacity of districts to change behaviour at the grassroots level and strengthen the capacities of implementing agencies so that the programme could be rolled in a time-bound manner and collective outcomes could be measured.

**Instil Behaviour change:** Incentivizing the performance of State-level institutions to implement activities for behavioural change among communities. Emphasising on

awareness generation, triggering mind-set changes, leading to community behaviour change and demand generation for sanitary facilities in houses, schools, anganwadis, places of community congregation and for solid and liquid waste management activities.

Under SBM, an incentive of ₹12,000 is provided for construction of Individual Household Latrines (IHHL) to eligible beneficiaries in rural areas and covers for provision of water storage. The central share for the incentive provided for IHHLs is 60 per cent and the State share is 40 per cent. For North Eastern States, Jammu and Kashmir and Special Category States, the central share is 90 per cent and the State share is 10 per cent. Additional contributions from other sources are also permitted. A total of ₹51,314.3 crore has been allocated since 2014-15 for SBM, out of which, ₹48,909.2 crore has been released (95.3 per cent). Additionally, a provision was made for Extra Budgetary Resources of ₹15,000 crore of which ₹8,698.20 crore has already been drawn. Details of the funds allocated for SBM and the funds released to the States/UTs since 2014-15 are given in Table below.

#### Details of Funds Allocated and Released

years	Funds Allocated (Rupees in crores)	Funds Released (Rupees in crores)	Fund Utilised (%)
2014-15	2850.0	2730.3	95.8
2015-16	6525.0	6363.0	97.51
2016-17	10513.0	10272.0	97.70
2017-18	16948.27	16610.9	98.0
2018-19(RE)	14478.1	12932.96	89.3

Source: Ministry of Drinking Water and Sanitation

As a result of the efforts of the Government, as on date, 98.9 per cent of India has been covered under SBM. Since October 2014, over 9.5 crore toilets have been built all over the country (till 14.06.2019). The total number of household toilets constructed from 2014 till 2018 shows a rapid progress over the last few years starting from less than 50 lakh household toilets per year and reaching up to over 3 crore toilets per year. A major focus of SBM has been on making villages Open Defecation Free (ODF). ODF would mean the termination of

faecal-oral transmission, defined by a) no visible faeces found in the environment/village and b) every household as well as public/community institution(s) using safe technology option for disposal of faeces. The number of ODF villages have significantly increased since 2015 As on 29.05.2019, 5,61,014 villages (93.41 per cent), 2,48,847 gram panchayats (96.20 per cent)- 6,091 blocks (88.60 per cent) and 618 districts (88.41 per cent) have been declared ODF.

#### Number of Household Toilets Constructed and ODF Villages

Years	Number of Household Toilets Constructed (in Millions)	ODF Villages (in Lakhs)
2015-16	12.6	0.5
2016-17	22.0	1.4
2017-18	30.3	1.7
2018-19	25.0	2.1

Source: Ministry of Drinking Water and Sanitation

The above table indicates that there has been a substantial increase in the construction of toilets and an increase in the number of open defecation free villages over the past four years.

#### Sanitation and Health Gains

Unsafe sanitation can be attributed to increase in deaths and diarrheal diseases. With the initiative of SBM, the increase in the construction of toilets and increase in the open defecation free villages, the impact can be analysed with the reduction in the deaths and increase in sanitation coverage. This is indicated in the table below

#### Projected Progress in Sanitation Coverage and Health Gains with 2014 as Base Year

Years	Deaths Avoided Compared to Base 100	Household Sanitation Coverage with Basic Facilities (%)
2015-16	10000	45
2016-17	40000	50
2017-18	50000	85
2018-19	120000	98

Source: World Health Organization

The table above indicates that there has been a positive impact on the health conditions of the people due to the cleanliness drive by avoiding the huge number of deaths from 10000 in 2015-16 to 50000 in 2017-18 and 120000 in 2018-19. As for Household Sanitation is concerned, there has been a wide coverage from 45% to 98%.

The Sanitation Health Impact Assessment study conducted by Ministry of Drinking Water and Sanitation (MoDWS), to understand the impact of ODF status on the

#### Prevalence of Diarrhoea in ODF and Non-ODF Areas in 2017 (%)

Age of Children	ODF	Non-ODF	Overall
Less than or Equal to 2 years	12.1	18.1	15.2
Greater than or Equal to 2 years	6.9	10.2	8.5

Base: (All Children):4985 Source: Ministry of Drinking Water and Sanitation

The above table indicates that there has been a positive impact of Swachh Bharat Mission on the health conditions of the people in the study areas. The Open defecation Free areas were better than the non-Open Defecation Free areas.

#### CONCLUSION

The Swachh Bharat Mission has brought about a remarkable change and notable benefits to the society as a whole. It is one of the largest cleanliness drives in the world. Many States have achieved the status of 100 per cent ODF and IHHL coverage, which has led to a sea change in the dignity of people, especially women. The Mission has covered 98 per cent of the rural India. Since October 2, 2014 over 9.5 crore toilets have been built all over the country and 564,658 villages have been declared ODF. India's journey towards sanitation for all has ensured the social, environmental and economic gains by ensuring that the behavioural change are rooted in consciousness of the people. The Mission has brought one of the largest behavioural changes in its citizens. The mission highlights the National Developmental priorities by focusing on the gender equality and women empowerment, which is aligned with the 2030 global sustainable development agenda. The agenda aims to 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"

key child health and nutritional indicators in five states- Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Non-ODF districts were selected to ensure socio-cultural and regional similarity across geographies within the state. Becoming ODF had a positive impact on the child health and nutrition, evident from the fact that the health and nutritional indicators of the children and mothers belonging to the ODF areas were comparatively better than their non-ODF counterparts. This is indicated in the table given below

However, India's challenge is an enormous one. There is still a long way to go. Construction of toilets is one part of the solution for a clean India. There are also other facets for a clean India. The dream of clean India can only be realized by addressing these multiple facets like, maintaining a culture of swachhata at public places beyond individual houses, cleaning water bodies, scientific waste management, dealing with plastic menace, controlling air pollution, etc.

#### REFERENCES

1. Dalberg. 2019. "Summary Report: Assessment of ODF Environments on Faecal Contamination of Water, Soil, and Food."
2. "Ministry of Drinking Water and Sanitation. Government of India. 2017. "The Sanitation Health Impact Assessment Study."
3. UNICEF. 2019. "Assessment of IEC Activity- Swachh Bharat Mission (Gramin) 2014-19."
4. Water Aid and Oxford Economics. (2016). "The True Cost of Poor Sanitation."
5. WHO UNICEF. 2017. "Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Progress on Drinking Water, Sanitation and Hygiene."
6. "World Bank. 2011. New Delhi. Water and Sanitation Program "Economic Impacts of Inadequate Sanitation in India."
7. The Economic Survey, 2017, "The Swachh Bharat Mission"