

Swachh Bharat Mission (Gramin) Bottlenecks and Remedies

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The progress of the Swachh Bharat Mission (Gramin) has been impeded by bottlenecks, such as inadequate water supply, defunct toilets, and difficulties in availing microloans for constructing individual household latrines. These need to be addressed if the government wants to achieve the lofty target of making India open defecation free by 2019.

The Swachh Bharat Mission (SBM) launched by the Government of India on 2 October 2014 has a noble objective of making India cleaner by improving the sanitation conditions in the country. The mission has two major sub-missions, rural (*gramin*) and urban, focused on sanitation improvement in rural and urban areas respectively. The mission has the target of achieving total sanitation by 2019 and to make India cleaner and healthier for its people. This initiative is also expected to lift India's image in the international arena so that the world looks at it as a better place to live, travel, and invest.

The mission enhanced the "incentive" for constructing each individual household latrine (IHHL) from ₹10,000 to ₹12,000 for most states in India, and this is shared by the central and respective state governments in the ratio of 75:25. Few states like Andhra Pradesh are offering an additional ₹3,000 from the National Rural Employment Guarantee Scheme (NREGS) for building IHHLs with bathing facilities. Providing sanitation facilities in all schools, *anganwadis* (child and mother care centres) and provision for community toilet facilities in areas where necessary are also planned for achieving saturation in

sanitation coverage. Improving solid and liquid waste management (SLWM) is also an important component of SBM (Gramin).

The central government introduced the Swachh Bharat cess of 0.5% from 15 November 2015 on the value of all taxable services in India to raise funds for the mission. In addition to this, the Swachh Bharat Kosh (Clean India Fund) was set up on 24 November 2014 to attract corporate social responsibility (CSR) funds from the corporate sector and donations from charities, individuals, and institutional donors as well as non-resident Indians (NRIs) to bridge the funding gaps.

By March 2016, the mission completed its first 18 months of the total 60 months' time frame set for achieving its target. As per Census 2011, India has 16,78,26,730 rural households. Out of these, 67.3% rural households defecate in the open and only 35% have drinking water available within the premises. A record 17.6 million IHHLs were built and the coverage of households increased from 42.12% to 51.83% during the first 18 months of the SBM (Gramin) (MDWS 2016).

Thus, the SBM (Gramin) has the primary task of building IHHLs for the remaining 80.8 million households before 2 October 2019, apart from improving solid and liquid waste disposal in its villages. Thus, at the current pace of progress, it appears that the mission achieving 100% coverage in rural areas is a herculean task.

By the end of January 2016, the Swachh Bharat Kosh had received donations to the tune of ₹369.74 crore. Though the

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guidelines of the kosh prioritise the repair of defunct toilets and expenditure on augmenting water supply, most of these funds are now being spent for building new IHHLs. The amount of funds generated by the Swachh Bharat cess is not yet available in public domain.

The SBM (Gramin) guidelines envisaged the establishment of state and district level Rapid Action and Learning Units (RALU) that capture innovations and field-level best practices and feed the implementation structures. Though a national level RALU was notified in July 2015, the states are yet to take this provision seriously, except for Andhra Pradesh and Chhattisgarh. In March 2016, the union cabinet approved the \$1,500 million project of World Bank support to SBM (Gramin) meant to incentivise the performance of states in terms of increase in sanitation coverage, reduced open defecation, and improvement in SLWM (Press Information Bureau 2016). This scheme of performance-based incentives may take some time to come into force.

Bottlenecks Impeding Progress

Rural India typically has habitations over a large geographical spread. Reaching

the rural households with effective behavioural change communication is a daunting task given the limited manpower with necessary skills to implement the mission at block and district levels. Another important prerequisite for acceptance and usage of IHHLs is the availability of adequate water supply at the doorstep. Unless the SBM (Gramin) ensures that, many newly-built IHHLs may not be used by people.

The release of incentive has been simplified in SBM with the total payment made in only two instalments. After the officers of sanitation department approve the sanction of IHHL to a particular household, a family needs to invest ₹6,000 on its own to build the substructure of the toilet for receiving the first instalment of incentive of an equal amount. The final instalment of incentive is given after the structure is completed and the department records the physical measurements of the structure. Thus poor families, particularly those belonging to Scheduled Caste (SC) and Scheduled Tribe (ST) communities, have to invest their own funds first to build the IHHL. This is a bottleneck that is slowing down the progress of coverage.

Primary data collected by the author through a field study in December 2015 revealed this fact very clearly. Out of the total sample of 3,335 households from different communities, a total of 13.2% had an IHHL, a bathing room, as well as a doorstep water connection. In contrast, only 5.1% of the total 764 SC and ST households had the same.

Another field study done under the Sustainable Ground Water Management (SuGWM) project of the Centre for World Solidarity, Hyderabad, reveals the existence of a large number of defunct IHHLs in villages. The SuGWM project carried out a census in six gram panchayats with a total 3,317 households in Telangana and Andhra Pradesh in 2011–12. It was found that 1,161 (35%) households had defunct IHHLs that were built with support from the government during the past decade (SuGWM Project 2016: 16). Unless those households are motivated and they revive such defunct IHHLs as a part of the SBM (Gramin), it is difficult for villages to attain the open defecation free (ODF) status. Currently, the Census 2011 or SBM statistics do not mention defunct IHHLs, but apparently assume that all those constructed previously are in use.

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Remedial Measures

The three major bottlenecks that the SBM (Gramin) is facing are the lack of doorstep water supply affecting the initial acceptance of IHHL and their usage later; the need for partial initial investment on construction by the beneficiary households; and the existence of many defunct IHHLs in villages.

Better water supply for faster uptake of IHHLs:

This issue is already known and acknowledged both by the state and central governments, but not attended at the implementation level in a strategic way. A conjoint approach to provide adequate water supply in villages selected under SBM (Gramin) is already advocated by the SBM guidelines, but this synergy is yet to be operationalised at the key execution level, that is, at the district level. Currently, the practice involves the selection of a few villages in each block. Then efforts are made to make these villages ODF by identifying all those households which do not have IHHLs and motivate them to construct one. Subsequently, a follow-up is done to ensure the usage of newly constructed IHHLs. In some villages, non-governmental organisations (NGOs) are roped in to carry out this work directly, while in many others NGOs play the role of a catalyst, while individual households are required to construct and claim the incentive in two instalments.

After a village is identified for sanitation work, investments should also be made in the same village to fix water distribution network leaks and breakages; doorstep water connections to all households should be ensured; better water supply operation and maintenance systems should be provided by the gram panchayat; and most importantly, sustainability of groundwater sources that feed the water supply system should be ensured. In the absence of these measures, villagers may go back to open defecation practice due to inadequate water supply, especially when droughts and water shortages stare at them.

Clubbing the water supply augmentation work with IHHL promotion will encourage better participation of women and faster progress in sanitation coverage. One key observation from the field is that women in villages hesitate to build

IHHLs without sufficient water supply because they are the ones who are going to be burdened with fetching more water from far-off public taps for flushing the latrines. For households without a doorstep water connection, SBM (Gramin) should bundle and offer both IHHL and a doorstep water connection. In addition to investing the funds of National Rural Drinking Water Programme in a synchronised manner with SBM (Gramin), innovative provisions of Swachh Bharat Kosh may be effectively used by the states towards this objective.

Leveraging microfinance ecosystem:

The need for upfront investment of around ₹6,000 has considerably slowed down the adoption of IHHLs among the poor, especially the SC and ST communities, in remote villages. Another issue is the high costs involved in building an IHHL with “additional necessities.” Many households, once they decide to construct an IHHL, prefer Western style toilet seats and tiles in the toilets and want to construct a bathing room along with the IHHL as well. Some households even enlarge the size of these units depending on the space available within the house. The preference for Western style toilet seat is increasing mainly for the convenience of old people or people suffering from bone and joint ailments, mostly in fluoride endemic areas. Thus, construction of an IHHL along with a bathing room costs around ₹20,000 to ₹25,000. The high costs and crop failures due to recurring droughts are also pushing rural households to delay the construction of already sanctioned IHHLs.

The availability of a small loan in advance will help the poor to speedily construct IHHLs. However, it is not viable for commercial and other banks to give out small loans. Though microfinance institutions (MFIs) operating in remote rural areas offer microloans, they are profit-making companies and charge relatively higher interest rates. Also, they do not have explicit social objectives such as promoting sanitation. But many women self-help groups, NGO-led mutually aided cooperative societies (MACS), thrift and credit cooperatives, and farmers’ cooperatives that work on the principle of self-help, pool significant amount of money every month in terms of member savings and offer small

loans ranging from ₹5,000 to ₹30,000 at relatively lower interest rates.

Amending the SBM guidelines will help speed up the IHHL coverage in India. The Swachh Bharat Kosh may be used to build revolving funds at the district level, which may be offered as loans to these local cooperative institutions. Thus, without imposing much burden on the poor in terms of interest on the loan taken, it is possible to make SBM (Gramin) more inclusive and reach its target by 2019. Also, when people willingly access loans and build sanitation infrastructure, it is certain that they take care of the quality of construction, maintain these toilets and never go back to the practice of open defecation.

Reviving defunct IHHLs: As on 2 October 2014, 42.12% of the rural households in India had toilets. But it does not necessarily mean that all those physical structures were in a functioning condition. As mentioned before, some field studies indicated as high as 35% defunct IHHLs in some of the villages. Many latrines funded by the previous government’s schemes remained incomplete and after some time became defunct.

To begin with, the enumeration of such defunct IHHLs, both complete and incomplete ones, should be done separately. SBM (Gramin) should introduce a “renovation incentive” for such IHHLs as well as offer a doorstep water connection. With a small investment of around ₹3,000, many such defunct IHHLs may be revived and put to use. The objectives of Swachh Bharat Kosh also mention the intention to use funds to repair defunct toilets. Generally, the renovation of defunct IHHLs would involve repairing filled-up leach pits, replacing broken toilet seats or providing a roof to the toilet structure.

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