



A PANORAMIC VIEW OF HEALTH AND HYGIENE CLEAN INDIA MISSION: A SWOT ANALYSIS ON CURRENT STATUS AND FUTURE PROSPECTS

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Abstract

Water and Sanitation are one of India's ever clean ecosystems on the basis of the health sector. Swachh Bharat Mission and 'Clean India Mission' is India's largest ever cleanliness drive with the main motive to end open defecation. Maintaining proper sanitation facilities and good hygiene is to reduce diseases of healthy ecosystems. Health-related ecosystems and environmental situations have always been a consequence for human behaviour and bringing problems like food diseases, affecting environmental pollution, and the habitats of human needs. To critically analyze the implementation of the 'Clean India Mission' programmes also assess the perception and practices of current status by using SWOT. SWOT is a basic, analytical framework that assesses the strengths, weaknesses, opportunities, and threats that must be overcome. At all levels, the researcher examines the overall implementations of SBM programmes, identified the pathways of full-filling the sanitation agendas, by achieving universal sanitation for all and meeting the SDGs.

Keywords: Health, Sanitation, and Hygiene.

Introduction

'Civilization is the distance that man has placed between himself and his own excreta' - mentioned by the author of Brian W. Aldiss.

Mahatma Gandhi mentioned, "Sanitation is more important than independence". His dream was total sanitation for all. He uses to emphasize that cleanliness is most important for human well-being and a healthy ecosystem. Sanitation is one of the basic necessities that affect human life. Sanitation and hygiene are crucial to health, survival, and the improvement of development. The rural sanitation programme in India was introduced in 1954 as a part of the first five-year plan (1951-1956) of the Government of India. In 2015, 40 per cent population has access to improved sanitation, 63 per cent in urban and 29 per cent in rural areas. In 2008, 88 per cent of the population in India had access to an improved water source but only 31 per cent had access to improved sanitation. In rural areas where 72 per cent of India's population lives, the respective share is 84 per cent for water and 21 per cent for sanitation. The main objective of SBM is to end up open defecation through the construction of individual, cluster, and community toilets. The concept of SBM is to provide sanitation facilities to each and every family, including toilets, solid and liquid waste disposal, and village cleanliness, safe and adequate drinking water.

Clean and safe drinking water and sanitation are essential for the health and the development, of social and cultural families, and low standard communities. Without water, humans die within a few days from dehydration. Death tends to be higher and life expectancies lower in areas with poor water and sanitation. About 40,000 children die every day of diseases related to water and sanitation. Throughout the world, an estimated 2.5 billion people lack basic sanitation. Many countries are challenged in providing adequate sanitation for their entire populations, leaving people at risk for water, sanitation, and hygiene (WASH) related diseases.

Swachh Bharat Abhiyan (SBA)

Swachh Bharat Abhiyan (SBA) is also called the Clean India Mission. The mission is closely linked with both urban as well as rural areas of the nation. Ministry of Drinking Water and the Ministry of Urban Development is the implementing and organizing authority for the urban component and Water, Sanitation is the implementing and organizing authority for the rural component of this program. During the first five-year plan, the rural sanitation program in India was introduced in the year 1954. The census of 1981 revealed that rural sanitation coverage was only 1 per cent during the Census in the year of 1981. According to the Water, Sanitation, and (Hygiene Performance Index 2015 developed by the water institute at the University of North Carolina), India was a bottom performer and was ranked in the place of 93. In 2020, just over half 54 per cent of the world population had access to safely managed sanitation. There was around 40 per cent population had access to improved sanitation, 29 per cent rural in urban, and 63 per cent in urban areas in the year of 2015. It also enhances the efforts to achieve universal sanitation coverage, especially focusing on sanitation. In the year of 2014, the new government announced its high-profile Swachh Bharat Abhiyan - Clean India Mission that aims at eradicating open defecation by 2019, covering 4,041 cities and towns.

Swachh Bharat Mission (SBM)

Swachh Bharat Mission (SBM) was launched by the Honourable Prime Minister of India, with the inspiration of Mahatma Gandhi, to create a clean India of his dream by the year 2019. The prime motives of the SBM are to reduce open defecation through the construction of each and every individual and community

toilet, destruction of open defecation, eradication of manual scavenging, the effect of behavioural patterns regarding healthy sanitation practices, in order to generate awareness about public health. SBM aims to achieve universal access to sanitation for all and to make villages clean and sanitized. Swachh Bharat Mission (SBM), launched on 2nd October 2014 aims at making urban India free from open defecation and achieving 100 per cent scientific management of municipal solid waste in 4,041 statutory towns in the country. The SBM is to provide sanitation facilities to every family, village cleanliness including toilets, solid and liquid waste disposal, and adequate drinking water facilities. The SBM's aim is to find solutions for sustained behaviour change, addressing women and young girls and their personal hygiene needs.

Objectives:

The Main Objectives of the Study are:

- To study the implementation of the 'Clean India Mission' programmes in India.
- To assess the perception and practices related to health and sanitation.
- To analyze the current status of 'Clean India Mission' and future prospects of Health and Hygiene through SWOT analysis.

Methodology

In this paper, the researchers have attempted to study the current scenario of health and future aspects of sanitation and hygiene. This study is based on secondary data collected from various government sources like World Health Organization, UNICEF, and Sanitation Annual Report. After depicting the current situation of cleanliness, the researchers attempted access to find various perceptions and practices related to health and hygiene. Then the researchers have used to make a SWOT analysis of the Clean India Mission for health and sanitation in India.

Review of Literature:

Sandy Cairn Cross (2021) pointed out that every fundamental health issue started from water as well as sanitation. He badly felt about the poor health originated from lack of adequate water supplies and toilet facilities and the large degree of contamination in traditional water sources. Water supply is the core theme of the maintenance of health. It gave evidence from our past older years but the serious risk factor is that the water crisis still exists even in both rural and urban settlements. Here, this paper sees that many epidemics believed that diseases spread through 'water borne' but this research sees that many new health issues spread out from 'water washed'. Human excreta disposal is a very challenging one for society because it transmitted diseases. In the end, it advised that 'communication' is the most important for not only water facilities but also the maintenance and construction too.

Waterline (2021) depicts that the data from the study defines how serious issues of water and sanitation are going on hand in hand. It warned the people and the government that humans may die because of dehydration. It feared the disparities between developed and developing countries and between urban and

rural populations. This research especially urges the present society for the need for clean water. It also indicates the poor environmental conditions arising from the unhygienic disposal of excreta and sludge and the accumulation of solid waste. It distinguished between water-borne and water-based, and water-related diseases which were the major health issues from water and sanitation. It suggested that 'water care is the health care. It gives importance to excreta which was the major source of pathogens in water.

Chittrajan et al., (2019) considered the Swachh Bharath Mission (SBM) India's largest ever cleanliness drive which is mainly for sanitation activities such as eliminating open defecation from the construction of toilets. This paper hardly analyzed SBM implementation in rural India. It also explained the primary source of information from the field, thiruvidachery Panchayat. It holds the goal of open defecation-free villages, increasing the quality of life, and accelerating sanitation coverage. It started review from the Socio-demographic background, People's awareness of (SBM) and the real practices connected to health, hygiene, and cleanliness. The census from (BBC News, 2012) pointed out that "India is capital of open defecation" is supported the primary date as well. Some more shocking information picturized the real-life conditions of rural men and women. Finally, it provided the lead for the success of SBM through the areas which is still remained the backbone of our country, and this research is like a warning to the government that an open defecation may be caused the biggest obstacles to India in the time of meeting millennium development goals (MDGs), it also shared the diseases and the other problems created by the open defecation, such as malnutrition and underdeveloped growth. Thus, it has a positive impact on sanitation and hygienic practices in rural India through the overall implementation of SBM.

Babita Jangra et al., (2016) depict that 'Swachh Bharat Abhiyan, wants to achieve Swachh Bharat by 2019. This study proved with the data from WASH performance Index 2015, especially India was a bottom performer and ranked 93. Data indicated that higher GDP may improve access to water and sanitation. It stressed that sanitation and hygiene is the most basic need for health, survival, and development. Sanitation influenced everyone's everyday life. The Swachh Bharat Mission is mainly for achieving universal sanitation coverage. SWOT analysis helped this study to support and explain the things which lack health and sanitation. It showed the timeline of efforts for sanitation from 5000 years ago to 2014. The framework of analysis describes in the form of various terms like funding, technology, caste, government, waste management, administration, sustainability was clearly mentioned with SWOT analysis. At last, it concluded that the changes must start from the mindset of the people. Hence, this framework must be lead to overcome or minimized achieve hygiene and sanitation.

Frank Rijsberman et al., (2004) linked water supply and sanitation as well. He depicted the water crisis in the present 20th century and the study resulted that the population growth in recent times is very high, so this is a major problem for supplying water to everyone in the world at present. Nearly half of the population were affected by the water problem in today's world was reported in this research. Technology is the major contributor to the dissemination of small-scale water technology to small and landless farmers. This WASH article considered the benefits of improved water management, mainly for the agriculture sector. It gives an example of a water vendor who received high costs for pure water. The water resources were

existing only at the minimal level when compared to the population overall. Hence, it stressed that the use of water is an economic good and so government should take responsibility for the issues behind the water.

PERIODS OF INITIATIVES IN INDIA FOR IMPROVING SANITATION

S.No	Duration of Periods (Years)	Initiatives for Improving Sanitation
1	2019	Rural sanitation facilities – In order to attain a clean and open defecation-free India.
2	2017	Drinking water facilities for rural households are provided with piped water supply.
3	2015	Smart City
4	2014	Swachh Bharat Abhiyan replaced Nirmal Bharat Abhiyan, a new target to make India 100% clean by 2019.
5	2012	TSC is renamed as Nirmal Bharat Abhiyan Target set for 100% coverage of sanitation in rural areas by 2020.
6	1986	Central Rural Sanitation Program launched.
7	1981	Beginning of the International Drinking Water and Sanitation Decade, Creation of the International Drinking Water Supply and Sanitation Program, the Government of India made its first sanitation target.
8	1977	Accelerated Rural Water Supply Program Reintroduced.
9	1972	Accelerated Rural Water Supply Program, designed to provide funds for villages (Tribal Peoples, Scheduled Caste and Backward Classes).
10	1954	National Water Supply and Sanitation Program introduced in the health sector.
Source: World Health Organization (WHO)		

Present Scenario of Sanitation in India

In developing countries like India, 57 per cent of households do not have toilet facilities. In Tamil Nadu, it was around 52 per cent. The central and state governments are implementing several schemes like the Total Sanitation Campaign (TSC), National Rural Health Mission (NRHM) to protect women's health. TSC is being renamed as Nirmal Bharat Abhiyan (NBA) in April 2012 and on 2nd October 2014 launched Swachh Bharat Abhiyan (SBA) as a Clean India mission. The unit of the cost structure of the construction of individual household latrines has been increased Rs.12,000/- . In 2019, there were 926.11 (lakhs) household toilets were constructed under SBA, and in Tamil Nadu, it was around 48,31,455.

Situational Analysis - SWOT Analysis of Clean India Mission in Health Aspects

SWOT is a basic, analytical framework that assesses its strengths, weaknesses, opportunities, and threats to determine the overcome of the outputs. So, the analysis was done by using SWOT. SWOT looks at both current and future prospects. It is the method of situational analysis examines that the strengths and weaknesses of the internal environment; opportunities and threats describe the outcome of the external environment. It is a framework that assesses what an organization can and cannot do, as well as its potential opportunities and threats, determines its prime objectives, and what obstacles must be overcome to achieve the desired outputs. Strong notes, as well as weaknesses, were identified regarding the SBM, which may work as an opportunity regarding the improvement of health and hygiene in India. So, the situational analysis was done by reviewing the literature on the topic regarding the improvement of the welfare of health in India.

SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)

S - STRENGTHS

Sustainability of Interest and Priority

Sustaining the interest and priority to the program and policies at all levels of administration to pertain to the welfare of sanitation will be a challenge in the future, especially in both areas. It also encourages the scope level for expansion and high coverage of the campaign.

Provision of Governmental Programmes

Swachh Bharat Mission Programme, funding has been delinked from the Programme, (Mahatma Gandhi National Rural Employment Guarantee Act - MGNREGA), since that was leading to insufficiencies and delays in implementation. Self Help Groups also usually work towards empowering women, developing abilities among the poor standard, increasing the ratio of school enrolments also improving the nutrition of health aspects. Working through SHGs makes communication easier, also they hold meetings where trained female community mobilizers deliver the same set of information repeatedly across the community.

Innovation of Technologies

In Swachh Bharat Abhiyan, there is a part of research and development activities in the technology of both toilets and Solid and Liquid Waste Management. The Ministry of drinking water and sanitation allocates such research and development activities by financing various government projects.

W - WEAKNESSES

Impact on Gender Perspective – Children and Women

Poor sanitation facilities affect children under the age of five, and diseases are also caused by poor sanitation facilities. When girl students reach adolescence, Unclean toilet may cause uncleanliness,

discomfort, unsafeness and discourage them to attend school, especially in the situation of menstruating also eventually drop out of school. Even though it will cause in the form of diseases like diarrhea. In addition to the health and social cause on girls and women, poor sanitation also forces them to get panic, shame, especially harassment while having to defecate in the open. Each and every year, 1.5 million children were affected especially in diarrhea, and also the second biggest killer of children in developing countries. Addressing and mentioning sanitation alone can decrease many of these unwanted effects among children.

Protecting and Preserving of Environmental Concerns

India has made quick progress to achieve (SDG – 6) by increasing nationwide toilet access under SBM. It encourages the solutions that need to take account of other aspects of environmental sanitation like solid waste management and also the generation of industrial and hazardous wastes. In the same condition, India must scrutinize its success within the framework of preventing environmental safety.

The Campaign is Voluntary, not Compulsory

SBA is a voluntary one but not compulsory. It must be compulsory to use the provision of toilet facility and using of open defecation must be made a punishable act.

Behavioural Pattern of Public Participation

The behavioural pattern of public participation is one of the critical components required to improve sanitation facilities. Similarly, it applies to practicing other aspects of cleanliness like hand washing, Using Soap, drinking water facilities, and eating food, especially in urban and rural areas.

Governmental Approach

The governmental approach works within the confines of a particular social and cultural framework and probably, the programs achieve more funding provisions. In comparison to other issues, poor sanitation predominately affects the lower class of people, especially in rural backgrounds, a group that receives and controls politically. Moreover, the government has to take part and achieve and ignore the welfare of implementing programs to enhance the segments of sanitation and hygiene, especially in all areas.

Lack of Knowledge and Awareness

Sanitation has been chartered by the low level of priority and there is a lack of awareness about its inherent linkages especially related to public health in various forms. Lack of knowledge can also deal with the problem of public participation like education level, employment pattern, environmental condition, and situation of human activities in various forms.

O - OPPORTUNITIES

Welfare of Sustainability

The sixth goal of Sustainable Development Goal aims not only to expand access to basic water and sanitation services but also to close the disparity of all service quality. This means not only the welfare of providing clean water and sanitation facilities but also making sure that the toilets are usable and used by all members of every household with the purpose of a life-long process.

Opportunities in SDGs– (Sustainable Development Goal: 6)

The SDGs provide the international development context to India's rural sanitation strategy. The Sustainable Development Goals have committed with the international community to extend international cooperation and capacity building on clean water and sanitation facilities, and also to enhance local communities especially rural backgrounds by improving clean and affordable water and providing sanitation facilities. Through SDG (6), the countries of the world have resolved to achieve access to clean and safe drinking water and adequate sanitation and hygiene to all in the upcoming future years.

Future Prospects of SDG –Goal (6): Clean Water and Sanitation

The dimensional extension of Indian households with access to improved water sources increased from the year of 1993 to 2016. However, in 2015- 19.7 per cent of urban households and 16, 63.3 per cent of rural households were not using improved water and sanitation facilities. SDG (6) enhances the nations to achieve access to clean, safe, and adequate water, sanitation for all.

Water and Sanitation in the other SDGs:

Targets with Indicators

Agenda of the Year	Targets	Monitor Aspects	Indicators
2030	Achieve equitable access to safe, clean, and affordable drinking water for all.	Global – Equitable – Access – Safe – Affordable – Drinking Water for all	Population using safely managed to drink water services.
2030	Achieve access to adequate and equitable sanitation and hygiene for all in order to reduce open defecation, providing special attention to the needs of women and girls and those in vulnerable situations.	Access – Adequate – Equitable – Sanitation and Hygiene for all- Reduce Open Defecation – Giving Attention to the Girls and Women	Population using safely managed sanitation services including a handwashing facility with soap and water.

2030	Improve water quality by reducing pollution and increase in the form of recycling and safe reuse globally.	Improve water quality – Reducing Pollution – Increase in recycling – safe reuse globally	Wastewater safely treated also enhances the quality of water.
2030	Substantially increase in water use efficiency across all sectors and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from the water scarcity.	Increase in Water Efficiency – decrease the level of people suffering from water scarcity	Changes in water use efficiency over time and percentage of available freshwater resources.
2030	Protect and restore water-related ecosystems, including mountains, forests, and rivers.	Protect and Maintain – Restore water ecosystems	Change in Water-related ecosystems extent over time.
2030	Support and strengthen the participation of local communities in improving water and sanitation.	Strengthen - Improve the level of water and Sanitation	Local administrative units with operational policies and procedures for participation of local communities in water and sanitation management.

Source: SDGs Agenda 2030

T - THREATS

Affecting of Diseases

Poor sanitation can also have an effect because persons are suffering from sicknesses and living shorter lives, thereby producing and earning less, in the form of affording an education and unable to get work and a stable future, especially for their children. Inadequate water, sanitation, and hygiene services in India's health facilities, contribute to the high neonatal mortality rate, which is currently 24 deaths per 1000 live births.

Recycling Solid Waste is a Big Issue

Solid and Liquid Waste Management is one of the major key factors of Swachh Bharat Mission, launched with the main objective of maintaining and improving cleanliness, quality of good hygiene, and

change in the life of human behaviour, especially in both rural and urban areas. These problems need to be addressed that a major crisis can be prevented in the future aspects.

Less Concentration on other Aspects of Sanitation

It is mainly focused on achieving open defecation free status whether every individual in the village uses sanitary latrines leading to the destruction of open defecation, but at the same situation, there are a huge number of animal excreta spreading and causing infection in the environment and polluting waste in the form of environmental conditions. Inadequate access to such facilities can directly attain various infections like pneumonia, diarrheal illnesses, skin infections, eye infections, and childhood malnutrition.

Conclusion

India is the capital of open defecation; approximately 59 per cent of the people defecate in open places. Open Defecation poses a serious public health threat to children and is one of the biggest struggles to for India meet the Millennium Development Goals (MDGs). Clean India's mission initiative is directionally right also impacts on improving access to health and hygiene. During the year 2011 census showed that 46.9 per cent of the household has toilets and 3.2 per cent use public toilets; the remaining 49.8 per cent of people are defecating in the open (BBC News, 2012). Even though Clean India is a very tough job, still nothing is impossible with effort.

According to the World Health Organization (WHO - 2004) report shows merely 2.2 million deaths have occurred due to the infection of diarrhea. It also leads to malnutrition and underdeveloped growth among women and children. Open defecation can lead to water pollution and affect ground surface water. This paper specifies a gap in the awareness of human behaviour, environmental preferences, and sustainability practices which is a key role factor related to various outcomes studied especially sanitation, cleanliness, and hygiene practices. Several key independent factors including, socio-economic index, grade level, access to clean and sanitary facilities, and prior knowledge of hygiene practices which were significantly associated with health outcomes also should be noted and controlled in further interventions. The positive effect of water, sanitation, and hygiene practices should be noted and given more attention in future research. This paper concludes that the importance of access to health facilities cannot be underscored in affecting illnesses, causing disease, low level of awareness also tries to improve the self-awareness of the behaviour of each and every individual of the society in all aspects. The prime motive of hygiene is to achieve health benefits also to change the behavioural pattern for the benefit of attaining good health.

REFERENCES

1. S. Lata Singh, N. Kunwar, A. Sharma., Impact of Swachh Bharat Abhiyan in Indian society, International Journal of Home Science.2017; 4(1), 215-219.

2. L. Aswathi, P.K. Viswanathan. Stages of implementation of Swachh Bharat Initiatives: An evaluation. International Journal of Pure and Applied Mathematics, 2018; 118 (5), 673-680.
3. World Health Organization and UNICEF. Progress on Drinking Water and Sanitation: 2015. Update. United States: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation; 2012.
4. Environmental and Social Systems Assessment. Social-Systems-Assessment-ESSA-Swachh-Bharat-Mission-Gramin-executive summary. Date accessed: 01/01/2015.
5. Rural Water Supply and Sanitation Programme and Ministry of Rural Development Government of India, Annual report 2017-2018.
6. Kartika M. Old Caste Taboos Hinder Modi's Efforts to Clean India. Bloomberg Business, December 23, 2016.
7. Andres H, Bell B. An untold story of policy failure: The Total Sanitation Campaign in India. Water Policy. 2013; 15 (6):1001-17.
8. Government of India Ministry of Drinking Water & Sanitation Annual Report 2015-16.
9. L.C. De, D.R. Singh, S.Thapa, R.C. Gurun. Swachh Bharat Abhiyan - An overview. International Journal of Information Research and Review, 2016; 3(11), 3066-3073.
10. G. Mohapatra projected behavioural change in Swachh Bharat Mission: A public policy perspective, Indian Journal of Public Administration, 2019; 65(2).
11. World Health Organization, UNICEF. Progress on drinking water, sanitation, and hygiene: 2017 update and SDG baselines.
12. Children die daily because of unsafe water supplies and poor sanitation and hygiene. https://www.unicef.org/media/media_68359.html. Date accessed: 21/03/2013.
13. B. Jangra, J.P. Majra, M. Singh. Swachh Bharat Abhiyan: SWOT analysis. International Journal of Community Medicine and Public Health. 2016; 3(12), 3285-3290.
14. A. Chaudhary. Swachh Bharat mission- need, objective and impact, International Journal for Research in Management and Pharmacy. 2017; 6(5), 24-28.
15. Briscoe, J., Feachem, R.G., and Rahaman, M.M., Evaluating Health Impact: Water Supply, Sanitation, Hygiene Education, International Development Research Centre, 1986.
16. Sandy Cairn cross., Health Aspects of Water and Sanitation. 2021; 7(1), 2-5.