

Making India Open Defecation Free (ODF) a Key to Improve Health Outcomes-Ingenious Narratives, Quiet Transitions & Road Ahead

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Abstract: *With a vision to eliminate open defecation in the country and to have maximum health impact, Swachh Bharat Abhiyan was launched. The mission offered subsidies to build toilets and make hygiene and sanitation a national priority. It is intended to have a significant improvement in health indicators, such as fewer water-borne diseases, improved mother and child health, along tackling safety issues for women and girls. The political will supporting the programme implementation has been remarkable and it is being implemented in a mission mode. However, the programme lacks clarity regarding the health impact indicators and these indicators are being erratically reported; the state-wise, region-wise stratification of health impact remains untapped in the programme. The article explores issues related to the SBM programme implementation, its monitoring and evaluation. The paper gives pragmatic recommendations for policymakers and programme implementers that should be prioritized through following an integrated and holistic approach through implementing SBCC activities; defining important health indicators and their regular monitoring. The policy-makers need to act to bring about a shift from the 'increasing access through toilet provisioning' narrative to 'actual long-term uptake of healthy hygiene and sanitation habits' through showing tangible and visible change in the health outcomes.*

Keywords: Swachh Bharat Mission, Open Defecation Free (ODF), Social Behaviour Change Communication (SBCC), Swachhata Hi Seva, Swachh Bharat Abhiyan

1. Introduction

Swachh Bharat Mission (SBM) was launched with a vision to eliminate open defecation and make toilets accessible to people of India. The mission intended to have significant health and economic benefits such as improved public health, fewer water-borne diseases, enhanced mental and emotional health of women owing to increased safety, reduced healthcare costs and economic growth. The **Mission was announced by the Prime Minister of India on October 2, 2014, the birth anniversary of Mahatma Gandhi.** This was one of the biggest campaigns launched by the current government with much enthusiasm and fervour. The mission goal was to make India a 'Clean India' by October 2, 2019, marking the 150th birth anniversary of Mahatma Gandhi. In contrast to the previous national sanitation campaigns, like the Total Sanitation Campaign (1999-2012), Swachh Bharat Mission dealt with the supply-side issues through subsidising toilet construction, thus, securing universal access and subsequent adoption of toilets. Removal of the construction cost of toilets, making it accessible and convenient for people to use toilets, promoting it as "Izzat Ghars" have been a few of the significant steps in the programme.

Swachh Bharat Abhiyan has two main phases, while Phase 1 (2014–2019) focused on eliminating open defecation through toilet construction; Phase 2 (2020–2025) aims to sustain the open defecation-free status of villages through creation of ODF+ villages, and a focus on 'Garbage Free' status for urban areas and improve solid and liquid waste management. There is a string of other tangible objectives of this mission, including the welfare of sanitation workers, eradicating manual scavenging, creating awareness and changing public behaviour regarding sanitation practices, and local capacity building efforts.

The mission has had various accomplishments, including building 12 crore toilets, making Swachhata a national

priority through significantly reducing open defecation and improving public health and sanitation across the country.

Various health outcomes being reported as 10 years of SBM achievements [1] include:

- 3 lakh diarrheal deaths avoided between 2014 and 2019;
- 58% higher cases of wasting among children reported in non-ODF areas;
- 93% women reported feeling safer;
- 60,000-70,000 child deaths averted per year.

Many initiatives have been launched under this umbrella programme, such as Swachhata Hi Seva, Swachhotsav, Swachh Iconic Places, Swachh Survekshan, Swachhta Action Plan, Swachhata Pakhwada, Swachhta Pledge, etc. - steering India towards a sustainable, inclusive, and developed Bharat by 2047.

Adding to the uniqueness of the mission, many ministries actively participate in this programme - Ministry of Jal Shakti (lead ministry); Ministry of Housing and Urban Affairs; Ministry of Commerce & Industry; Ministry of Agriculture & Farmers Welfare; Ministry of Cooperation; Ministry of Parliamentary Affairs; Ministry of Ports, Shipping & Waterways. These ministries either take part in the ongoing activities, as well as add their own novel activities, culminating and reaffirming their commitment to cleanliness, dignity of labour, and the vision of Swachh Bharat.

2. Context

Swachh Bharat Mission has transformed India's sanitation narrative, and was supplemented by extensive coverage by national and international media. The **mission was a call by the Hon'ble Prime Minister to make India Open Defecation Free (ODF); the call appealed to the emotional side of the population, especially targeting the safety of women and children.** Narrated by the Prime Minister of India as a pathbreaking initiative and cohesively related to

women's safety, affecting poor and vulnerable people of the society, this massive undertaking mobilized nationwide participation, marking it as the largest behavioural change movement globally. The importance being given to the mission can be seen through the fact that the mission is directly monitored and driven by the Prime Minister's Office (PMO).

The mission remains extensively covered by various national and international media houses and social media platforms, leading to an expansive reach and hype created among the population. Linking it to national pride and passion, it is one of the best-known programmes of the current government, owing to careful advertising, symbolism used and media coverage. State government also participate with equal rigour in all the programmatic activities, especially through Swachh Survekshan, Swachhata Hi Seva, etc.

Swachh Bharat Mission has been marketed as *"the world's largest behaviour change programme"*; *"a testament to India's dedication to improving public health and hygiene"*; *"a beacon of community-driven change"*, narrating that it has mobilised over a billion people in India for a cleaner, safer, healthier and prosperous future. [2]

Analysis: Narrative vs Policy Reality

SBM has appealed to the masses; the mission has promised and aspires to achieve better health outcomes. However, the social and behaviour change activities at the field level have remained limited, leading to a lesser impact on the behaviour change towards the usage of toilets. Studies have demonstrated that information regarding the use of toilets and the ill-effects of open defecation leads to demand-induced adoption of toilets. [3, 4, 5, 6, 7, 8] As we all know that open defecation is a deep-rooted, socially acceptable norm in India. The norm exists because of a number of reasons ranging from limited accessibility, lack of toilets (due to poverty), lack of awareness regarding the benefits of using toilets and knowledge regarding the adverse consequences of open defaecation. Households often lack integral information and understanding of the health risks associated with open defaecation and the benefits of building proper sanitation facilities. Thus, **a greater emphasis on SBCC can generate demand for toilets** [9, 10] and their increased use and ensure a long-term commitment to improved hygiene and sanitation practices among the people of India.

Secondly, the programme lacks clarity regarding the considered health impact indicators. For instance, data on reduction of water-borne diseases, decrease in diarrhoea and malnutrition in children; positive impact on mental and psychological health of women and girls; long-term impact on health of the population, etc. – these health impact indicators have not been clearly defined and are being erratically reported. The state-wise, region-wise stratification of health impact remains untapped in the programme. Although there have been a few infrequent studies in different states and areas, they do not provide an expansive understanding of the impact of the Swachh Bharat Mission.

3. Impact of the Programme

The programme has political will and is being implemented in mission mode. It has an excellent marketing strategy with the use of media and appropriate symbolism, resulting in it reaching the masses. However, to achieve its true impact and gravitas in terms of improving public health, especially improving mother and child health, it is extremely important to address issues such as effectively eliminating open defecation and promoting holistic improvement of hygiene and sanitation of the Indian populace.

At this juncture, the policymakers and programme implementers should prioritize the development and implementation of integrated and holistic approaches, such as implementing the SBCC plan and activities; defining important health indicators and their regular monitoring.

There must be a shift of programme narrative **from increasing access, that is, toilet-building to social behaviour change in the communities.** This can be done through enhancing communication channels, developing and implementing adequate follow-up activities in the community that has been declared open defecation-free (ODF). This has to be ensured that households that have newly adopted the social norm of toilet use do not revert to their former practice of open defecation.

The narrative of the programme from a health perspective should be **supported by real-time data monitoring of pre-defined selected health indicators.** The live dashboard should have region-wise, state-wise, and area-wise stratification options for the chosen health indicators, to clearly define the achievements of the programme. The reshaping of the political narrative can follow. It should be taken into account that the eventual outcome of the programme is to promote the importance of holistic hygiene and sanitation among the citizens of India and improve their health.

States should come up with realistic solutions to local problems related to health and sanitation; Districts, Blocks, and Panchayati Raj Institutions (PRIs) should be involved to develop area-specific resolutions for increasing toilet use and improving mother and child health indicators.

4. Conclusion

It can be said that the Swachh Bharat Mission has been a very well-known programme, as the political narrative has closely followed the programme's progress. Now, at the current stage, SBM requires an overhaul through realigning its political narrative to support the on-ground implementation. Rather than scattered efforts, the programme needs to rethink its goals and objectives, which further needs to be supported by impact studies and real-time data monitoring of health indicators showing how the programme is actually performing and has improved the health outcomes. The political narrative should be built around a holistic approach towards sustainable hygiene and sanitation practices, which will mark a pivotal shift in India's public health strategy.

In order to show how the programme has impacted the life of citizens, rather than a depiction of patchy, selective and outdated data insights, the programme requires real-time data sets and impact information. The policy-makers need to act to bring about a shift from the ‘increasing access through toilet provisioning’ narrative to ‘actual long-term uptake of healthy hygiene and sanitation habits’, while showing tangible and visible change in the health outcomes.

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