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The Study of “Systemic Weaknesses” in Rural Sanitation in India: Policy Learning for Swachha Bharat Mission

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Abstract:

With up-start of *Swachha Bharat Mission (SBM)*, the Rural Sanitation services have occupied the front-line policy discourse in the country. The declared programme outcome is to make the rural country-setting open defecation free (ODF) by 2019. The Central Government has increased public investments manifold in tune of 1.36 lakhs crore for the programme implementation. However, the chronicles of programme implementation of rural sanitation services in the country since 1986 brings out evidences that only allocations of resources do not deliver the desired results. It showcases severe lagging in access and coverage which affects public health and hygiene standards in rural India. As per the latest decennial census, with regards to distribution of households by type of latrine facility, nearly 46.9% of the households have latrine facility available within premises and nearly 53% of the households do not have a latrine and approximately 50% of the households opt for open defecations. The larger question henceforth to be probed that why massive public investment in the rural sanitation services does not translate into the desired outcome. Several causal attribution in the perspectives of ineffective delivery of services are related to a host of macro issues identified in the analytical framework of planning, designing, budgeting, execution, monitoring, and evaluation. Termed as ‘systemic weaknesses’ in policy language such as ‘top-down approach’ in planning and allocation of funds, under-utilization of funds, implementation and administrative bottlenecks, lack of adequate human resources, diversion of funds, and the lack of community mobilization in the planning, design and spending of the programme, etc. plague the overall governance of the programmes. The paper intends to dissect such “systematic weaknesses” from the bygone experiences of rural sanitation programme implementation and draw policy lessons for the current mode of SBM implementations.

Key Words: Public Budgeting, Systematic Weaknesses, Rural Sanitation, Swachha Bharat Mission

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1. Context Setting:

Ever since PM Narendra Modi launched the Swachha Bharat Mission (SBM - Gramin) in the first year of governance, Rural Sanitation Services has occupied once again the front-line policy discourse in the country. Towards making the rural India as free from open defecations by 2019, huge budgetary provisions have been gone to make it reality. What is novel in financing of the rural sanitation programme is the levying and collection of Swachh Bharat Cess (SBC) of 0.5 percent on all taxable services to mop-up revenues to add additional finances into the general budget for delivering the program objectives by 2019. With majority governance period gone, it is now opportune time to evaluate the policy outcomes with high infuse of public investments. In what way *Bharat is Swachha* now and whether the rural inhabitants are getting access to sanitation facilities and using it. No doubt, it is a matter of policy contestation for both opposition and treasury benches to trade charges on its grand failure and success.

Implementation of SBA (G) of these counted years may not speak big, but reading the implementation story of rural sanitation program since 1986 fairly point to the fact that making rural India Open Defecation Free (ODF), clean and hygiene certainly not an easy task to be accomplished. Forty years have passed since the unveiling of Central Rural Sanitation Programme (CRSP) in 1986, the first ever rural sanitation programme in the country, and the SBA (Gramin) (2014) being the latest avatar, one can make fair conclusion that nothing substantial has been changed in the behavioural patterns of beneficiaries to construct toilets and make use of it. In 2016 the SBM-G has achieved approximately 78% Gramin IHHL coverage as compared to 38.7% IHHL coverage in 2014. No wonder, this stage has arrived after incremental policy priorities and public spending on sanitation services since the Seventh Five Year Plan period onwards.

Several researches establish the fact that if public investments in sanitation infrastructures increase exponentially, it would deliver significant benefits especially in the sectors of public health, human development, economy, and the environment. Benefits from the sanitation services are sizeable and far outstrip costs. Benefit-to-cost ratios have been reported to be as high as 7 to 1 for basic water and sanitation services in developing countries as per the OECD statistics. World Bank in its recent report underscores considerable economic losses to the country due to having inadequate sanitation services causing considerable economic losses, equivalent to 6.4 percent of India's GDP in 2006 at US\$53.8 billion (Rs.2.4 trillion) in the same reference year.

Various reasons may be attributed to such laggard performances. The ineffective delivery of services is due to a 'top-down approach' followed in the planning and allocation of funds,

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under-utilization of funds, implementation and administrative bottlenecks, lack of adequate human resources, diversion of funds, and the lack of community mobilization in the planning, design, and spending of the program. All these can be categorized as certain “systemic weaknesses” deep-seated in the implementation of the sanitation program in the country, is the main focus of the study in the paper.

2. History of Sanitation Programme:

Providing sanitation opportunities to citizens of this country has always been in the policy radar of this country since 1954, hence, it was the part of the First Five Year Plan period, even though not prioritized the way other social services like health and education could attain to. The initial policy laggards led to abysmal coverage rate as evidenced in the fourth decadal census (1981) which put the country’s rural sanitation coverage as meagre as 1%.¹ With the changing world perspectives, like the convening of the International Decade for Drinking-water and Sanitation (1981-90), the country’s perspectives began to change towards the neglected sector. As a consequent of which, the Union Government introduced the Central Rural Sanitation Programme (CRSP) in 1986, the first-ever Government sponsored programme towards targeting rural sanitation, primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women.

The CRSP was plagued with many shortcomings, one being it was supply driven and there were hardly any concrete plan of actions (mainly any blue-print) in place to emphasise changing behavior of the rural people through IEC activities, human resources development, building capacities of the implementing agencies, and lack of ownership at the political level. The Indian Institute of Mass Communication (IIMC) conducted a *Comprehensive Baseline Survey on Knowledge, Attitudes, and Practices in rural water supply and sanitation* during 1996, which showed that around 55% of people were using private latrines were self-motivated. Mere 2% of the respondents considered the existence of subsidy as the motivating factor. On the other hand, 54% of the respondents attached ‘convenience and privacy’ as factors for constructing and using toilets. The study further underlined the fact that users are willing to pay more to acquire sanitary toilets.²

The renewed efforts to reenergize the country's sanitation program also fall in correspondence with the country's efforts to achieve the Millennium Development Goals (MDG) by 2015. The stiff timeframe was integrated into TSC guidelines and the focus was on to accelerate sanitation coverage in rural areas to access toilets to all by 2012, following the

¹The Guidelines of Swachh Bharat Mission (Gramin) (2014), Ministry of Drinking Water and Sanitation, Government of India, page.1.

² The Guidelines of Central Rural Sanitation Programme - Total Sanitation Campaign (June 2010), Ministry of Drinking Water and Sanitation, Government of India, page.3

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‘community led and people-centered approach’. Subsidy for individual household latrine units got replaced by incentives to the poorest of the poor households, rural school sanitation was considered as an entry point for wider acceptance of sanitation in rural settings. A district was the main implementing agency and Central funds and State funds were converged to implement the sanitation program at the District level. The outcomes of the TSC were not encouraging and did not substantially change the sanitation coverage and its usability at the ground level. The WHO/UNICEF-Joint Monitoring Programme for Water Supply and Sanitation (2010) found that around 81% of 1.1 billion people that defecate in the open worldwide and 58% of those live in India alone.³ The Census 2011 indicated that nearly 53% of total households in India have no latrines facilities and defecate in the open, significant concerns further that there nearly 80% of the SC and ST households do not have latrines available within their premises.⁴

To push the sanitation coverage further TSC got christened as the “Nirmal Bharat Abhiyan” (NBA) in 2012. The objective was to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach. Following a conjoint approach with piped water supply, the NBA envisaged Gram Panchayats (GP) as the base unit in which nirmal GP will have both BPL and APL category toilets, sanitation facilities in all Government Schools and Anganwadis. It further focused upon the extensive capacity building of the stakeholders like PRIs, Village water and Sanitation Committees (VWSCs) and field functionaries for sustainable sanitation. It also looks for converging with MGNREGS with un-skilled man-days and skilled man-days. It is also extended the stakeholders involving cooperatives, ASHA, Women Groups, SHGs, NGOS and corporate houses. It further invoked social audit and people's participation instruments into bring transparency system into program implementation. As the implementation of NBA requires large scale social mobilization and monitoring, a four-tier implementation mechanism envisaged at the State / District/ Block / Village level. Both Central and State Funds were transferred into a single account operated by State Water Sanitation Mission (SWSM), which was headed by Secretary level functionaries and the program planning, implementation and monitoring were centralized at the state level. This was a departure from TSC guidelines. The financial subsidies for constructing toilets at all levels were all spiked to a considerable level. The funding from MGREGS also got converged at the state level.

³ UNICEF & CBGA (2011) Total Sanitation Campaign (TSC): Budgeting for Change Series, (Accessed from www.cbgaindia.org), Page.1

⁴ CBGA (2013), How Has the Dice Rolled: Response to Union Budget 2013-14, New Delhi: Centre for Budget and Governance accountability, Page 27-28

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The NSSO 2012 survey reveals that only 40.60 % rural households have access to toilets, that is to make a fair conclusion that a large number of rural households still do not have access to safe sanitation facilities and therefore, to tackle this problem on war footing in a time bound manner, the Government launched the Swachh Bharat Mission (Gramin) on 2nd October 2014 to aims at attaining a 100 % Open Defecation Free (ODF) India by 2019.⁵

Continued with the same approach followed by its predecessor of TSC and NBA, the SBM focussed heavily on collective behavioral change. Emphasis is placed on awareness generation, triggering behavior change and demand generation for sanitary facilities in Houses, Schools, Anganwadis, places of Community congregation, and for Solid and Liquid Waste Management activities. Focus here on Inter-Personal Communication (IPC), especially of triggering of demand and use of toilets through social and behavioral change communication and house to house interventions. Since Open Defecation Free villages cannot be achieved without all the households and individuals conforming to the desired behavior of toilet use, every day and every time, community action and generation of peer pressure on the outliers is the key to getting success under SBM. Therefore behavior change communication should focus on triggering entire communities. Community-based monitoring and vigilance committees are essential to create peer pressure. Implementation of SBM (G) is proposed with ‘District’ as the base unit, with the goal of creating ODF GPs. The District Collectors/Magistrates/CEOs of Zilla Panchayats are expected to lead the Mission themselves, so as to facilitate district-wide planning of the Mission and optimum utilization of resources. The planning, budgeting, and monitoring are in sync with the guidelines suggested as per the NBA. However, the SBM focused with additional funding mechanisms of *Swachh Bharat Cess*⁶ and *Swachha Bharat Kosh*.⁷

3. The Study of Systemic Weaknesses:

The country's policy priorities for sanitation, even though implemented for long-time, have not delivered the desired results. Despite consistent policy priorities along with concomitant public investment; coverage and access to services in the rural India have not been able to ensure comprehensive sanitation. The initial results from Census 2011 indicate that at least 82.4 % of the households have access to drinking water source within the premises and near

⁵Guidelines of the Swachh Bharat Mission (SBM), Ministry of Drinking Water and Sanitation, Government of India, page.2

⁶The Swachh Bharat Cess has become effective from 15 November 2015 at the rate of 0.5% on all taxable services. The Swachh Bharat Cess is collected in the Consolidated Fund of India and is proposed to be used for financing and promoting Swachh Bharat initiatives of the government.

⁷ The Swachha Bharat Kosh has been set up to facilitate channelization of philanthropic contributions and corporate Social Responsibility (CSR) Funds towards achieving the objectives of Clean India (Swachha Bharat) by the year 2019. The SBK is administered by the Department of Expenditure of Ministry of Finance.

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the premises. However, percent of households accessed to tap water from the treated source is extremely limited to 32% and availability of drinking water facility is from the covered well is 1.6%. Nearly 33.5% of the households are accessed to handpumps and 8.5% to Tube-wells. Similarly, with regards to distribution of households by type of latrine facility, nearly 46.9% of the household have latrine facility available within premises and nearly 53% of the households do not have a latrine in their premises and approximately 50% of the households opt for open defecations. And pertaining to Sanitation facilities, the online monitoring report of the Ministry reflect a higher rate of coverage of household toilets, better than the comprehensive census figure, which is 71% compared to 47% coverage in 2011.

The larger question being posed here is that notwithstanding huge public investment being incurred for sanitation services, why has the existing program not delivered the desired outcome. Many in policy circles attribute the ineffective delivery of services to a host of macro issues- (particularly the externalities) pertaining to coverage, quality, and usability in the analytical framework of planning, designing, budgeting, execution, monitoring and evaluation. To be specific, an inequitable access due to a ‘top-down approach’ in planning and allocation of funds, under-utilization of funds, implementation and administrative bottlenecks, lack of adequate human resources, diversion of funds, and the lack of community mobilization in the planning, design and spending of the programme, etc. plague the overall governance of the programmes. These are considered as “Systemic Weakness” which is affecting sanitation services in the country.

Inadequate funding for the Programme:

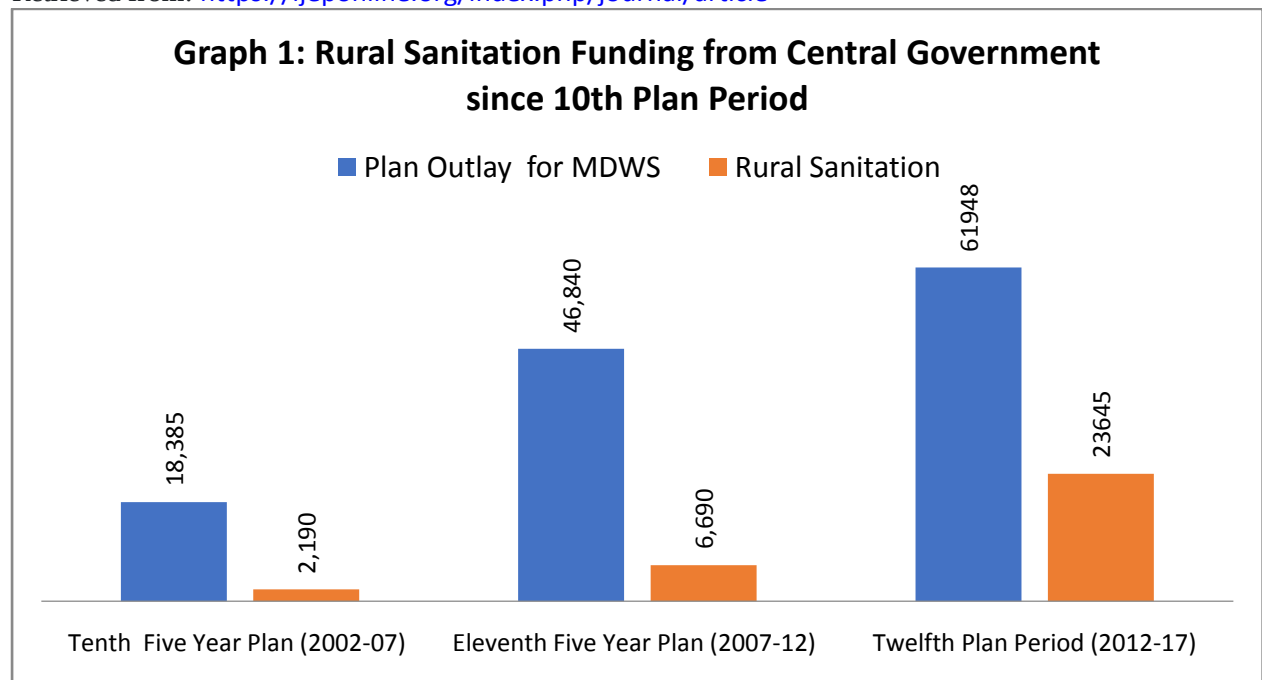
Effective implementation of the program is invariably linked with the budgeting patterns. It is observed in public policy discourse that incremental budgeting helps in consolidating the implementation process. However inadequate budgets always affect program implementation. Historically, rural sanitation program has been undernourished as far as plan funding is concerned. Under 10th Plan period out of the 18,000 crores, rural sanitation program only garnered measly 12% of the plan outlays for the nodal Department, which continued to 11th Plan period till 2012 till the onset of NBA in which the share goes up to only 14%. However such funding pattern got upward swing with significant priority attached by the political leadership. In the 12th Plan period which is going to be ended in 2017, it seems to garner whopping 38% of the Plan outlays. During the Eleventh Five Year Plan, total outlay proposed was Rs. 58,139.01 crore whereas Rs. 45,740 crore was allocated for the nodal ministry. Similarly, during the Twelfth Five Year Plan, total outlay was proposed at Rs. 1,66,686 crore and the allocation was to the tune of Rs. 98,015 crore i.e., about 59 % funds of proposed allocations for the nodal ministry for running both drinking water and sanitation (Graph 1).

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However, under the political ownership of the Prime Minister, the fund requirement for Swachh Bharat Mission (Gramin) has been stepped up. The total fund requirement is estimated to be Rs. 1,34,386 crore, out of which central share is Rs. 1,00,447 crore. The resources for the Mission are proposed to be made available inter-alia through- (1) Budgetary allocations to Swachh Bharat Mission (2) Contributions to the Swachh Bharat Kosh; (3) Commitments under Corporate Social Responsibility (CSR) (4) Through cess of 2% on services. This implies to the fact that there will be no case of inadequacy of funds for the sector.

The sudden availability of funds can further create pressure on state ability to spend in a definite time frame. That leads to low utilization of budgeting at the program implementation level. CBGA and UNICEF study (2011) found out that from the TSC spending experiences that in FY 2005-06, about 60 percent of funds released (including funds released by the Union Government, State Governments and those contributed by beneficiaries themselves) were spent at an all India level. This increased to 83 per cent in FY 2010-11. But when considered as a proportion of the total budget approved for the program since its launch (i.e. total sum kept aside for TSC from 1999-2000 up until July 2011), utilization shrinks to 49 percent. In other words, only half of the outlay ever approved for the program has been utilized over its 12-year duration (Graph 2). Fund utilization, when seen as a proportion of the approved budget, is critical as the amount that remains unspent gets carried over to the next financial year and therefore determine the budget that is approved for the next project period. Thus, the higher the level of under-utilisation of funds, the lower would be the budget allocated for the next project implementation period.

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Unspent Balances: Unspent Balances with many states are also one of the reasons which affecting implementation of sanitation program in the country. As per DRSC Report 2005-16, nearly Rs 2632crore are laying as unspent balances with the states in 2014-15 which increasing over the years (Table 1). States like Rajasthan, Uttar Pradesh, Maharashtra, Karnataka, Jammu and Kashmir, West Bengal, Madhya Pradesh, Andhra Pradesh and Bihar have a large amount of unspent balances under the said Centrally sponsored Schemes. The reasons for high unspent balance are as under :- (a) Slow progress due to Guidelines of NBA seeking convergence with MGNREGS for additional assistance; (b) Lack of demand generation;(c) Inadequate capacity at grass root level; (d) Lack of institutional structure; and (e) Existence of revolving fund, etc.

Table 1: Unspent Balances (Rs. In Crores) under SBM (Gramin) laying with States

	2012-13	2013-14	2014-15
AP	246.01	274.71	186.86
Bihar	359.17	246.76	183.99
MP	144.14	793.99	337.97
Odisha	176.11	159.8	73.55
Assam	128.17	106.34	154.97
Karnataka	163.37	71.16	81.39
Jharkhand	132.16	93.94	32.74
Kerala	5.8	24.98	39.82
All India	2341.8	2587.43	2632.83

Sources: DRSC Report 2015-16

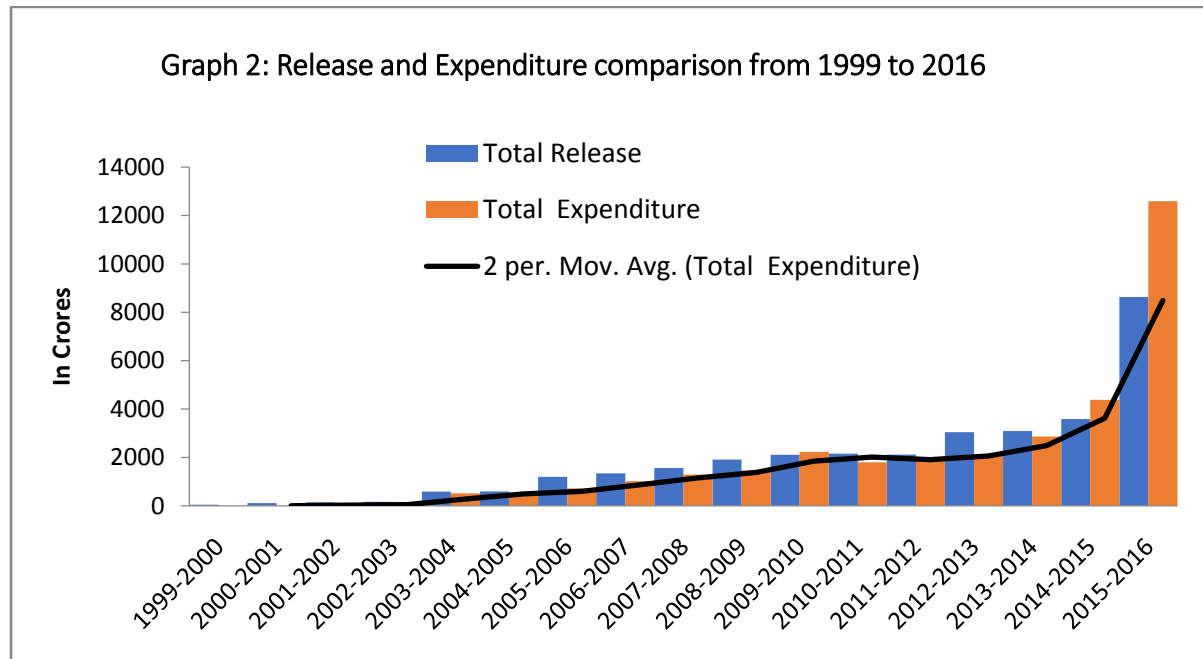
Asymmetric Spending across Components: Unspent balances also points to other systemic problems that need to be critically looked into. Even if there is utilization of funds, In the UNICEF and CBGA study (2011), in which the author himself is associated, it is observed further from the level of component-wise spending that allocation and utilization of funding is high towards hardware components that are building toilets under IHHL, School toilets, sanitary complexes and Anganwadi toilets, etc. While spending on software components like IEC and startup activities are low. This is to underline the fact that all the variant of the rural sanitation program is intended to change the behavior of the community to opt for sanitation practices. If the spending is significantly low in the components that may help in the outcomes of the program. This imbalance between construction and other spending arises from the stage of planning itself. CBGA's analysis of budgets approved for TSC at the district level in Lalitpur, Uttar Pradesh, revealed that nearly 90 percent of the approved budget (as per the Project Implementation Plan (PIP) in 2008) had been allocated for construction, leaving only 10 percent for activities like administration and IEC. This imbalance in the budget then reflects in spending patterns. Between 2003-04 and 2007-08, total construction-related expenditure accounted for nearly 97 percent of the total TSC

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expenditure in Lalitpur⁸



Further, it is also observed in the funding pattern that spending is also not symmetrical in various quarters of the financial year. Many of the CBGA studies from the fields found that there are huge gaps between funding actually approved, funds released and fund being actually spent on the ground. This is one of the systemic weaknesses that is affecting effective implementation of the program.

Deficiencies in Planning: At the district level, the true spirit of decentralized planning continues to be more of a theoretical construct owing to multiple plans being formulated and implemented. Instead of several plans being made, a district plan that includes all the interventions would be more holistic and would provide the implementing officials at the district level the requisite ease to effectively see through the program. Related to this is the problem of low community involvement. Since panchayat level functionaries are also responsible for the overall implementation of other programs at the district level, such as the Mahatma Gandhi National Rural Employment Guarantee Scheme and the Ambedkar Gram Yojana, a sense of ownership is absent among the staff with regard to the rural sanitation program.⁹

Added to this is the constraint of time. The amount of time and effort required for carrying out bottom-up planning is not adequately provided for, owing to excessive workload and non-availability of crucial staff like Finance Officer and Data Officers. In any financial year,

⁸ UNICEF & CBGA (2011) Total Sanitation Campaign, Budgeting for Change Series, New Delhi: Centre for Budget and Governance Accountability.

⁹ UNICEF & CBGA (2011) Total Sanitation Campaign, Budgeting for Change Series, New Delhi: Centre for Budget and Governance Accountability.

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the period during which planning for the next financial year is done, i.e., the last two-quarters, is very hectic as most of the program implementation activities are also simultaneously taking place around that time.¹⁰

Shortage of Staffs: A major reason for poor sanitation services is staff shortage in the states. Large-scale vacancies in Programme and Finance Management staff at the district and state levels lead to ineffective implementation. One of the recent study conducted by CBGA with Samarthan (Bhopal) in Madhya Pradesh that around 15-16% of the staffs are lying vacant at that state and district levels. Lack of proper staff at all levels hampers various activities including implementation, planning, monitoring, reporting, and training.

Poor use of Sanitation facilities: It is usually observed from the fields that people, in general, are not enthused enough to use Government constructed toilets, rather uses the infrastructures created out of Government subsidies for some other purposes. A beneficiary idea of functional toilets differs from what Government proposes to do in the villages and rural areas. Government idea of sanitation facilities in rural areas so far not conceive with water connectivity and associated bathrooms. Even though the government subsidies for constructing rural toilets have increased over the years and at present it is Rs.12000 per toilet. Good quality toilets can enhance the usage of toilets. The use of toilets is also linked with operation and maintenance (O&M) of toilets and safe disposal of waste water which makes the sustainability of the toilets and its usability. The current SBA only meant to create the toilets through enhancing spending on capital components of the program than focusing on the quality use.

The usability of toilets has more to do with the changing behavioral habits of the beneficiary than merely creating infrastructure. In this respects IEC (Information, Education, and Communication (IEC) aspects of the program inform people about the benefits of sanitation and educate them about good sanitary habits. However one can observe from the budgets allocated under SBA (Gramin) that the spending on IEC has gone down from 15 percent to 8 percent of total budgetary outlay. The Government should plan to bring behavioral changes by reaching out to each household through a campaign similar to the Pulse Polio Campaign. In this aspect, Panchayats can play a significant role in embarking on community monitoring in partnership with NGOs, CBOs, Government agencies and citizen groups. Not only just changing the behavior of the users but also required to see how community pursues sustainable sanitation practices and its linkages with health and hygiene outcomes. There exists in each village the Village Water and Sanitation Committee (VWSC) that need to be proactively activated for comprehensive sanitation of panchayats leading to the attaining the ODF status.

¹⁰ Ibid

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Conclusion: Learning for Swachh Bharat Mission

Swachh Bharat Mission is a new beginning for the achieving rural sanitation in the country. The above discussion points to some indicator that there is structural problems / systemic weakness persist with program implementation in the country. These are the lessons for the effective implementation of SBM in the country. As there is a new ownership of program at the highest political level, renewed hopes are there to meet the desired objectives in 2019.

As sanitation is a state subject, huge responsibility lies with them to implement SBM in huge scale. But stories from the fields underscore the point that the nodal implementing agencies in many states do not attach priorities to the sector due to lack of sufficient staffs and also required capacities. The staff shortage is very stark in districts and many tiers of Panchayati institutions. The existing staffs are poorly trained and consider the sanitation works as an additional burden on them. Filling vacant position and bringing expertise from different areas would drive the SBA in the country. Under SBA guidelines, there is provision for *SwachhataDoots*, responsible for the administrative works at the panchayat level, should be made full-time workers and be adequately compensated. Adhoc intervention in the name of *SwachhtaAbhiyan* will not do, mainstreaming sanitation in all governance parameters backed by strong political ownership will certainly do. Rajasthan Government recent decisions for making the construction of toilets as mandatory for those willing to contests panchayat election can be viewed in a positive direction. This has brought results. Figures from Rajasthan on the construction of toilets have improved since then. However, the construction of toilets may not be enough to bring sanitation practices in the country. The government should bring independent house-to-house campaign like pulse polio campaign or vaccination drive to ensure the functional character of the sanitation facilities in individual households and also in communities.

Bringing *Swachhta* in rural India through constructing toilets is not enough to claim that India is clean. So far such efforts have been through periodic government interventions as part of its welfare measures. But making it as enforceable "Right" will bring permanent changes in the people mindsets to demand accountability from implementing agencies from local bodies to provide hygiene environment in the community. Clean and hygiene environment can be very much part of the "Fundamental Rights" under Article 21 of the Constitution of India. There have been attempts by the recent government to bring in private players to construct toilets under 'CSR' activities, but charity alone cannot sanitize the rural India. What requires is to have in place strong enforceable legal mandate/framework in fixing accountability in implementing and monitoring agencies to deliver effective sanitation services in rural India.

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Annexure 1: Path-dependency of Rural Sanitation Programme in India

Guidelines Focus	Total Sanitation Campaign (TSC; 1999)	Nirmal Bharat Abhiyan (NBA; 2012)	Swachha Bharat Mission (SBM; 2014)
Objectives	Bring about an improvement in the general quality of life in the rural areas.	Accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach	Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation
Strategy	The Programme 'community led' and 'people-centered'. "demand driven approach" is to be adopted with increased emphasis on awareness creation and Demand generation for sanitary facilities in houses, Schools and for a cleaner environment.	The strategy is to transform rural India into 'Nirmal Bharat' by adopting the 'community led' and 'people-centered' strategies and community saturation approach. A "demand driven approach" is to be continued with emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and for a cleaner environment.	The focus of the Strategy is to move towards a 'Swachh Bharat' by providing flexibility to State Governments, as Sanitation is a state subject, to decide on their implementation policy and mechanisms, taking into account State-specific requirements. This is focused to enable States to develop an Implementation Framework that can utilize the provisions under the Mission effectively and maximize the impact of the interventions.
Coverage and Timeline	Accelerate sanitation coverage in rural areas to access to toilets to all by 2012	Toilets to all by 2022	Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.
Implementing Agency	Implementation of TSC is proposed on a project mode. A project proposal emanates from a district is scrutinized by the State Government and transmitted to the Government of India	Implementation of NBA requires large scale social mobilization and monitoring. A 4-Tier implementation mechanism should be set up at the State/District/Block/Village level.	Implementation of SBM (G) is proposed with 'District' as the base unit, with the goal of creating ODF GPs. The District Collectors / Magistrates / CEOs of Zilla Panchayats are expected to lead the Mission themselves, so as to facilitate district-wide planning of the Mission and optimum utilization of resources.
Role of State	At the state level, State Government set up a Communication & Capacity Development Units (CCDUs) for taking up state level HRD & IEC activities as well as monitoring of TSC projects.	As a step towards achieving coordination and convergence among State Departments dealing with Rural Drinking Water Supply, Rural Sanitation, School Education, Health, Women and Child Development, Water Resources, Agriculture etc. a State Water and Sanitation Mission should be set up at the State/UT level. It shall be a registered society under the aegis of the Department/Board/Corporation/Authority/Agency implementing rural water supply and sanitation program in the State.	As a step towards achieving coordination and convergence among State Departments dealing with Rural Sanitation, Rural Drinking Water Supply, School Education, Health, Women and Child Development, Water Resources, Agriculture, Publicity etc. a State Swachh Bharat Mission (Gramin) - should be set up at the State/UT level. It shall be a registered society under the aegis of the Department/Board/Corporation/ Authority/Agency implementing rural water supply and sanitation program in the State.

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Role of GP	Gram Panchayats have a pivotal role in the implementation of Total Sanitation Campaign. The TSC will be implemented by the Panchayati Raj Institutions at all levels. They will carry out the social mobilization for the construction of toilets and also maintain the clean environment by way of safe disposal of wastes. PRIs may engage suitable NGOs for inter- personal IEC and training. Community Complexes constructed under the TSC will be maintained by the Panchayats/Voluntary Organizations/Charitable Trusts.	The program will be implemented by the Panchayati Raj Institutions at all levels. They will carry out the social mobilization for the construction of toilets and also maintain the clean environment by way of safe disposal of wastes. PRIs may engage suitable NGOs for inter-personal IEC and training. Community Complexes constructed under the NBA will be maintained by the Panchayats/Voluntary Organizations/Charitable Trusts. Panchayats can also contribute from their own resources for School Sanitation over and above the prescribed amount. They will act as the custodian of the assets such as the Community Complexes, environmental components, drainage etc. constructed under NBA. GPs can also open and operate the Production Centers/Rural Sanitary Marts.	The program may be implemented by the Panchayati Raj Institutions at all levels. Their exact role shall be decided by the States as per the requirement in the State. The GPs will participate in the social mobilization for the triggering demand, construction of toilets and also maintenance of the clean environment by way of safe disposal of waste.
Subsidy/ Incentives	The maximum Center share incentive per toilet available to a BPL household will be Rs. 900.00 for the model I and Rs. 600.00 for Model II. State Government may provide more incentive for a household toilet than the minimum amounts of Rs. 300.00 and Rs. 600.00 for models I & II respectively, prescribed above from its own funds.	Centre, state and beneficiary share for constructing Individual toilets together are Rs. 5500/-	Centre, state and beneficiary share for constructing Individual toilets together are Rs. 12,000/-

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Annexure 2: Funding Patterns under various avatars of Sanitation Programme

Components	Amount earmarked as % of the Project Outlays			TSC			NBA			SBM (Grammin)		
				GOI	State	Beneficiary	GOI	State	Beneficiary	GOI	State	Beneficiary
	TSC	NBA	SBM									
IEC and Start-up Activity	15%	15%	8%	80%	20%	00	80%	20%	00	75%	25%	00
Revolving Funds	5%	5%	5%	80%	20%	00	80%	20%	00	80%	20%	00
Individual Households Latrines (IHHLs)	Actual amounts	Actual amounts	Actual amounts	Rs. 900	Rs. 600		Rs. 3200	Rs. 1400	Rs. 900	Rs. 9000	Rs. 3000	00
Community Sanitary Complexes	Actual amount	Actual amount	Actual amount	60%	30%	10%	60%	30%	10%	60%	30%	10%
Administrative charges	<5%	<4%	<2%	80%	20%	00	80%	20%	00	75%	25%	00
Solid Waste Management	<10%	Actual amount	Actual amount	60%	20%	20%	70%	30%	00	75%	25%	00

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