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SWACHH BHARAT MISSION

# A TRANSFORMATIVE SHIFT IN BHARAT'S SANITATION LANDSCAPE



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We have no known conflict of interest  
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## Abstract

The Swachh Bharat Mission (SBM) emerged as the most pronounced case study in global sanitation efforts. Its Grameen component has accomplished the rank of one of the world's largest behavior change programs. The mission outcomes earned Prime Minister Narendra Modi the "Global Goalkeeper" award from the Gates Foundation in 2019, underscoring its global significance and recognising India's strides in improving sanitation. SBM aligned with SDG 6, that targeted universal access to sanitation and hygiene by 2030. Its strategies are tailored to meet global objectives while addressing local needs. It showed how targeted interventions can greatly improve public health and community well-being. It is highly appreciated for its innovative model, behavioral change focus, financial savings, and significant achievements.

**Keywords: Swachh Bharat Mission, Toilets, Sanitation, Cleanliness, Hygiene, Health**

## Introduction

Swachh Bharat Mission is India's largest cleanliness mission to date that has witnessed unprecedented participation from all across India particularly the rural areas, cities, and towns of India. The impact was such that people of the nation evolved from being mere beneficiaries of the program to becoming its leaders. Its impact extended beyond national borders, influencing sanitation policies and practices worldwide. This mission launched in 2014 by PM Narendra Modi, aimed to make the country open defecation-free by constructing toilets across rural and urban households. The initiative focused on behavior change through social messaging, education, and communication. Vulnerable groups received subsidies to build toilets, with priority given to women-headed households, marginalised communities, and farmers. Caste-based disenfranchised populations, tribal communities, school and preschool children in rural districts, women and adolescent girls, etc. benefited immensely as well.

Household toilets provided unprecedented benefits to beneficiaries after seven decades, offering convenience, privacy, safety, and social status. It involved local governments, community organisations, and influencers to reach the unserved populations bringing a transformative shift in India's sanitation landscape. Swachh Bharat Abhiyan brought communities together, bridging caste and religious divides. PM initiated Jan Andholan facilitated everyone to rally with knowledge, inspiration, and resources to achieve Open Defecation Free (ODF) status. India in consequence, achieved Open Defecation Free (ODF) status ahead of schedule, **reaching SDG 6.2 (sanitation for all) 11 years before the UN's 2030 target.**



## Methodology

Cleanliness demanded India's focus—not just for appearance, but because it reflects living conditions, income levels, and overall development. The paper highlights how improved sanitation greatly enhanced public health outcomes in India, especially for children, and women fostering a healthier and safer society. Data from public surveys, reports, journals, and government websites were used as secondary sources to infer the outcomes over the decade on the lives of Indians. The cross-cutting outcome that emerged is that it brought a positive change in the mindset and the conduct of every Indian resident towards sanitation and cleanliness.

## SBM – Negating Barriers To Toilet Access

The Indian government has made numerous efforts to address the sanitation challenges through large-scale initiatives. Before 2014, key sanitation initiatives were the National Water Supply and Sanitation Programme (1954), the Central Rural Sanitation Programme (1986), the Total Sanitation Campaign (1999–2012), and the Nirmal Bharat Abhiyan (2012–2014). However, these campaigns failed to deliver the desired outcomes.

A key issue with these programs **was their top-down approach, resulting in poor toilet usage and low sanitation awareness**. Previous efforts also faced issues with inadequate infrastructure, unsuitable designs, and limited financial resources, making facilities difficult to maintain. As per NSSO survey (2012), the reasons for non-use included lack of superstructure (21%), malfunctioning (22%), unhygienic conditions (20%), and personal reasons (23%). **Toilets were often left unused** due to cultural barriers or **repurposed for storing tools, grain, or building materials**. Additionally, the

central government then chose to stay silent on observations related to large-scale diversions, wastages, irregularities, and inadequate or non-utilisation of funds by the state.

Another **spiraling bottleneck was the rising regional disparities in the implementation of sanitation programs**, which resulted in uneven access and usage across states. While certain areas experienced improvements, others saw little to no progress, continuing the practice of open defecation. States with low household sanitation and drainage coverage were mostly poorer regions in central and eastern India, including Andhra Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, and West Bengal. Other states with low sanitation levels include Himachal Pradesh, Gujarat, Rajasthan, and Tamil Nadu. In contrast, some northeastern states, despite being relatively poor, have high sanitation and drainage coverage, indicating that economic development isn't always a barrier to improving sanitation.

Let us go through specific flaws noticed for each of these programs.

### **The National Water Supply and Sanitation Programme (1954)**

By 1956, only 100 out of the targeted 10,000 villages had received sanitation facilities, reflecting the slow progress of the program in addressing rural sanitation needs. The program's heavy reliance on state governments, many of which lacked the capacity and resources, led to uneven progress and widespread failure to meet targets due to bureaucratic inefficiencies.

## **The Central Rural Sanitation Programme (1986)**

The funding allocated for the CRSP was inadequate to meet the massive sanitation needs across rural India. The subsidy provided for toilet construction was also insufficient to incentivise households to build and use toilets. It suffered from a lack of convergence with other departments. The CRSP operated in isolation without convergence with other departments like water supply, health, education etc. This siloed approach missed opportunities to leverage synergies and resources across sectors to achieve better sanitation outcomes. In summary, the **CRSP** narrow focus on toilet construction, lack of community involvement, weak monitoring, inadequate funding and lack of convergence with other programs were major drawbacks that limited its impact on rural sanitation.

## **The Total Sanitation Campaign (1999–2012)**

The TSC prioritised building household toilets without effectively promoting the behavior changes needed for their continued use. This supply-driven approach treated sanitation as a private matter, ignoring its public health importance and the need for community engagement. False progress reports often masked its shortcomings, and despite multiple rebrandings, no significant policy changes followed. The program's focus on toilet construction, weak monitoring, lack of community involvement, and overstated success hindered its impact, shaping the design of later initiatives like the Nirmal Bharat Abhiyan and Swachh Bharat Mission.

## **The Nirmal Bharat Abhiyan (2012–2014)**

There were significant delays in utilising NBA funds, with over Rs. 3,100 crore remaining unspent and more than nine states failing to use over Rs. 212 crore each, leading to minimal progress in rural sanitation. Like the TSC, NBA focused on toilet construction subsidies rather than promoting behavior change, and the Community-Led Total Sanitation (CLTS) component was poorly implemented. Additionally, unclear objectives and targets, including no defined timelines for achieving open defecation-free status, hindered effective execution.

## **SBM – A Revolution In Making With Swachhata In India's Social System**

PM Narendra Modi initiated the Swachh Bharat campaign after taking on the country's reins in 2014. Deciphering the daily life challenges based on close connections to the lives of ordinary Indians, PM Modi became the first national leader to take up the Clean India Movement on a massive scale. Due to the immense skills accumulated as a grassroots-level worker, an organiser, and an administrator, it didn't take him much time to identify that the perennial problem of India's infant and child mortality and malnutrition crisis went beyond food scarcity. Poor sanitation played a big spoiler and a major factor that had to be attended to and decreased on a war footing approach. Open defecation as a public harm affects everyone and has negative consequences **that extend even to households that don't engage in it.**

A WHO study (2008) also estimated **that 50% of malnutrition stems** from recurring diarrhea caused by **unsafe water, poor sanitation, and inadequate hygiene**. Poor gastrointestinal tract development proliferated stunting and anemia in children, **impacting future generations**. Lack of toilets leads to **poor menstrual hygiene**, undernourishment, and reproductive and bladder infections, **including heightened risks for women**. This has led to India getting trapped in a vicious cycle of poor health outcomes.

**In 2012, India had the highest average concentration** of open defecation per square kilometer, exceeding more than twice the global average (Coffey et al. 2014). **As per WHO/UNICEF (2017), 52 crore Indians defecate outdoors** due to compulsion, nonavailability of water, and ignorance rooted in poor choices. Of these, **49 crore were from rural areas**. Another UNICEF study (2013) found that **6.2 crore children under the age of 5** (48%) in India were stunted across all income groups.

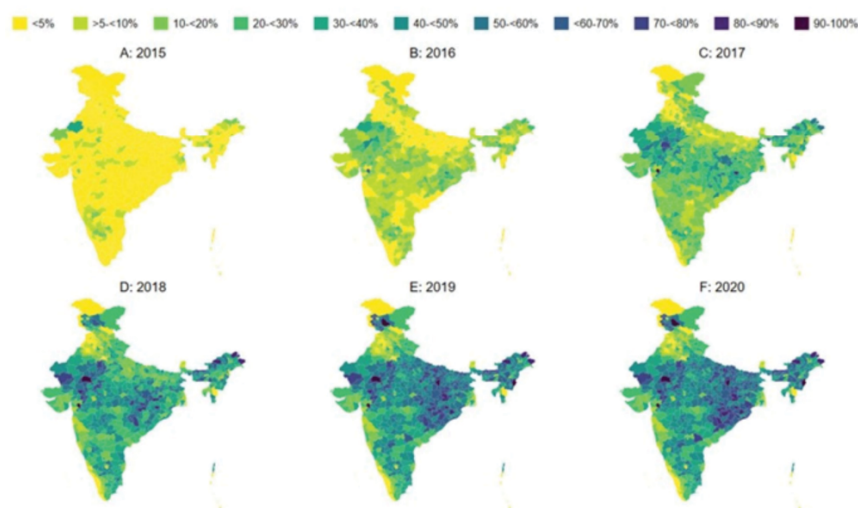
The key targets of SBM were a healthier and cleaner India by eliminating open defecation through the usage of toilets in all households, improving solid waste management, behavioral change towards sanitation and hygiene management, achieving sustainable development goals, and improving health and economic outcomes. Swachh Bharat Mission (SBM) 1.0 was launched in 2014.

**The scheme's focus was not just building toilets. It also ensured sustained use.** Swachh Bharat Mission transformed itself into a program where not only time-bound goals were committed to but the goals were achieved within the set time

duration. **Political will, leadership, and sustainability** aspects differentiated SBM from previous sanitation programs in India. The program's quality and effectiveness are further enhanced by its demand-driven approach, which gets fueled by behavior change. The structured sequence—starting with community triggers to create demand for toilets, followed by construction and ongoing monitoring by Nigrani Samitis (Vigilance Committees)—successfully minimised slippage and fostered behavior aligned with safe sanitation practices.

### **SBM – A Decade of Progress**

**Under Swachh Bharat Mission-Gramin (SBM-G)**, a village is declared ODF when no visible feces are found, and all households and institutions use safe sanitation technology. **Open defecation declined from 60% to 19% in mere 5 years since launch. Today, India is Open defecation-free.** In contrast, the percentage of people in India without access to toilets decreased only from 74% in 1990 to 50% in 2011.



**Fig. 3.** District-level cumulative Swachh Bharat Mission (SBM) coverage, 2015–2020. *Note:* Cumulative SBM coverage was estimated as the proportion of households that were covered by SBM in a given year. The cumulative SBM coverage was calculated using yearly district-level SBM coverage data. SBM coverage in a year was defined as proportion of households which received a toilet under SBM.

**“Toilet construction under the Swachh Bharat Mission and infant mortality in India”** by Suman Chakrabarti , SoyraGune, Tim A. Bruckner , Julie Strominger & Parvati Singh.



Between 1990-2020, when the global mortality rate fell by 60%—from 93 to **37 deaths per 1,000 live births**, India's progress far **exceeded the global benchmarks, whereby in 2020**, we were at less than 30 deaths per live births. In other words, the SBM mission proved to be the magic wand due to which a breakthrough in infant mortality rates was witnessed.

With the first five years, rural households using improved sanitation facilities **rose from 41% in 2013-14 to 90% in 2018-19**. Return on Investment of **the SBM-G of 3.8 at the national level**. Total **cumulative savings of around Rs. 25,815 billion (\$361.85 billion) from 2014-15 to 2018-19** from SBM to the economy (difference in damage costs between improved sanitation with SBM and without it). **There has been a three-fold rise** in rural sanitation proportionate spending by the Department of Drinking Water and Sanitation. It was 13% in 2009-10 and it rose to 72% by 2018-19.

### **First Order Benefits**

Over the decade, along with increased toilet coverage across districts, under Gramin and Urban **components – a total of 12 crore toilets were constructed**. The Model has influenced equivalent policies in Nigeria, Indonesia, and Ethiopia. SBM's focus on behavioral change through education and awareness has been key to its success.

By using educative materials to promote hygiene, the mission has inspired other nations to adopt similar strategies, recognizing that building toilets alone isn't enough without shifting public attitudes toward sanitation. SBM's cost-sharing model between central and state governments successfully

boosted local ownership and inspired Nigeria and Indonesia to adopt similar decentralized funding mechanisms for sanitation projects.

## Second Order Tangible Benefits

### Reduced Infant Mortality Rates

SBM's toilet coverage helped avert close to 70,000 infant deaths per year. Recent empirical studies validate that districts with at least 30% toilet coverage under SBM saw significant reductions in infant and child mortality i.e 5.3-point drop in the infant mortality rate (IMR) and a 6.8-point decrease in the under-5 mortality rate (U5MR) per thousand live births.

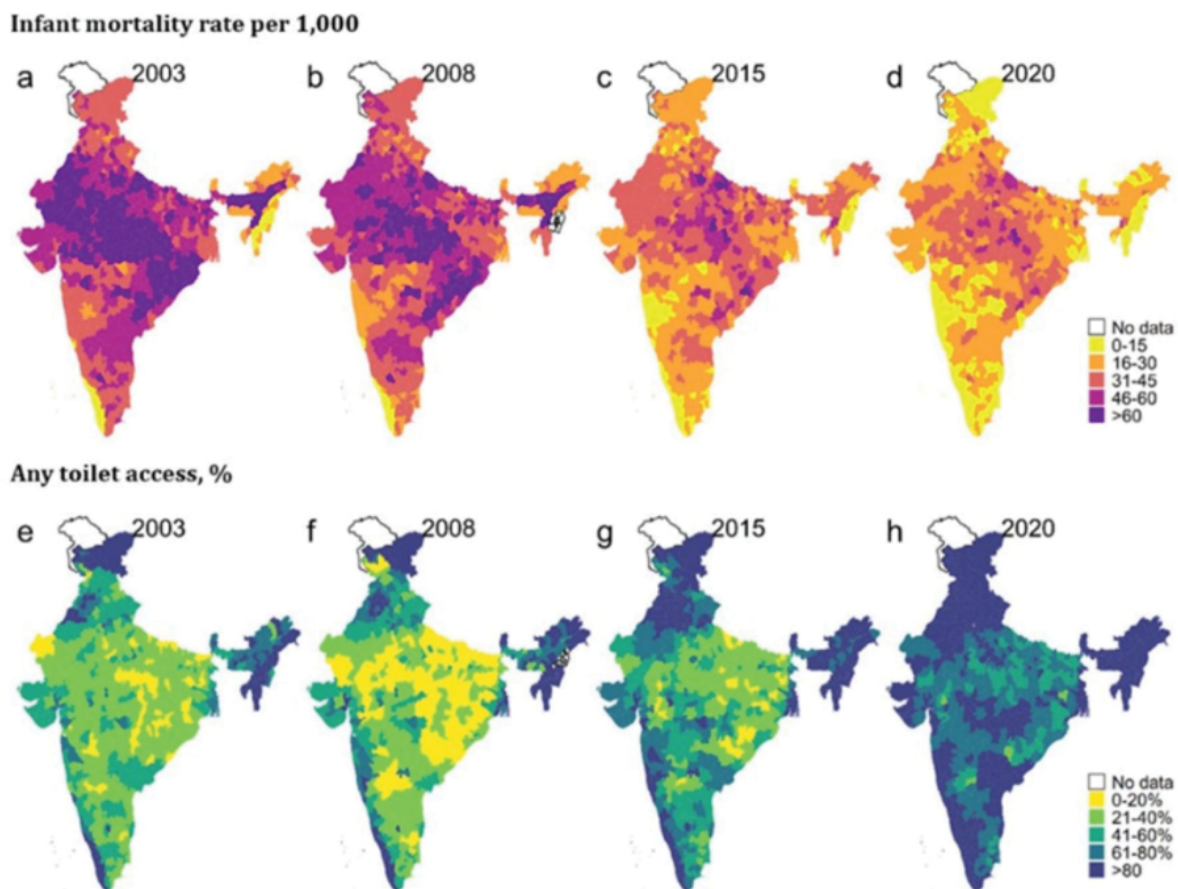


Fig. 1. Changes in district-level infant mortality and toilet access in India, 2003–2020.

**“Toilet construction under the Swachh Bharat Mission and infant mortality in India”**

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## **Cost Savings on Health & Improved Outcomes**

Families in ODF villages on average saved Rs. 50,000/- on health costs. 10 crore toilets benefitted 50 crore people across 630,000 villages. Total benefits exceeded costs by 4.7 times for them (UNICEF, 2018). Households investing Rs. 16,000 in a toilet and handwashing station recovered the cost in 2 years through savings on medical expenses.

Between 2014-19, the WHO estimated 3 lakh fewer diarrheal deaths. Waterborne diseases like diarrhea, cholera, and typhoid, which are common with poor sanitation have been reduced due to improved hygiene practices. Several other studies have backed the trend that ODF villages scored much better than non-ODF villages in health statistics and outcomes. The dip in the maternal mortality ratio from 2014-16 – 130 per lakh live births to 97 per lakh live births in 2018-20 is also credited to the availability of better sanitation across India.

## **Reduced School Dropouts**

School dropouts were reduced significantly due to toilet access and better sanitation facilities in schools. By 2019, as 100% of villages achieved ODF status under the Swachh Bharat Mission, the most benefited were the disadvantaged and vulnerable sections. This led to positive outcomes like reduced disease incidence, lower school absenteeism due to illness, and improved nutrient absorption over time. Total Gross Enrolment Ratio (GER) by level of education in India rose. Even the enrolment in higher education in the last decade rose to 4.1 crore in 2023.

## Increased Safety & Rural Adoption of Sanitary Pads

The Swachh Bharat Mission has greatly impacted menstrual hygiene by incorporating it into national policies, boosting awareness, improving access to sanitary products, ensuring safe disposal, and supporting research. These measures promote dignity and safety for women, advancing overall public health goals. As per a Feb 2020 study, 93% of women no longer fear harm from people or animals when using toilets. 93% no longer fear health infections after gaining access to toilets. 92% feel safe using toilets at night, up from just 12% before construction. Further, other intangible benefits pointed out by a research study in 2018 are:

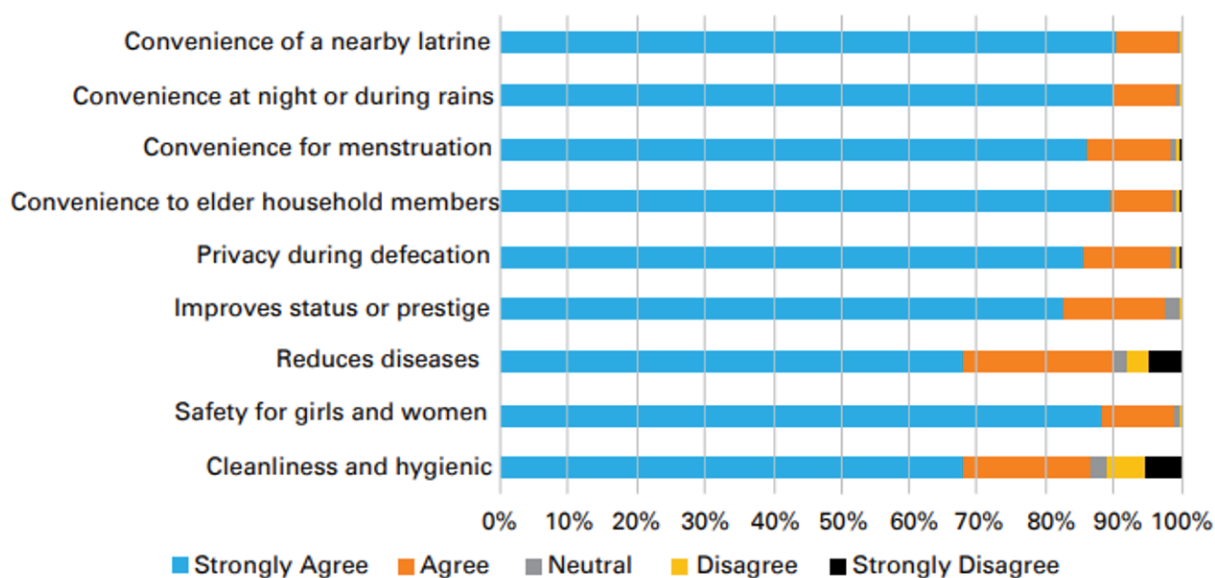


Fig. 2. Intangible benefits of owning a toilet as perceived by households

## Increased Property Values

Better sanitation facilities and access to toilets increase property value and appeal. Homes with toilets are more attractive to buyers, resulting in higher property prices. A UNICEF study revealed that toilet construction boosted property values from Rs. 72 billion in 2014-15 to Rs. 567 billion

in 2017-18. The average increase per household was Rs. 18,991 (\$294), covering 70-80% of the toilet's cost and about 5% of the property's value.

### **Skilling, Employment Opportunities & Productivity Gains**

The construction of sanitation facilities created jobs and boosted the rural economy, construction, waste management, and sanitation education, especially for women. An equivalent of 7.5 million full-time jobs have been created (UNICEF, 2018), and an additional 5.6 million more by 2023-24. As of August 2022, India's bioenergy projects had created around 0.43 million direct and 0.66 million indirect jobs, including approximately 0.25 million for women.

### **Third Order Intangible Benefits**

Women **felt more secure at homes and private places and led better dignified lives.** They have gained confidence, and engaged in local governance through Gram Panchayats for ease of living. Greater representation in private spaces has also indirectly reduced harassment and safety concerns. This empowerment enhances their participation in community activities and decision-making. So, it worked towards advancing gender equality.

**There were significant advancements in behavioral change towards cleanliness & sanitation. The scheme emerged as the largest behavioural change movement in the world.** The people's appreciation and engagement with the mission rose to such a level that the latest Swachhata Hi Seva 2023 18-day campaign, engaged 109 crore people and 71 GOI

ministries, with around **6 crore daily participants nationwide**. The scale of national campaigns was such that it delivered an average of **50 messages per month to rural Indians over 5 years**.

The focus on Make in India, Aatmanirbhar Bharat, and Swachh Bharat Abhiyan boosted farmers' income, created jobs while promoting waste-to-wealth projects, helped India's low-carbon transition pathway by focusing on rational utilisation of national resources. India thus moved steadily ahead in using **sustainable sources of renewable energy**.

### **SBM-An Outlier to Prior Sanitation Improvement Measures**

The outcome of over 10 crore toilets in rural India became a global model for community-driven sanitation reform. SBM's success stemmed from a comprehensive strategy, including awareness campaigns, capacity building, and waste management.

The Swachh Bharat Abhiyan is notably different from previous programs in several ways. Most significantly, it benefits from strong political leadership. The personal commitment of the national leader to sanitation inspired Central ministers, Chief Ministers, MPs, MLAs, local politicians, Panchayat members, and other senior political figures to promote cleanliness within their respective areas of influence. Consequently, government officials prioritised this initiative on the agendas of their ministries and departments.

Further **sanitation awareness was prioritised over mere toilet construction** subsidies. **Citizen participation was**



**leveraged through Jan Andholan** to enhanced service delivery with uniting ethos such as "**Swabhav Swachhata, Sanskar Swachhata**. The mission went on to be a mission **"beyond politics" inspired purely by patriotism**. PM Modi compared his slogan of "Clean India" to Mahatma Gandhi's war cry of "Quit India" during the Independence movement. Bringing in an urban component to the SBM program **demystified the myth that open defecation was primarily a rural problem**. There was greater **engagement of men in women's** sanitation, menstruation, and security dialogue.

Mobile and web apps were launched for citizen engagement, and bi-annual National Rural Sanitation Surveys (NARSS) tracked progress. SBM also invested in training government officials, volunteers, and communities, empowering women to build toilets and creating demand for materials. Waste segregation, collection, and treatment systems were developed to reduce pollution. **Flexibility was given to states to adapt the initiative to local needs**. The campaign used **modern technology for thorough monitoring, mapping each village toilet on the Integrated Management Information System (IMIS) for real-time updates**. **Every toilet was geotagged to ensure transparency**, making the SBMG dashboard a symbol of action and progress. Awareness activities and events consisted of community meetings, workshops, street plays, or mural art communicating sanitation messages.

The **SBM has seen substantial financial backing** from the government, indicating a robust financial commitment to both rural and urban sanitation initiatives. SBM-U 2.0's key feature is outcome-based funding, where funds are released based on

achieving specific sanitation results rather than annual budgets. This approach incentivizes states and ULBs to deliver measurable improvements before securing additional funding. Apt budgetary allocation aided India's progress to ODF & ODF+ benchmarks (Rs. crore)

Year	SBM Rural	SBM Urban
2019-20	8213	1256
2020-21	4945	995
2021-22	3099	1952
2022-23	4925	1926
2023-24(BE)	7192	5000
2023-24(A)	7000	2550
2024-25	7192	5000

Table 1

## SBM 2.0 –Capitalises on SBM 1.0 Success

Evolved into SBM 2.0 in 2020, Phase II focused on maintaining Open Defecation Free (ODF) status and expanding to include comprehensive **solid and liquid waste management in all villages**.

Building on the success of Phase I, Swachh Bharat Mission – Grameen: Phase II (2019–2025) focused on "**Sampoorn Swachhata**" with a Rs 1.40 lakh crore investment to sustain ODF Plus villages and manage solid and liquid waste by 2025.


By September 2024, **over 5.87 lakh villages have achieved ODF Plus status**. Of these nearly 6 lakh villages, **3.92 lakh implemented solid waste management**. Of these nearly 6 lakh villages, **4.95 lakh adopt liquid waste management systems**. Under SBM (U), by September 2024, **over 6.3 million households**.

### **SBM: Enabler for Better Rural Transformation**

The success of this campaign belongs not just to the Government of India or state governments, but to the nation as a whole. Nowhere else has such a vast population achieved such rapid and revolutionary behavior change. SBM has set global standards with sustainable high-quality sanitation models. India is now a global leader in the fight against open defecation, driven by the Prime Minister's mantra that swachhata is everyone's business.

SBM-G provided a significant employment boost for millions of rural women, who took on roles as masons and 'Swachhagrahis.' These women were pivotal to the mission's success, serving as Swachhagrahis, sarpanchs, Rani Mistris, artists, motivators, and more, infusing the campaign with vibrant energy and leadership. A significant reduction in groundwater contamination was noted in ODF areas. The mission's success in rural areas proves that improving hygiene is as crucial as addressing income poverty for transformative change. Affirmative action in these areas can drive significant progress.


In 2014, the Government of India introduced the 'Swachh Bharat Swachh Vidyalaya' (SBSV) initiative to provide all schools



in India with separate, functional toilets for boys and girls. Regular monitoring and public engagement through large campaigns, Mann Ki Baat, and honoring Swachhata champions have effectively passed on benefits to the rural economy and reinforced positive behavioral change.

Initiatives like the GOBAR-DHAN scheme aim to convert organic waste into biogas, offering farmers an additional income source while promoting sustainable practices. This supports rural livelihoods and enhances environmental sustainability. It improves waste management in rural areas, leading to cleaner environments, better local ecosystems, and enhanced quality of life through reduced pollution and improved disposal practice.

In December 2020, the 'Swachhata Abhiyan' app was introduced to identify and geotag insanitary latrines and manual scavengers for replacement and rehabilitation. In March 2023, the President launched "Jal Shakti Abhiyan: Catch the Rain" with a focus on "source sustainability for drinking water."



## Conclusion

The Mission boosted sanitation and hygiene, while delivering economic, health, environmental, and social benefits, becoming a key driver of India's broader development. Through this SBM, PM Modi spearheaded quantitative and qualitative game-changing benefits for public health in India. It stands out as a mission "beyond politics" and is inspired by patriotism. This research confirms that the Swachh Bharat Mission was highly cost-beneficial from both a financial and an economic perspective. This is evident as even poor households made investments on top of the government subsidy. Increased benefits for the medical costs saved have been the prime reason that served as an enabler for adding speed and scale to the mission coverage. Due to its transformative impact, it is recognised as one of the largest and most successful public health initiatives globally.

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