

Jeevika Women Self-Help Groups' Role in Improving Sanitation Status in Bihar

Renu Singh*, Santosh Kumar Singh**

Abstract

India is having the highest number of people defecating in the open. Swachh Bharat Mission-Gramin (SBM-G) is an ambitious programme that envisages making rural India open defecation free (ODF). Bihar's performance is at the bottom in sanitation map of the nation. Providing toilet to community and ensuring its usage are great challenges. A multidimensional approach is needed to ensure the behavioural change in the poverty-laden society of Bihar. In this paper, an attempt has been made to examine the role of Jeevika-lead SHGs for leading the SBM-G. Jeevika is providing support as a development partner to 38 blocks in the state, which are called Jeevika-intensive blocks. In these blocks, the entire SBM-G programme is led by didis of Jeevika. SHGs are the best models for leading the SBM-G projects, as they change the earlier concept of toilet construction from grant driven to be demand driven. SHG plays a vital role in micro-financing for toilet construction. Women SHGs provide sanitation loans and conduct hygiene education in their communities. For awareness generation among the community, the method of community-led total sanitation (CLTS) has adapted. It aims to create ODF communities. Jeevika didis have been playing an important role in creating awareness about the need for toilets and motivating women to construct toilets. Their role in social mobilization and behavioural change has helped us to achieve an ODF Bihar.

Keywords: Jeevika, Swachh Bharat Mission Gramin (SBM-G), Self Help Group, Community Led Total Sanitation

Introduction

India is the largest democracy in the world having population of more than 1 billion. In the past decade, the country has seen sustained high growth and made progress on most of the Millennium Development Goals (MDGs). India has emerged as a global power and a leading player in many economic sectors, with being

world's fourth-largest economy in purchasing power parity terms. However, while one part of India is on a rapid development trajectory, more than 300 million people live below poverty line and have inequalities due to gender, caste, ethnic and regional disparities. However, across states, along rural and urban boundaries as well as across groups, these discrepancies can be observed in recent statistics which show that more than 800 million Indians live on less than INR 20 per day throughout the country, with the poorest population mostly belonging to socially backward communities concentrated in states such as Orissa, Madhya Pradesh and Bihar (Planning Commission, 2010). In this paper, we examine the role of Jeevika-lead SHGs for leading the SBM-G project under Lohia Swachh Bihar Abhiyan.

Swachh Bharat Mission-Gramin (SBM-G)

Swachh Bharat Mission-Gramin (SBM-G) is an ambitious programme that aims to bring about an improvement in the general quality of life in the rural areas by promoting cleanliness, hygiene and eliminating open defecation by adapting the method of CLTS to enhance sanitation coverage in rural areas and encourage cost-effective and appropriate technologies for ecologically safe, sustainable sanitation.

The SBM-G programme is placed within the Ministry of Drinking Water and Sanitation (MDWS) directly and put on the highest priority and is funded through budget allocations by the central government. With the announcement of SBM-G in 2014, the share of sanitation increased dramatically from 19% in 2012–13 to 70% in the 2017–18 budgets. In absolute terms, the allocation increased from USD 387 million to USD 2,179 million, showing a nearly 300% increase over four years. Along with this increase for sanitation, funds for rural drinking

* Research Scholar, P G Department of Sociology, Magadh University, Bodh Gaya, Bihar, India. Email: renu.santo@gmail.com

** Block Development Officer, Sherghati, Gaya, Government of Bihar, Bihar, India.

water decreased. Besides MDWS, funds are also expected for SBM from other ministries of Government of India. Nearly 15% of the total programme cost is expected from the Ministry of Rural Development, as one-fifth of the toilet targets are expected to be met through convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and other rural housing programmes. The fund requirement for 20 million toilets is estimated to be about USD 750 million per year. The total annual budget allocation for MGNREGS in 2017–18 is USD 7.5 billion (Mehta, 2018). Thus, about 10% of MGNREGS funds are marked for toilet construction. The SBM programme has seen progressive improvements in fund utilization. Fund utilization is measured as expenditure incurred during the period as a proportion of total available funds, including opening balances, releases and interest earned (Kapur & Aggarwal, 2018). A sub-group of chief ministers on Swachh Bharat Abhiyan in its report in October 2015 highlighted the need for additional resources and suggested the introduction of Swachh Bharat Cess (Niti Aayog, 2015). The principal source of funds is the budget allocations by national and state governments. In the national budget, the SBM programme has so far received funds through a special tax earmarked for the SBM.

In addition, funds are expected from the World Bank with disbursement linked to realised and verifiable outcomes. Platforms have been created to mobilise corporate and private funds. As the toilet incentives are provided after construction, MDWS has also made extensive efforts to work with the corporate sector to get their contributions for the SBM. One of the outcomes of this has been the appointment of over 600 district-level sanitation motivators (referred to as Zila Swachh Bharat Preraks) by the Tata Trusts (Iyer, 2017).

The SBM-G is implemented by union government in mission mode. Programme is led by Prime minister. Central government gives liberty to the state government to implement the programme. Special monitoring authority is assigned at the state level. In district level, District Magistrate is the president of District Water and Sanitation Committee (DWSC). So, a proper administrative framework is built for implementation of the scheme. Government of India has set out a definition of ODF, but the process of declaring an area ODF has been left to be decided by the state governments. Guidelines prepared

by the MDWS include aspects related to the definition of ODF, ODF declaration by village and GP, and the process of verification by teams at GPs, blocks, districts and state levels (MDWS). Appropriate responsibilities are suggested at each level, along with guidance such as random verification of at least 20% of the qualifying GPs in a district, and 5% of qualifying GPs at the state level. The central government is providing flexibility to state governments to decide their implementation policy and mechanisms, taking into account specific requirements.

Sanitation Status in Bihar

Bihar is one of the poorest states in India. It is the 12th largest Indian state in terms of geographical size and the third largest in terms of population. The population was estimated at 103 million in the 2011 Census, 89% of who live in rural areas. Between 2001 and 2011, this rural population increased by 23%, from an estimated 74 million to 92 million people (ADRI, 2017). This landlocked state is administratively divided into 8,471 GPs, spread over 534 blocks across 38 districts. State performance, on sanitation map, is around the bottom in the nation. Providing a toilet to community and ensuring its usage are great challenges for the state though public expenditure has increased in strategic sectors such as health, education, water, sanitation and roads. For decades, the government provided free or subsidized latrines to households, but practitioners widely believed that this approach was unable to guarantee regular latrine use.

This recognition led to a focus on hygiene and health education programs, often combined with latrine subsidies, such as the participatory hygiene and sanitation transformation approach. Lessons learned from implementing these programs led many sanitation professionals to conclude that while the infrastructure-heavy approach may have increased access to latrines and educational approaches may have increased awareness of health benefits, these strategies were mostly insufficient to generate demand for toilets and behavioral change.

Jeevika SHGs Women as Change Agents

A lot of multidimensional approaches are needed. This ensures the behavioural change in poverty-laden society of Bihar. Research study supports the fact that women are often targeted as the beneficiaries of solving the global

water and sanitation crisis. Women and girls bear the burden of collecting water around the world. Collectively, they spend 200 million hours each day for collecting water (United Nations Children's Fund- UNICEF), and those living without a toilet spends over 250 million hours each day finding a place to go (India, 2019). Involving women can make water and sanitation projects six to seven times more effective, and a more recent study shows that equal participation of women in all steps of developing community water and sanitation programme leads to improve sustainability. Water supply and sanitation have been given priority in the national agenda by the government; but despite that, it has been found that small clusters and habitations are not able to access water from the common water supply schemes under NRDWM and sanitation facilities are inadequate in rural and tribal areas (Satyam, 2017).

Bihar Rural Livelihood Project was started in 2007. This programme is aided by the World Bank and is popularly known as Jeevika. In 2007, Jeevika had begun in 6 blocks in different 6 districts of Bihar; later, the programme gradually expanded and now covers all the 534 blocks of 38 districts of Bihar. This programme aims at reducing poverty through skill development and self-employment. The core strategy of this programme is to create sustainable sources of income and financial inclusion, through self-managed community-level organisations, particularly women SHG.

The Jeevika project design is based on the strategy of building a multi-tiered, self-sustaining, model of community-based institutions who self-manage their development processes (Dutta, 2015).

Table 1: Progress of Jeevika

Items	2014-15	2015-16	2016-17	2017-18	2018-19
No. of SHG formed	365,150	470,220	610,808	790,411	817,169
No. of VOs formed	14,363	31,229	35,681	46,756	51,299
No. of CLFs formed	231	318	415	706	843
No. of SHG credit linked with banks	121,181	221,261	391,314	587,616	655,302
Bank Credit (in crores)	659	1,300	2,993	5,358	6,206

Source: BES, Government of Bihar

SHGs foster the economic status of women as an effective means to eradicate poverty. The income-generating activities under individual and group initiatives to meet the livelihoods of the poor women are massively promoted under the schemes of Kudumbashree programmes in the state of Kerala (Sulaiman, 2014). Women SHGs are the best model for leading the social programmes like SBM-G project, as it changes the earlier concept of toilet construction from grant driven to demand driven. The women-led SHG model was developed in the mid 1980s as an alternative to the credit cooperatives with objectives to develop saving tendency among rural women and further promote their livelihood for removal of poverty. SHGs are informal associations of up to 20 women (average size is 11–14) who meet regularly, usually once a month, to save small amount typically Rs. 50 (USD 1) to 100 (USD 2) in a month. While they are formed with the encouragement

of NGOs and other self-help promoting agencies (SHPAs) such as government agencies and banks, they are expected to select their members. They receive basic training from the NGO in financial management skills and book-keeping. After saving regularly for minimum six months, and using the funds to lend small amounts to each other for interest, which is ploughed back into group funds, and satisfactorily maintaining prescribed records and accounts, they become eligible to be “linked” by the local bank branch under a NABARD sponsored programme called the SHG Bank Linkage Programme (SBLP). In the study, it has found that due to intervention of Jeevika, women empowerment seems to be happening in Bihar. Economic empowerment of women is incomplete without their psychological empowerment. Mental well-being is an important precursor to economic well-being (Yadav, 2019). As the group matures, it starts carrying out social

functions and duties; involvement in building toilets under SBM-G is one among them.

The success of this project led the Reserve Bank of India (RBI) to allow commercial banks to lend directly to informal groups. Through the SBLP, the development of sanitation microfinance is relatively recent in India. Historically, sanitation activities in India have been carried out based on a grant driven.

In Bihar, Jeevika, registered under Ministry of Rural Development, Government of Bihar, forms SHGs. In the state, Jeevika is providing support as the development partner to 38 blocks which are called Jeevika-intensive blocks. In these blocks, entire SBM-G programme is led by didis of Jeevika. Behavioural change is the primary focus and fundamental tool for the achievement of ODF. Ministry, through its IEC programme, promotes gender-sensitive information, behaviour change guidelines, and various mass educational activities. The ministry has issued gender guidelines in 2017 and menstrual management guidelines in 2015 (India, 2019).

Emphasizing on IEC Activity as the Central Theme of SBM-G

Researchers have suggested that inadequate attention is being paid to the importance of awareness generation and behaviour change communication (Kapur & Aggrawal 2018). Toilets built through public grants are not used, and people still prefer to defecate in the open. Swachh Bharat Mission programme theme is not like earlier toilet construction scheme but due to reduced usage of toilet construction in the past, there is strong emphasis on “Behavioural Change.” To promote awareness among communities various tools and techniques of Information, education and communication (IEC) is used. Government has liberalised expenditure in IEC to spread the awareness. Further, MDWS has made it mandatory for state government to spend the stipulated amounts under IEC and made it a ‘pre-condition for release of funds to states from the next instalment onwards of 2017–18’ (MDWS: p. 1).

There is an emerging experience from the efforts being made by the MDWS with support of UNICEF and other partners. It has empanelled 36 key resource centres for training on interpersonal communication. Over 400,000

grassroots motivators (Swachhagrahis) are mobilized to work in districts (Iyer C. D.). And the ministry, throughout the year, organises various programmes under different themes to generate awareness like swachhta pakhwada, Namami Gange, Swachhta action plan, Swachh iconic places, etc.

The IEC activities need to be also understood better from the actual field-level experience. A key change in the programme is to ensure a greater role and leadership of Gram Panchayat in the SBM. Similarly, district officers in many states are taking the initiative to involve women SHGs in a variety of activities ranging from awareness building to toilet construction (Mehta, 2018). By involving various stakeholders from women organisation like Integrated Child Development Scheme (ICDS), *Auxiliary Nursing Midwifery* (ANM), Accredited Social Health Activist (ASHA) and Jeevika a focused intervention mechanism is prepared for making the central role of women in the implementation of SBM-G.

Community-Led Total Sanitation (CLTS)

For awareness generation among the community, the method of CLTS was adapted, aiming to create ODF communities (Singh, 2019). This approach signified a fundamental shift from a focus on individual or household sanitation to a community level concern for open defecation.

CLTS facilitators attempt to trigger collective behaviour change by encouraging and motivating people to confront the impact of community-wide open defecation. CLTS comprises the following three stages.

Pre Triggering

Activities in this stage are selecting communities, training facilitators, collecting baseline information and coordinating community. All the stakeholders who are connected through the government like officers, employees, field workers, Para volunteers, Aganbari workers, PRIs members and women SHGs are selected and trained regarding the problem due to open defecation, and how to deal with it. At all levels, i.e. district level, block level, panchayat and ward level, teams are prepared which are professionally trained by DWSC experts.

Triggering

Organising a community-wide meeting where facilitators conduct participatory exercises intended to trigger shame and disgust. Attendees are expected to be motivated to change their sanitation situation and thus community generates a “demand for toilet” and feels ashamed over their situation. During these actions, some natural leaders emerge from the community to take the responsibility regarding this movement for implementing these schemes, called as Swachhagrahis. These Swachhagrahis are voluntary workers who are further trained by the professionals. Jeevika didis are doing door-to-door campaigning to understand the community about the disadvantages of open defecation. They took strict measures to bring about change in them. Under their ‘Lota Jalao’ plan, violators (those defecating in the open) were identified and their water containers were snatched and burnt.

Post Triggering

In this phase, community leaders conduct routine follow-up visits to verify and certify ODF status in villages. After the first pilot projects in Bangladesh in 2000, the CLTS has been adopted by many international NGOs involved in rural sanitation and has been incorporated into national policy by many governments. It is predominant rural sanitation behaviour change approach accepted worldwide. In Bihar, the primary focus was on sustained behavioural change, for which 30,000 Swachhagrahis and eight lakh women SHGs promoted by Jeevika are working across all districts to create awareness on safe sanitation practices.

Financial Management

From the earlier experience of government, toilets are built by the government under various schemes like TSC, NBA, etc., but their usage is always a challenge for government. So, in Bihar methodology adopted is that prior to construction no any incentive payment of toilet done. During the group meeting under CLTS demand is generated from community, then community take decision by which way they have to finance their toilet construction. Availability of credit is a great problem in a rural area. Rural market is different from the urban market, as the customer attitude, profile and needs are different and there is a need to study the consumer behaviour to tap the rural market (Mitra et al., 2013).

Women SHGs play a vital role in micro-financing for toilet construction. Village-based women SHGs provide sanitation loans and conduct hygiene education in their communities. Women SHGs have facilitated nearly 400,000 household toilet constructions in Bihar, by the help of Jeevika.

Triggered by various awareness campaign run by the central and state governments at district administration, block, panchayat and community level, the market for “toilet loans” has been slowly but steadily growing in India, particularly in rural areas. A recent study suggests an estimated market size for toilet loans of nearly USD 12 billion. This is based on the estimate that at least 53 million rural households require financial support for their toilets (Tremolite et al., 2018).

Conclusion

The SBM-G is an ambitious programme with objective to make rural India ODF. While the SDG target aims to end open defecation by 2030, India wants to achieve this by 2019. On a positive note, the 2018 Economic Survey of the Government of India states that ‘the surveys conducted by National Sample Survey Office (NSSO) and Quality Council of India on usage of toilets by the individuals who have access to toilets reported more than 90% of individuals using toilets in 2016 and 2017’. The methodology adapted by the SBM-G to promote IEC activities at grassroots levels keeping in gender sensitivity in mind is giving positive results. The study supports that where women SHGs are involved in this mission, their toilet construction and sustained use are remarkable.

In Bihar, Jeevika didis have been playing an important role in creating awareness about the need for toilets and motivating women to construct toilets. Their role in social mobilization and behavioural change helped us to achieve an ODF Bihar. Multidimensional approach adopted by the Government of India given enough liberty to state government to ensure maximum participation of every sector of community like PRIs, ICDS, schools, women self help groups. By adapting IEC tools like audio-visual medium, group meeting, and gram sabha and school meetings various Water Sanitation and Hygiene (WASH) committees are formed at villages, school, and panchayat, block, district and state level. So, from centre to ground level, a charged atmosphere should be build

up in the leadership of community leaders to make their area ODF. In some districts of Bihar, the programme is led by Jeevika didis. They manage the entire programme professionally from planning to supply chain management and behavioural change. This mission enhances their self-esteem and now they are feeling more confident to take any social responsibility. Jeevika didi's have been playing an important role in creating awareness about the need for toilets and in motivating women to construct toilets. Their role in social mobilization and behavioural change is remarkable in achieving an ODF Bihar. It was found that involving women makes water and sanitation projects six to seven times more effective and equal participation of women in all steps of developing community water and sanitation programmes leads to improved sustainability.

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