



Swachh Bharat Mission: Mid-point health check and recommendations

November 2016

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Executive summary

India is one of the world's fastest growing economies. While no one can doubt its increasing influence on the world stage, it also faces the uncomfortable truth that many people still struggle with life on the poverty line. The paradox is that India is a technological leader and home to titans of industry, yet millions still live in the most basic conditions with inadequate sanitation and healthcare.

Prime Minister Narendra Modi has not shied away from this reality. In October 2014, he launched Swachh Bharat, the “Clean India” campaign. At that time, virtually every second person had to defecate in the open, more people had a mobile phone than a toilet and every third person was drinking unsafe water. This could no longer be tolerated.

To say that the “Clean India” campaign was highly ambitious would be an understatement. Never before had a movement been created with the potential to boost the health and welfare of so many people, so quickly. The Prime Minister urged India's 1.25 billion people to turn cleanliness into a social movement. He galvanised the masses and created an ambition so simple it could not be ignored: each household would have a toilet. This ambition, both humble and grand, would shape the growth and prosperity of the nation for generations to come.

The Indian Government, like many around the world, has recognised that health is a key determinant of economic growth in the 21st century. Better health leads to higher income, which in turn leads to better health. Like education, health is a fundamental component of human capital.

In this discussion paper, we celebrate how SBM has galvanised a nation around a single cause like never before - to “Clean India”. The campaign has made significant progress certifying open-defecation-free villages, while raising hygiene awareness and standards. SBM has also chipped away at the prejudice against those who work in waste disposal and sanitation, with celebrities like Amitabh Bachchan and the Prime Minister himself grabbing tools to clean India.

However, at the mid-point, there is more work to do. This discussion paper aims to make an important contribution to SBM's successful completion, by assessing progress to date, identifying challenges for the coming years and suggesting ways to give SBM the greatest chance of achieving its ambition. These ideas are framed around:

- ▶ Leveraging the **business sector's** consumer knowledge to drive behaviour change (in addition to providing financial and in-kind contributions)
- ▶ Similarly, leveraging **NGO** knowledge of community structures and local implementation to bring the programme to more doorsteps in India
- ▶ Asking the **Government of India** to consider how a greater focus on behavioural change, measuring SBM's outcomes (and not just outputs), and greater attention on hand hygiene can help SBM be even more successful over the next three years

Prime Minister Modi set a target date of 2 October 2019 for achieving the Swachh Bharat Mission. That date is significant - it is the 150th anniversary of Gandhi's birth. SBM has the chance to deliver a magnificent birthday present to mark this historic occasion.

Introduction

India has a long history of challenges regarding cleanliness and hygiene. Prime Minister Narendra Modi's Swachh Bharat Mission (SBM), or "Clean India" movement, has significantly advanced the country's sanitation agenda.

SBM was launched on 2 October 2014 and has made great strides since its inception. Tangible progress includes increased access to toilets in both urban and rural areas plus the implementation of door-to-door solid waste management.

This paper acknowledges SBM's substantial achievements to date. It also looks at SBM's ambitious 2019 targets and considers the challenges that must be overcome, and by whom, to deliver the huge transformation that SBM represents.

Two years on from launch, we ask what additional innovations all parties need to consider as part of SBM. Given the UK India Business Council's purpose, we pay particular attention to the role of the commercial sector in both countries in securing this fundamental pillar of India's future.

History of sanitation in India

The country's poor sanitation dates back to the pre-Independence era. India initially began resolving the issue in 1986, when the Central Rural Sanitation Programme (CRSP) began. Over the past 30 years, the CRSP as well as the Total Sanitation Campaign (TSC) and Nirmal Bharat Abhiyan (NBA), have evolved into the current SBM. The table here outlines the key features of all the programmes that existed before SBM was implemented in 2014:

Sanitation programmes in India (before SBM)

Name of programme	Central Rural Sanitation Programme	Total Sanitation Campaign	Nirmal Bharat Abhiyan
Period	1986 – 1999	1999 – 2012	2012 – 2014
Salient features	<ul style="list-style-type: none"> ▶ Focus on overall improvement in quality of life, through introduction of sanitary facilities ▶ Focus on improvement of dignity of women, by focusing on construction of toilets 	<ul style="list-style-type: none"> ▶ Definition of sanitation broadened to include solid and liquid waste management, and environmental, domestic, individual and food hygiene ▶ Information Education and Communication activities introduced as part of campaign ▶ People-centric and community-led initiatives ▶ Community sanitary complexes ▶ Introduction of Nirmal Gram Puraskar (Awards for ODF Villages) ▶ National Urban Sanitation Policy drafted to facilitate creation of city sanitation plans 	<ul style="list-style-type: none"> ▶ Construction of household toilets incentivised ▶ Implementation using concepts on community-led total sanitation ▶ Limited focus on capacity building

Despite these earlier programmes, India continued to lag on the sanitation front. According to the World Health Organization (WHO), as of January 2014¹ India accounted for more than half of the 1.2 billion people around the world who defecate in the open. Said another way, nearly half of India's population (69.3% in rural areas and 18.6% in urban areas) had no access to toilets.

The idea behind the more recent NBA initiative was to spread awareness about sanitation in India and create demand for toilets - as opposed to simply building them.

The NBA aimed to use community awareness programmes, media and brand ambassadors to educate citizens and change the mindset about open defecation. However, during its implementation the NBA became more of a story about the number of toilets built, rather than changing attitudes and convincing more people to use the new sanitation facilities.

Launch of SBM

One of India's paradoxes - common to many rapidly developing countries - is that basic infrastructure has not kept pace with economic development and is in fact an impediment to faster and further development. Health, like education, is a fundamental component of human capital. Better health leads to higher income. Sanitation is crucial for preventing disease and securing better health.

To address these challenges and galvanise the Government and public alike, the Prime Minister of India (PM) launched SBM on 2 October 2014. The vision is to achieve 100% Open-Defecation-Free (ODF) India, by promoting universal access to sanitation and hygiene. The campaign aims to clean India by October 2019 - the 150th anniversary of Mahatma Gandhi's birth.

The PM's direct involvement is one of the key reasons for SBM's success so far. Take for example the "Swachh Bharat Challenge", where Mr. Modi invited prominent celebrities to spread awareness of cleanliness through social and traditional media, or his willingness to wield a broom and do some cleaning himself.

While the basic element of SBM remains construction of toilets, some ideas were borrowed from previous initiatives. For instance, the emphasis on awareness-creation is similar to the TSC's original objective. At the same time, completely new innovations were added to SBM. These include:

- ▶ **Swachh Bharat Kosh:** A fund which can accept donations from businesses and citizens for SBM's activities.
- ▶ **Using social and digital media to monitor SBM's progress:** For example, the public can upload pictures of sanitation facilities, to keep a check on whether the constructed toilets are being maintained and used. The photos can be uploaded to SBM's social media page and to the website of the Ministry of Urban Development (MoUD). With more mobile phones than toilets in India, this can be a powerful tool.

The Prime Minister of India has provided a unique opportunity to the citizens, government and private sector through SBM. However, if we do not make concerted and re-energized efforts now, **we may miss out on this opportunity.**

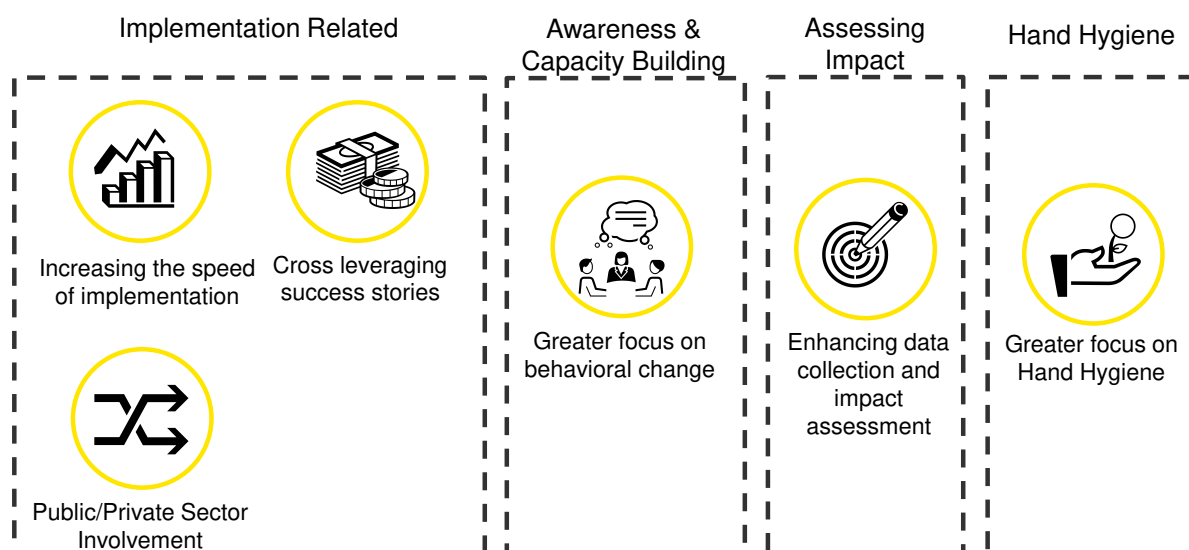
SBM is being implemented separately for urban and rural areas. SBM (Urban) is being delivered by the MoUD, while SBM (Rural/Gramin) is being implemented by the Ministry of Drinking Water and Sanitation (MoDWS).

SBM is expected to cost more than INR620 billion (US\$9.3 billion), with the funding split 75:25 between the Central Government and State Government/Urban Local Bodies (ULBs).² INR90 billion (US\$1.3 billion) was allocated for the mission in the Union Budget of India for FY16-17.³

The Central Government and the World Bank signed a US\$1.5 billion loan agreement on 30 March 2016 for SBM to support India's universal sanitation initiative. SBM will also receive funding from other multi-lateral and bi-lateral funding agencies, such as the Japan International Cooperation Agency.⁴

In the next few sections, we discuss *SBM's key achievements*. One key consideration is this:
SBM's significant progress to date could be wasted unless we start to do much more now.

As the graphic below shows, we cover **six major challenges** in four broad themes across this paper:



SBM Successes



Increasing the speed of implementation

Below we look at SBM's individual components and their achievements in terms of implementation:

Swachh Bharat Mission - Urban

Significant progress has been made under SBM-Urban in all towns and cities. MoUD provides funding to individual households to construct toilets within their premises and to ULBs/Gram Panchayats to construct community and public toilets. Some major achievements include:

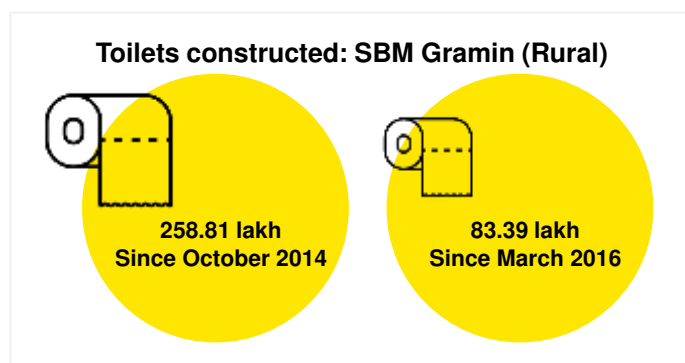
- ▶ All ULBs have begun implementing a **100% door-to-door solid waste collection system** in their towns and cities.
- ▶ For FY16-17, more than **50% of the cities and towns targeted** under SBM-Urban have achieved ODF status.
- ▶ **Two new states**, Andhra Pradesh and Gujarat, were **declared ODF** for urban areas.

Swachh Bharat Mission - Gramin (Rural)

MoDWS has provided guidance to all villages and gram panchayats to help them achieve ODF status. Major achievements under SBM-Gramin include:

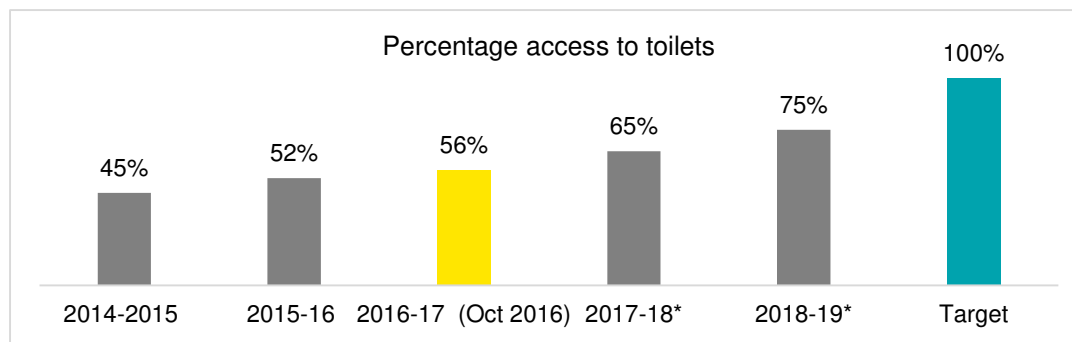
- ▶ Reduced open defecation among women in rural areas
- ▶ Enhanced access to separate toilet facilities for boys and girls in schools
- ▶ Private sector participation in sanitation improvement has begun

Over 25% of the toilets constructed under SBM have been built in last seven months



Source: Ministry of Drinking Water and Sanitation, Swachh Bharat Mission (Gramin) MIS, accessed via <http://sbm.gov.in/sbmreport/home.aspx>, accessed on 2 November 2016⁵

Rate of toilet construction must increase



Source: Ministry of Drinking Water and Sanitation, Annual Activity Report, 2015-16 (accessed via <http://mdws.gov.in/documents/annual-report>, 15 October 2016)*Projections

All of the above underscore SBM's significant achievements, while highlighting the remaining challenges. We have calculated that the compound annual growth rate in toilet construction was 16%, based on the pace of individual household toilet construction figures for FY13-14.

If we assume that this rate of increase will continue, **SBM is currently on track to achieve 75% of its target by 2019**. To achieve the initiative's 2019 target, the rate of construction has to increase and be maintained at more than 21.5% over the next three years.

Cross-leveraging SBM success stories



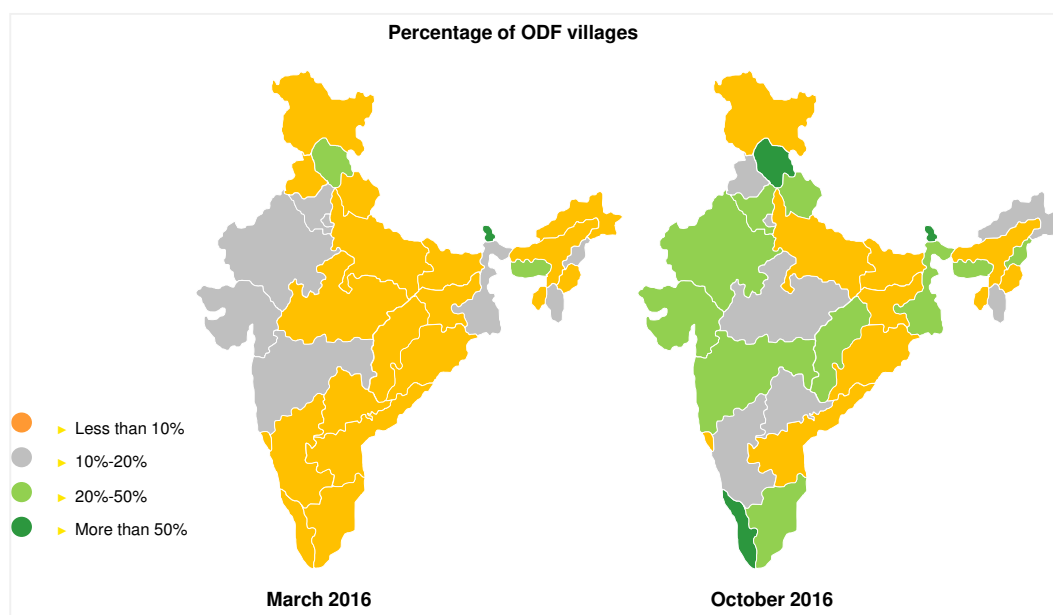
Cross leveraging success stories

How can the different states in India learn from each other's successes and challenges since 2014?

An important element of India's sanitation story is the disparity between the sanitation status of the states. According to Census 2011, the states with the lowest percentage of open defecation were Manipur, Mizoram, Lakshadweep, Kerala and Delhi. As far back as 2014, Sikkim had attained ODF status. Not surprisingly, the states with the highest percentage of open defecation were the traditionally poor ones of Bihar, Madhya Pradesh, Chhattisgarh, Jharkhand and Odisha. We believe there are benefits of sharing best practice to support those states who are not on track to meet the 2019 targets.

We reviewed the status of toilet construction under SBM Gramin⁶ over the last two years and the results are shown below:

Doubling of open defecation-free villages (50,168 to 108,987) in the last seven months



Source: Ministry of Drinking Water and Sanitation, Swachh Bharat Mission (Gramin), 2016 (<http://sbm.gov.in/sbmdashboard/>)

However, states are improving sanitation at very different rates. Among the Union Territories, Puducherry and Andaman and Nicobar showed no toilet construction in two financial years (FY15 and FY16). Goa showed no construction in FY14-15 but constructed more than 28,000 toilets in FY15-16.

At this juncture, we believe it is critical to focus on those states which are trailing their target and help them achieve their goals.

The need therefore is to cross-leverage lessons and case studies from successful states or cities to others, to highlight examples which can be replicated. These include:

Sanitation initiative in Sindhudurg District (Maharashtra)	Sanitation initiative in Jashpur (Chhattisgarh)
<ul style="list-style-type: none"> ▶ Converging existing schemes such as Nirmal Gram Puraskar, Paryavaran Santulit SmrudhGram Yojna, Sant Gadge Baba Abhiyan to achieve saturation ▶ Panchayat Samiti Cess <ul style="list-style-type: none"> ▪ Converging toilets and bio-gas ▪ Additional assistance of INR2,000 ▶ Steps toward community involvement <ul style="list-style-type: none"> ▪ Community involvement in coastal cleanliness drive ▪ Using local folk art to create awareness (Pinguli Kalsutri [Puppet Show]) ▪ Target groups included: <ul style="list-style-type: none"> ○ School students ○ Aanganwadi kids ○ Women ○ Senior citizens 	<ul style="list-style-type: none"> ▶ Toilet construction by women masons ▶ Representation from all sections of society considered a must, coupled with recognition of their work ▶ School-led total sanitation - Swachhata Baalveers

Public/private sector involvement



A major difference between SBM and India's previous sanitation programmes is the attempt to increase engagement with the corporate sector. To facilitate private sector investment, the Swachh Bharat Kosh was set up to invite donations for activities related to SBM.

In October 2014, the Ministry of Corporate Affairs included donations made toward Swachh Bharat Kosh as part of Corporate Social Responsibility (CSR) spends. In addition, it was announced in the Fiscal Budget for FY15-16 that there will be 100% tax exemption for any donations to Swachh Bharat Kosh. This focused effort on private sector involvement is unprecedented in social sector programmes in India. However, funds received under SBK (to January 2016) are less than 0.6% of SBM's total cost:



Total funding requirement under SBM
= **INR620 bn**



Amount generated under Swachh
Bharat Kosh = **INR3.69 bn**

Source: 'Govt mobilises Rs 370 crore under Swachh Bharat Kosh', *The Indian Express*, 11 March 2016, accessed on 27 October 2016

A major component of SBM is improving sanitation facilities in schools, through **enhanced access to separate toilet facilities for boys and girls** and **increased awareness of sanitation and hygiene**. As of October 2016, a total of 160,000 toilets had been constructed in schools across India under Sarva Shiksha Abhiyan and Rashtriya Madhyamik Shiksha Abhiyan, which are government run and funded schemes.

Using CSR funding, 140,000 toilets have been constructed in schools across the country. However, more than 90% of this has come through public sector units (PSU). The PSUs involved include Power Finance Corporation, Bharat Petroleum Corporation Limited, Coal India Limited and GAIL (India) Limited.

Further details of CSR funding in the sector are given in a report prepared by the India Sanitation Coalition.⁷ The report surveyed 100 companies from September 2015 to January 2016. The report's major findings included that:

- ▶ Industries with a strategic interest in Water, Sanitation and Health (WASH) had more investments than others
- ▶ CSR programmes in WASH are broadly aligned to the needs of states, although North-East India has been ignored
- ▶ CSR programmes in WASH focus more on rural areas

The key finding was that 65% of companies working in the sector were focused only on hardware aspects, such as creating or supporting toilet construction, operation and maintenance, and other related aspects. **The software related aspects, such as behaviour change and awareness creation, were hugely under-explored.**

This appears to be a good opening for the private sector to increase its involvement in SBM and there are some notable examples where business is making a difference:

Bill & Melinda Gates Foundation's (BMGF) initiatives in the WASH sector

One initiative by the BMGF focuses on faecal sludge management and related behaviour change. BMGF is also focusing on funding innovative technologies to address the sanitation challenge.

Reckitt Benckiser's (RB's) Dettol Banega Swachh India (BSI)

RB's BSI aims to improve the health status of 100 million people by 2020 and is another innovative approach. Its initiatives are bundled under four key areas: behaviour change communication (BCC), product access, capacity building and infrastructure creation and operation and maintenance.

The company is making 200 villages ODF by using advocacy, communication and social mobilisation targeted towards natural leaders, faith leaders, front line health workers (Accredited Social Health Activists and Auxiliary Nurse Midwives) and mothers. The project is rolled out through Jagran Prakashan India Limited's social arm, Pehel.

A significant element of the BSI programme - actively supporting SBM - is the Dettol Schools Hygiene Programme. This three-year education initiative helps positively change hygiene behaviour.

Comprising 15 lessons per annum, it is available in both online and offline formats. The programme is currently being rolled out directly to 10,000 schools in India plus another 100,000 schools across the country in partnership with state governments.

Private Sector Successes and Lessons

This report notes that the private sector clearly needs to do far more to support SBM. So where can corporates considering increasing their involvement add greatest value? Our initial research indicates that commercial expertise may be most relevant in the following three areas:

- a. Behaviour change to promote use of toilets and capacity building of sanitation workers
- b. Better data collection, monitoring and evaluation
- c. Focus on hand hygiene

Greater focus on behavioural change



Greater focus on behavioral change

A study of 41 villages in Maharashtra, Jharkhand and Odisha found a host of reasons behind villages relapsing from ODF status, despite the building of toilets. The reasons included:

- Lack of water
- Frequent policy changes
- Lack of regular monitoring
- Rigid mindsets

The study noted that the biggest challenge is bringing about behavioural change for sustainable toilet use. In villages which failed to eliminate open defecation, regular toilet use is still not a social norm.⁸

Focus on capacity building and behavioural change

The Information Education and Communication (IEC) strategy and plan is core to triggering behavioural change. But IEC budgets have been cut and IEC activities accounted for only 1% of total expenditure in FY15-16, which was 3 percentage points lower than in FY14-15. Funds for IEC/Behavioural Change Communication campaigns released to state and local bodies also remain unused.⁹

As mentioned earlier, IEC and behavioural change seems a highly appropriate and valuable area for corporate involvement.

Operation and maintenance (O&M) of built toilets

The study discussed above confirmed a key trend in India, which is that the use of new toilets decreases over time. This is largely due to poor cleanliness and inadequate O&M of built toilets.

Some of the key maintenance issues with respect to newly-built toilets are:

- Incomplete technical and O&M knowledge
- Contamination of groundwater supplies, due to poorly designed and managed sanitation facilities
- Potential impacts on nearby natural resources and natural and cultural heritage sites
- Potential occupational and public safety risks for sanitation workers

A big challenge is addressing the twin problems of an unskilled and stigmatised workforce in the O&M sector. Traditionally, Indian society has shunned any occupation linked to toilet cleaning and garbage collection. People in such roles use tools and techniques learnt on the job and lack any formal training.

There is an urgent requirement to create a skilled workforce which can adequately serve India's increasing need, while removing the social stigma of sanitation occupations. The World Toilet College is an excellent example of a positive move in this direction.

Case study: Building World Class Capabilities: *World Toilet College*

In response to SBM, the World Toilet College fosters a positive learning environment for administrative staff, policy makers, WASH practitioners and professional cleaners.

The World Toilet College is a partnership between the World Toilet Organisation, RB and the Interfaith Global WASH Alliance. Launched in 2016, it is designed to create the skills and accreditation necessary to promote behaviour change in support of clean and hygienic toilet use. The World Toilet College's main campus is in Rishikesh, on the banks of the River Ganga. In its second phase, the World Toilet College will open its doors in New Delhi.

An excellent example of targeting *behaviour change* is Save the Children's campaign below:

Case study: Behavioural Change: *Save a Child a Minute Campaign*

Save the Children's work with communities to target diarrhoea is a very strong example of the power of targeting behavioural change.

Globally, diarrhoea is one of the biggest causes of death among children under five, claiming 1,536 children's lives a day or 64 children every hour. Save the Children's *Save a Child a Minute*'s ambition is to remove diarrhoea as a top 5 cause of death amongst children under five by 2020. The campaign is implementing the WHO/UNICEF 7-point Plan to deliver ground-breaking holistic, replicable and scalable programmes in India, to prevent, control and treat diarrhoea.

Changing behaviour is an essential part of this strategy. This includes working with mothers to understand the importance of practising exclusive breastfeeding and immunising their children. In addition, school children are being taught how to protect themselves from diarrhoea, both in the classroom and with fun activities and games. Save the Children is also providing access to toilets and handwashing stations in schools, installing different heights of sinks so that children of all ages can easily wash their hands and reach the taps.

Enhancing data collection and impact assessment



Enhancing data
collection and
impact
assessment







Outcomes rather than Outputs

We believe that effective and meaningful data collection can help galvanise SBM. It will require a change in mindset, but it can bring about genuine benefits, not least ensuring that SBM's financial investments across India provide the most effective return.

Swachh Sarvekshan is a survey commissioned by MoUD - a first for SBM. The survey aimed to assess the level of cleanliness, and the respective ULB's preparedness in urban India, to help the Government to mentor and guide cities on the basis of needs and gaps. However, a broad comparison with other existing indicators showed that the survey's coverage is limited to solid waste management, sanitation and spend on behaviour change communication.

In addition, Swachh Sarvekshan uses *process indicators* and not *outcome-based* indicators. Process indicators do not allow a comprehensive understanding of the impact of the measures taken.

Making indicators more outcome based could enhance SBM's progress

Indicator Legend						
	Process	Output	Outcome			
Hygiene	 Water	 Sewerage	 SWM	 Sanitation	 Health	 Awareness
Swachh Sarvekshan (QCI)			✓	✓		✓
WASH POST-2015	✓	✓		✓	✓	
USAID HIP	✓			✓		
PMA 2020 (GI)	✓			✓		

As the chart above illustrates, **policy makers need to shift their approach from collecting data on building toilets to collecting data on the usage and impact of the toilets built.**

Correlating future funding to a combination of outputs and outcomes

Traditionally, funding and investment in schemes in India are linked to the output achieved. In the case of SBM, for example, the construction of toilets or increased access to toilets are **outputs**. Potential **outcomes** could be a reduction in the number of cases of diarrhoea and other gastrointestinal ailments in the local area, decreases in child mortality rates or reduction in cases of stunted growth.

Greater focus on hand hygiene



Greater focus on Hand Hygiene

As part of SBM, the “Kayakalp” initiative (May 2015) created momentum to promote cleanliness, hygiene and better infection control practices in public healthcare facilities. The importance of hand hygiene in community settings can be well understood through the following statistic:

It is estimated that handwashing can bring down the incidence rates of diarrhoea by 30% and respiratory infections by 16%.¹⁰

This statistic is especially relevant in India, where these diseases are estimated to cause 300,000 deaths every year in children under five.¹¹

SBM guidelines recommend forming a district hospital quality team and a checklist comprising key performance indicators for hand hygiene practices and related infrastructure status in public health facilities. Although guidelines are in place, the implementation of monitoring checklists and subsequent quality improvements is at a very early stage.

In this scenario, a **collaborative, multi-stakeholder approach** has the potential to transform India's hand hygiene landscape in healthcare institutions.

Hand Hygiene Programme

A well-defined research agenda for evidence generation, backed by a high-level of scientific rigour, will be a good first step to get the focus, resources and funding required for these initiatives.

Setting uniform guidelines applicable to all healthcare facilities, devising a national surveillance system suitable to the Indian context, and incentivising the private sector to develop innovative products and solutions for hand hygiene will provide the required impetus.

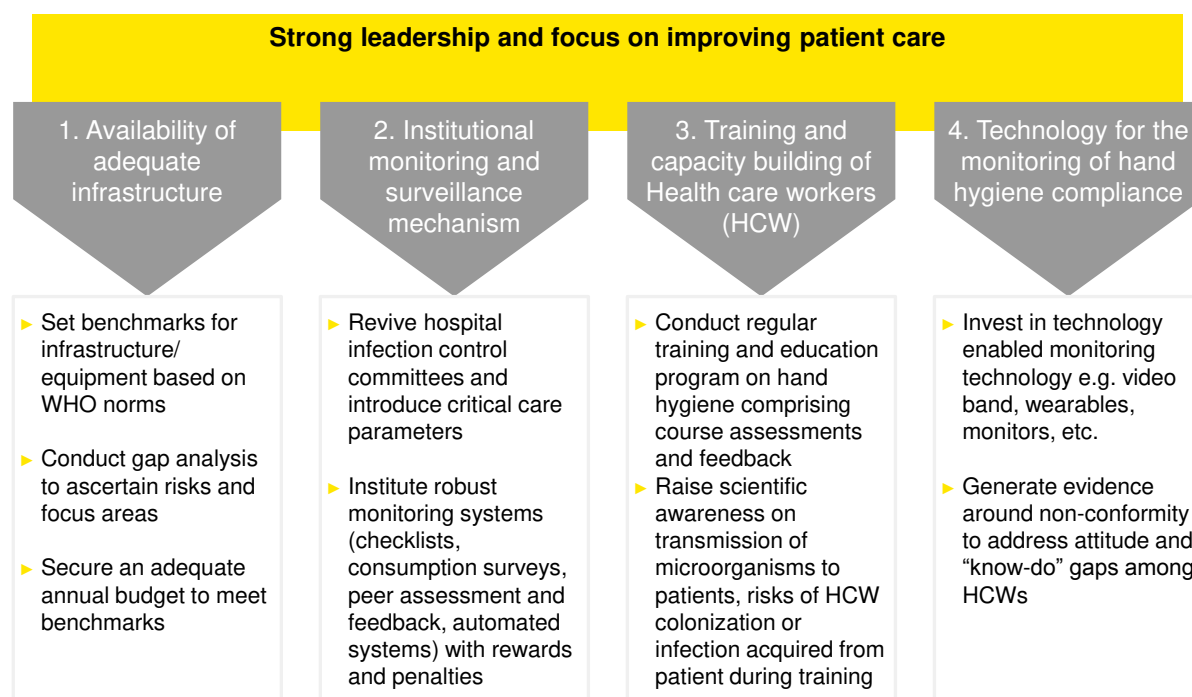
An environment that supports change

Several parameters associated with successfully promoting hand hygiene require a change in Indian health institutions. Enhancing individual and institutional efficacy, obtaining active participation from both levels, and promoting a climate of institutional safety are all critical for a sustainable change.

The private sector can play an important role in identifying unmet medical needs and in designing new and cost-effective devices to serve India's specific healthcare needs. To ensure a sustained hand hygiene focus, the private sector needs to support design and conceptualisation of low-cost innovative solutions for monitoring and compliance feedback for healthcare workers.

The private sector can also contribute by developing high-quality, effective and low-cost core hand hygiene products. For example, hand wash bottles can be designed to remind healthcare workers about the importance of hand hygiene.

Way forward on hand hygiene



To ensure healthcare workers use products adequately and appropriately, the private sector can also develop communication materials for educating workers and empowering patients.

Conclusion and Call to Action

As we noted at the beginning of this discussion paper, Prime Minister Modi's ambition for the Swachh Bharat initiative is wide-ranging. It must be so to succeed in improving the health and welfare of so many people, so quickly. Additionally, the economic impact of India's inadequate sanitation is sizeable, at an estimated 1.5% of GDP (2015). "Clean India" can therefore deliver substantial economic returns, alongside the hugely important health and social benefits.

SBM has significantly advanced the sanitation agenda in India and created a groundswell of support. But two years on from launch, the campaign is at a critical juncture. To meet the Prime Minister's vision for 2019, SBM must be implemented faster. And there must be much more focus on changing behaviour, so that people continue to use the newly constructed toilets and understand the need for better hand hygiene - action that could save the lives of 300,000 young children every year.

But unless all stakeholders ramp up their efforts in a coordinated and concerted way, SBM's progress to date could be squandered.

So what needs to happen to meet SBM's ambitious 2019 goals? This paper recommends focusing on the following specific areas:

- ▶ The **business sector** makes financial and in-kind contributions but it also has *invaluable knowledge* of consumers. SBM must leverage that knowledge to drive behaviour change
- ▶ Similarly, **NGOs** have a vital understanding of community structures and local implementation. SBM can use this capability to bring the programme to more doorsteps, more quickly
- ▶ The **Government of India** also has a role to play. We ask it to consider more focus on behavioural change, measuring SBM's outcomes and not just its outputs, and greater attention on hand hygiene, all of which can help SBM be even more successful over the next three years

These changes will not be easy but they are the best chance of meeting the goal of cleaning India by 2019. It will require new thinking, new ways of working and adaptation. However, this is a once-in-a-generation opportunity. We must all stretch to meet these challenges, even if it is uncomfortable or unfamiliar.

After all, there can be no better way to celebrate the 150th anniversary of Mahatma Gandhi's birth in October 2019 than by fulfilling the goals of SBM.

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Conversion ratio: 1 Crore = 10 million or 10,000,000

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Building a better
working world

About RB

We're 37,000 entrepreneurs, all inspired by a vision of a world where people are healthier and live better. At the heart of our consumer health business is a passionate desire to help people feel better. We invest in research and development to find new ways for people to look after themselves, their families and homes.

We believe there's a better way to do business – we like to call it 'betterbusiness'. Socially, environmentally and financially, we act responsibly and sustainably. We believe passionately in doing things the right way, and we believe the better way helps us deliver high-quality products that touch consumers each and every day. Health is no longer just the absence of illness - it's being able to lead a fitter and happier life. Our responsibility is to help people achieve this, while making the right kind of social and environmental impact. That's what we call betterbusiness.



About UKIBC

The UK India Business Council supports UK businesses with the insights, networks, policy advocacy, services, and facilities needed to succeed in India.

Our first-hand experience of India makes us uniquely qualified. We want to share our experiences to help others achieve success, whether they are well-established in India or in the early stages of their engagement.

Our Membership network is at the heart of our support. Through our wide variety of events and our member-only Sector Policy Groups, we enable businesspeople to meet each other, identify potential partners, suppliers and customers, and to learn from top business leaders and commentators, including those on our Advisory Council.

