CHAPTER-VI

ACHIEVEMENT OF PROGRAMME OUTPUT AND OUTCOME

6 Achievement of programme output and outcome

JJM's primary output is to provide all rural HHs with a FHTC by 2024. The Mission also strives to achieve four key measurable outcomes, viz. Improved health conditions of rural communities; Reduction in drudgery faced by women and girls, and empowerment of women, reduced school dropout rates of upper primary level girls; and increase in employment opportunities for rural communities. The success of JJM can be evaluated by measuring level of achievement of output and outcomes which depend upon timely delivery of output.

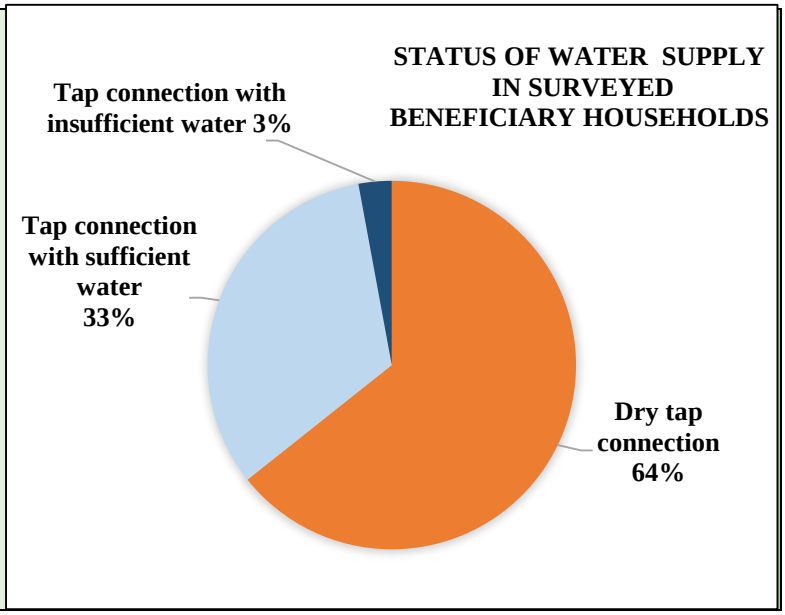
6.1 Non-achievement of primary output

Chhattisgarh was lagging in achieving the target and even though achievement of FHTC was 78 *per cent* as of March 2024, the schemes were in progress and not yet completed. Hence, the programme objective i.e. key output of delivering drinking water at the doorstep of every rural HHs has not been fully achieved. During test-check of 35 schemes in 24 villages, only three schemes were completed, 30 schemes were in progress and the remaining two schemes were not yet started. Therefore, the outcome has been assessed based on the conclusion drawn from the Joint Physical Inspection (JPI) and beneficiary survey (August-September 2024) of 24 villages[1] along with a survey of 475 beneficiaries, to assess the functionality of the FHTCs and evaluate the progress towards the JJM's objectives.

It was found that water supply was being provided only in 12 villages through 16 schemes. Out of 475 HHs FHTCs physically verified, 172 FHTCs were found functional and the remaining 303 FHTCs were found dry. Out of the 172 functional FHTCs, 14 HHs reported that they were not getting sufficient water through FHTC. Status of JPI is depicted in ***Chart 6.1***.

[1] As per IMIS, these 24 villages reported to be 4,404 FHTC as on 5 November 2024

Chart 6.1: Status of water supply in 475 beneficiaries surveyed

Output: Supply of 55 litres per capita per day (LPCD) water on daily basis	Response of 475 beneficiaries surveyed in 24 villages	

(Source: Information provided by beneficiaries and compiled by audit)

These findings indicate that the programme objective i.e. key output of delivering drinking water at the doorstep of every rural HHs has not been fully achieved. The data shows significant issues with the reliability and functionality of the water connections, despite the initial infrastructure being established under JJM.

6.2 Non-achievement of Outcome

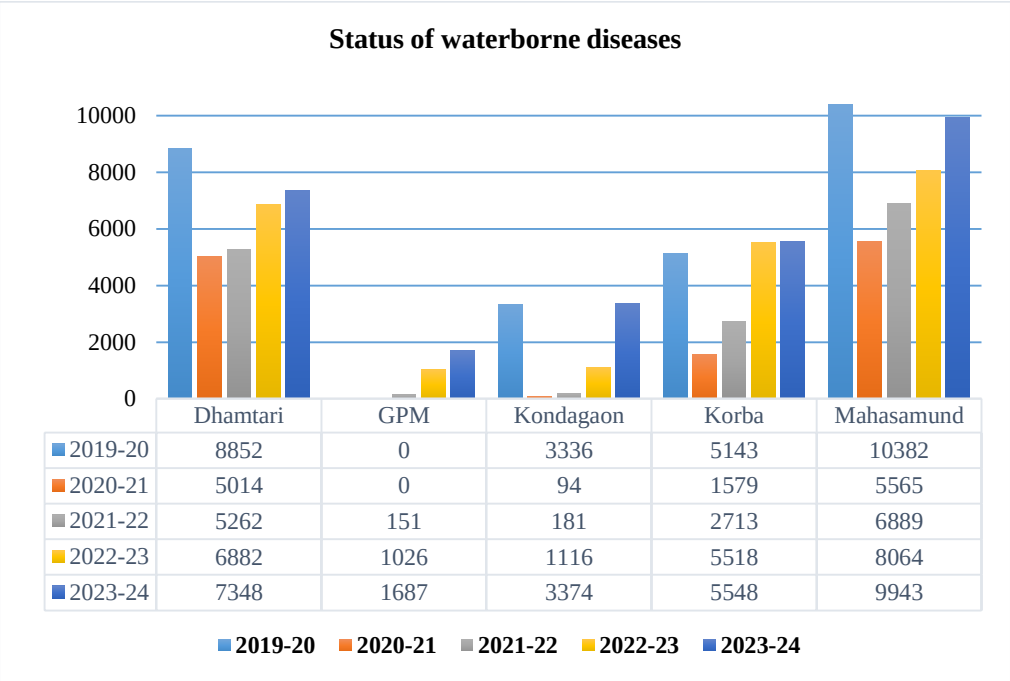
Outcomes are generally measured in terms of the achievement of the long-term goals of a project. JJM, Chhattisgarh achieved 38.97 lakh FHTCs (78 *per cent*) out of the planned 50 lakh FHTCs up to March 2024, including 3.20 lakh existing connections before JJM and 1.48 lakh private connections. Audit further observed that out of 29,178 schemes planned in the State, PHED was able to physically complete only 172 schemes and hand over 32 schemes to the GPs/Community (May 2024). Hence, evaluation of outcomes may be premature. The impact of JJM infrastructure on outcomes as noticed during audit is discussed below:

(i) Outcome on reduction of waterborne diseases

The information on waterborne diseases (acute diarrhoea/gastroenteritis, viral hepatitis, etc.) were collected from the Chief Medical Health Officer (CMHO), Public Health and Family Welfare Department for five[2] out of the six sampled districts. The status of water borne diseases from 2019-20 to 2023-24 of five out of six sampled district as collected from the district CMHO is shown in ***Chart 6.2.***

[2] Dhamtari, GPM, Kondagaon, Korba, Mahasamund

Chart-6.2: Status of waterborne disease reported in test-checked districts



	Dhamtari	GPM	Kondagaon	Korba	Mahasamund
2019-20	8852	0	3336	5143	10382
2020-21	5014	0	94	1579	5565
2021-22	5262	151	181	2713	6889
2022-23	6882	1026	1116	5518	8064
2023-24	7348	1687	3374	5548	9943

As evident from the above, Dhamtari district reported the highest number of cases of acute diarrhoea/gastroenteritis during 2023-24 followed by Kondagaon and Korba. Mahasamund district reported the highest number of cases of typhoid followed by Korba and GPM. The overall trend shows increase in number of cases of waterborne diseases from 2021 to 2024.

On this being pointed out, the Government stated (May 2025) that periodical testing of drinking water sources was being conducted by the department. Safe drinking water is being made available to the households of rural areas, hence there is no possibility of waterborne diseases.

Intended outcome of JJM may be influenced by multiple factors. Hence, it can be difficult to determine whether the outcomes were directly caused by the scheme or by other external factors. Besides, JJM is an ongoing programme which is yet to be concluded. Evaluating immediate outcomes may not give a full picture of JJM's effectiveness. Long-term effects may take time to manifest and may not be captured in a short-term evaluation.